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GENERAL PEDIATRIC CLINIC / 12-MONTH VISIT

(See 2nd page for Anticipatory Guidance for 12-Month Visit)

Completion of this form is voluntary.

Patient Name		Date of Birth	Age	Height	Weight	Today's Date
Accompanied by					Head Circumference	
Parental Concerns			Activity			
Feeding: Milk, type _____ Amt / day _____ oz. Breast _____ Bottle _____ Cup _____ Fingers _____ Spoon _____ Solids and Meals / day _____			Exploration			
			Adaptability to Examiner			
			Distractibility			
Sleeping: Night _____ Nap _____ Behavior _____			Note — Present (+) or Absent (-) as Appropriate (Cross off parts not examined or not applicable)			
Review of Family — Social and Health			Part		N	Abn
			Skin: Color, texture, hair, scalp			
Parents' Description of Baby's Temperament			Head and Face: Symmetry, AF Size _____ cms			
			Eyes: Pupils, conjunctivae, EOM, red reflex			
Problems Identified and Reviewed			Ears and Nose: Canals, tympanic membranes, turbinates			
			Nose: Discharge			
Physical and Emotional Status			Mouth: Gums, tongue, # of teeth			
			Nodes: Cervical, inguinal			
Diet: Weaning, drop in appetite, table foods. Add citrus fruits			Lungs:			
			Heart: Rhythm, S1, S2, murmur			
Anticipatory Guidance: Negativism, manipulative behavior, setting limits, consistency in approach, expectations on toilet training. Speech stimulation. Review of fever control and care of minor illnesses. Safety: Pot handles, stairs, gates, plants, PICA, Car seat, temperature taking, lead exposure.			Abdomen: Contour, masses, hernia			
			Genitalia: Vaginal opening, testes () ()			
Immunizations			Extremities: Range of motion, stance			
			Neuromuscular: Tone, strength, equilibrium, coordination, Gate, DTRs			
o Blood lead test done o Other Lab tests _____			Describe abnormal findings.			
			Development Observation R = Reported O = Observed			
SIGNATURE — Provider			Date Signed		R O NO* NO* = Not observed by parents or examiner G.M. Stands holding on to furniture Walks holding on to furniture Stands alone briefly Stands alone well Walks alone Stoops and recovers without holding on Bangs cubes held in two hands Pincer grasp Scribbles spontaneously Lang. Vocalizes and communicates without words Mama and Dada — nonspecific Mama and Dada — specific More than two single words P.S. Plays repetitive games Plays ball with examiner Feeds self using fingers Drinks from cup with help Comforted by parents' voices Quiets at parent's touch Needs cuddling for reassurance	
			Return to clinic in _____ months.			
Parents' Interactions with Baby O = Observed M = Mother F = Father NO* = Not observed here						
O	NO*		O	NO*		
		Talks to the baby			Limits activity by physical actions	
		Responds only when baby cries			Limits activity by verbal command	
		Allows baby to explore			Voice calm while talking to baby	
		Sits back during exam			Reinforces behaviors through approval and attention	
		Watches baby during visit				
Other Observations						
Development and Parent-Child Interaction						

Diet

Weaning — Breast-feeding weaning actually may have started a few months back as the baby may have cut back to three nursings. The mother can gradually decrease the number of feedings, often leaving the night feeding to last. Some children will be so interested in the environment that they don't nurse completely and the milk will decrease so the whole process is spontaneous and painless. If the mother wants to stop all of a sudden, she will feel discomfort for a few days.

Table foods can be encouraged totally with cup, spoon, and fingers used for self-feeding. The appetite may drop automatically in some children. If allowed to feed themselves, and offered a good balanced diet, the children will lose their baby fat and maintain a more proportional weight to the height. Parents need a lot of reassurance at this time that the child will not starve. The poor weight gain is normal and the new body dimensions are healthy. Many parents will feed, give frequent snacks, and use food for reward or bribe for the child's other demands. This can set up an eating problem such as obesity, poor diet, or control of parents with food.

Sometimes, giving the parents the permission to use one vitamin per day will relieve their anxiety regarding health needs and, with a lot of reinforcement, they will let the child develop good eating habits. They should be told to call the vitamin a vitamin and not candy and warned that the child can be poisoned from too many vitamins.

Anticipatory Guidance

Manipulative behavior — a 1-year old can manipulate his or her parents with his or her eating or lack of it. They also can use crying, smiling, or looking cute to manipulate parents. The parents have to realize that this behavior often exists. Negativism is usually not severe but if everything he touches is a "no-no," the child may mirror the behavior. Setting limits and consistency in approach is extremely important and useful for the child in learning discipline. Inconsistency confuses the child and no limits make them insecure. A pattern can be started at this age and carried through the toddler years so that the child can know his or her limits and be disciplined in later years when parental influencing is in conflict with peer pressure.

Toilet Training

Find out the degree of interest felt by the parents. Discuss the norms in the United States and the physiologic development of the child. If the parents are not interested, then postpone what follows until the next visit. If they want to start toilet training, the child needs to be able to sit and get up when they want to or stand and move away from the toilet freely. They need to know the bladder and bowel signals. They need to dislike the feeling of urine or stool in the diaper and also want to please the parents in putting all these skills together to get to the toilet in time to perform. Children vary in development of all of these above skills. Girls seem to dislike the soiled diapers more than the boys do. She shows this by coming to the parent and wanting the diapers changed as soon as soiled. A child often shows recognition of bladder and bowel control function by stopping play or other activities for awhile.

Speech Stimulation

Around one year, children make all kinds of sounds. Speech consists of words put together with certain intonations. Language includes speech or expressive language and understanding through hearing or bodily motions, which is receptive language. Receptive language has been developing since birth. Most parents will say "they understand everything I say," and through body language the child is able to express themselves so that the parents also understand. Speech has to be taught. It is done by mimicking the parents. Adult speech is long and complicated. For the child to mimic the sentence structure, it should be grammatically correct with the proper intonations but shortened and the word labeling the object being discussed, repeated. This is called labeling. For example, "Here is a glass of milk" (as the parent gives the milk to the child) and then repeat "milk."

Safety

Car seats need to be reinforced even though the child may raise objections, especially if not consistently placed in the car seat. Pot handles should be turned in as they present temptation to reaching hands. Plants must be placed out of reach. Stair gates are used until the child can be consistent at sliding down or climbing up.

PICA — the eating of non-edibles needs to be watched. Swallowed or aspirated objects can cause major medical problems in this second year of life.

Lead Exposure

Sources include: Lead-based paint, gasoline, solder. Possible pathways include: air, drinking water, food. Lead-based paint is the most common high dose source of lead in children. About 74 percent of privately owned, occupied housing units in the U.S. built before 1980 contain lead-based paint (CDC, October 1991).

Review fever control and care of minor illnesses, adjust antipyretic doses, and warn about overdoing. The child needs to be told these are medicine and not candy.