

**15 MONTH WCC**

**Pt Name :** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DOS:** \_\_\_\_\_

**WT:** \_\_\_\_\_ **kg**      **HT:** \_\_\_\_\_ **cm**      **FOC:** \_\_\_\_\_

**T:** \_\_\_\_\_ **°F**      **P:** \_\_\_\_\_      **RR:** \_\_\_\_\_

**B/P:** \_\_\_\_\_/\_\_\_\_\_      **O<sub>2</sub>:** \_\_\_\_\_%      **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: Drinks from cup w/o help		50-75
			PS: Helps in house		50
			PS: Imitates activities		75
			FM: Puts block in cup		100
			FM: Scribbles with a pencil		75
			Lang: 2 words – not proper names		75
			Lang: 3 words		50-75
			Lang: Mama/Dada clear, appropriate		100
			GM: Stoops & recovers		100
			GM: Walks alone well		100
			GM: Walks backwards		75

