

## 12 MONTH VISIT

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ HC: \_\_\_\_\_ Temp: \_\_\_\_\_

Interval History: \_\_\_\_\_  
\_\_\_\_\_

### **Nutrition:**

BF/Whole milk: \_\_\_\_\_

Finger foods, choking foods: \_\_\_\_\_ Vits/Supplements: \_\_\_\_\_

Cup: \_\_\_\_\_

Decreased appetite, picky eating: \_\_\_\_\_

Juice: \_\_\_\_\_

Problems: \_\_\_\_\_

### **Family History:**

#### **Development:**

ASQ: \_\_\_\_\_

Walking, cruising: \_\_\_\_\_

Waves bye-bye: \_\_\_\_\_

Says mama, dada: \_\_\_\_\_

Understands simple commands: \_\_\_\_\_

Seeing and hearing normally: \_\_\_\_\_

#### **Anticipatory Guidance:**

Careful of climbers/Lower crib mattress: \_\_\_\_\_

Toothbrush: \_\_\_\_\_

Tantrums, discipline: \_\_\_\_\_

Tap water 120F: \_\_\_\_\_

Rear Facing Car seat: \_\_\_\_\_

Lead Risks: \_\_\_\_\_

#### **Physical Exam:** (check indicates normal)

Skin: \_\_\_\_\_

Head, fontanelle: \_\_\_\_\_

Eyes, strabismus: \_\_\_\_\_

Ears: \_\_\_\_\_

Nose: \_\_\_\_\_

Oropharynx, teeth, gums: \_\_\_\_\_

Neck: \_\_\_\_\_

Chest: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Genitalia: \_\_\_\_\_

Extremities: \_\_\_\_\_

Neuro, tone, head control, prone: \_\_\_\_\_

**Assessment:** \_\_\_\_\_

**Plan:**     Varivax \_\_\_\_\_     PPD (prn risk) \_\_\_\_\_

Hep A \_\_\_\_\_     Lead \_\_\_\_\_

MMR \_\_\_\_\_     Hgb \_\_\_\_\_

Vaccine Counseling \_\_\_\_\_

**Signature:** \_\_\_\_\_    **RTC:** \_\_\_\_\_