

18 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: Drinks from open cup w/o help	100
			PS: Helps in house	100
			PS: Imitates activities	100
			PS: Uses spoon spilling little	50-75
			FM: Scribbles with pencil	100
			FM: Makes a tower of 2 cubes	75
			FM: Dumps raisin, demonstrated	75
			Lang: Says 6 single words	50-75
			Lang: Says 3 words	90
			GM: Walks backwards	100
			GM: Uses steps with help (rail/wall)	50
			GM: Runs	75

