

18 Month Visit

NAME

DATE

Are you concerned about your child's.....

1. Nutrition or eating habits?	YES	NO
2. Bowel movements?	YES	NO
3. Skin color or rashes?	YES	NO
4. Frequent illnesses?	YES	NO
5. Communication skills?	YES	NO
6. Development?	YES	NO
7. Sleep habits?	YES	NO

Does your child.....

1. Laugh in response to others?	YES	NO
2. Explore alone, with parent in close proximity?	YES	NO
3. Show spontaneous affection?	YES	NO
4. Try to help around the house?	YES	NO
5. Vocalize or gesture 6 words?	YES	NO
6. Point to indicate to someone else what he/she wants?	YES	NO
7. Point to 1 body part	YES	NO
8. Follow simple directions without gestured cues? ("sit down")	YES	NO
9. Show interest in a doll or stuffed animal by hugging or pretend feeding?	YES	NO
10. Know the name of favorite books?	YES	NO
11. Run?	YES	NO
12. Walk up steps?	YES	NO
13. Imitate crayon strokes?	YES	NO
14. Use a spoon or cup without spilling most of the time?	YES	NO
15. Have interest in toileting behavior?	YES	NO
16. Ride in a rear facing safety seat?	YES	NO
17. Kept away from cigarette smoke?	YES	NO
18. Is there a gun in the home? YES NO If so, locked?	YES	NO
19. Brush teeth?	YES	NO

Tuberculosis Screen (TB)

1. Has a family member or contact had tuberculosis disease?	YES	NO
2. Has a family member had a positive TB test?	YES	NO
3. Was your child born outside the US, Canada, Australia, New Zealand or Western Europe?	YES	NO
4. Has your child traveled to a high risk country for more than 1 week?	YES	NO

LEAD Screen (Pb)

1. Does your child live in or regularly visit a house built before 1950?	YES	NO
2. Does your child live in or visit a house built before 1978 with recent remodeling or renovation? (within 6 months)	YES	NO
3. Have a sibling or playmate who now or did have lead poisoning?	YES	NO

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Do you have any other concerns you wish to discuss?

YES

NO

Office use only

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