

12 MONTH WCC

Pt Name : _____ **DOB:** _____ **DOS:** _____

WT: _____ kg HT: _____ cm FOC: _____
 T: _____ °F P: _____ RR: _____
 B/P: _____/_____ O₂: _____% Allergies: _____

Accompanied By : _____ Current Meds: _____

HISTORY OF PRESENT ILLNESS:

Diet: _____ Elimination: _____

Sleep: _____ Vision: _____

Hearing: Does baby give up toys or bottle when asked without using gestures? **Y N**

Does baby point to familiar objects when asked (“dog”, “light”)? **Y N**

Concerns: _____

REVIEW OF SYSTEMS: Circled = negative, except as noted below

Cons Eyes ENMT CV Resp Gastro G/U Skel
 Integumentary Neuro Psych Endo Hema/Lymp Allergy/Imm

PAST MED, FAMILY & SOCIAL HX:

Immunizations: UTD: **Y N**

Major Illnesses: _____

Hospitalizations: _____

Surgeries: _____

Family HX: CA, HTN, Asthma, Allergies, DM, CV any, CV < 55, Sz

Social HX: Total in Household: _____

Lives with: Mother Father Siblings: ____ Aunt Uncle
 Grandmother Grandfather Cousins

Water: City Well Bottled Pets: Dog/Cat Reptiles Bird

Smokers: **Y N** Poultry Farm

Developmental Milestones

Parent Report	Pass	Fail	PS: Personal/Social GM: Gross Motor	Lang: Language FM: Fine Motor	% Passing
			PS: Plays repetitive games		100
			PS: Indicates wants without crying		75
			PS: Waves Bye-bye		75
			PS: Plays ball with examiner		75
			PS: Imitates Activities		75
			PS: Drinks from cup		50
			FM: Bangs 2 cubes together		100
			FM: Pincer grasp		100
			Lang: Mama & Dada, nonspecific		100
			Lang: Mama & Dada, specific		75
			Lang: Vocalizes & Communicates w/o words		90
			Lang: One word, (not Mama or Dada)		50
			GM: Gets to sitting		100
			GM: Pulls to stand		100
			GM: Stands alone briefly (2 secs)		100
			GM: Stands alone		50

