

18 Month Old Questions

Name, Date of birth _____

Who is the child here with today? _____

GENERAL:

Illnesses, injuries, surgeries, hospitalizations since last visit? _____

Medications: _____

Medication allergies: _____

Food allergies: _____

Immunization reactions: _____

Is your child taking vitamins? (Circle what applies) Fluoride, Multi-vitamin, None

SOCIAL:

Changes in child's environment? _____

Who lives with the child in your home? # ___ Mom, # ___ Dad, # ___ Brother, # ___ Sister, _____ other

Water source: CITY, WELL, BOTTLED

Tobacco exposure: YES, NO

Pets? _____

Daycare: YES, NO

FEEDING:

What kind of milk does your child drink? _____

Does your child drink more than 4 oz of sweetened beverages daily? YES, NO

Eats Dairy? YES, NO

Eats Meats? YES, NO

Eats Fruits? YES, NO

Vegetables? YES, NO

Is your child off the bottle? YES, NO

Does your child use an open cup? YES, NO

Does your child use a pacifier? YES, NO

ELIMINATION: Any issues urinating or with bowel movements? _____

SLEEP: How many hours does your child sleep without waking ? _____

BEHAVIOR (circle one) No problems & usually happy, lots of tantrums, Irritable

DEVELOPMENT:

1- Walks up steps: YES, NO

2- Runs: YES, NO

3- Kicks a ball: YES, NO

4- Throws overhand: YES, NO

5- Uses a cup: YES, NO

6- Uses a fork/spoon: YES, NO

7- Removes some clothes: YES, NO

8- Stacks 2-4 blocks: YES, NO

9- Socializes: YES, NO

10- Says 5-10 words: YES, NO

11- Follows simple commands: YES, NO

12- Points to named objects: YES, NO

13- Imitates behavior of others: YES, NO

14- Recognizes familiar people: YES, NO

15- Do you think that your child hears well? YES, NO

16- Do you think that your child sees well? YES, NO

17- Do you read to your child? YES, NO

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Lead Questions:

Does your child live in or often visit a house that had been built before 1978? YES, NO

Does your child live in or often visit a house that is being remodeled or is having paint removed? YES, NO

Does your child live with or often visit another child who has an elevated lead level? YES, NO

Does your child have a hobby that uses lead? YES, NO

Does your child chew on or non-food items like paint chips or dirt? YES, NO

Does the child live near an active lead smelter, battery recycling plant, or other industry likely to release lead? YES, NO

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TB Questions

Does your child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss or fatigue) or abnormal chest x-ray?

YES, NO, UNKNOWN

Has your child been in close contact with a person sick with active TB? YES, NO, UNKNOWN

Has your child been exposed to anyone who has been in jail or prison in the past 5 years? YES, NO, UNKNOWN

Was your child born outside of the U.S. or has your child traveled outside the U.S.? YES, NO, UNKNOWN

Does your child have a household member who was born outside the U.S. or who has traveled outside the U.S.? YES, NO, UNKNOWN

Has your child been exposed to any of the following?

HIV infected individuals? YES, NO, UNKNOWN

Homeless persons YES, NO, UNKNOWN

Users of IV and/or other street drugs? YES, NO, UNKNOWN

Residents of nursing homes or group home? YES, NO, UNKNOWN

Migrant workers? YES, NO, UNKNOWN

Does your child have HIV, or risk factors for HIV or any other health problem that could lower the immune system? YES, NO, UNKNOWN

Has your child ever been in jail? YES, NO, UNKNOWN

{International Travel: Exposure to anyone who has traveled outside the United States in last 60 days: YES, NO,