# DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

Division of Medicaid Services

F-01068H (08/2019)

Reprinted and adapted with permission from Memee K. Chun, M.D.

**GENERAL PEDIATRIC CLINIC / 18-MONTH VISIT**

(See 2nd page for Anticipatory Guidance for 18-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** | | | | | **Adaptability to Exam** | | | | | | | | | | |
|  | | | | | **Activity** | | | | | | | | | | |
| **General Health** | | | | | **Distractibility** | | | | | | | | | | |
|  | | | | | **Words Spoke** | | | | | | | | | | |
|  | | | | | **Note – Present (+) or Absent (-) as Appropriate**  (Cross off parts not examined or not applicable) | | | | | | | | | | |
| **General Behavior** | | | | | **Part** | | | | | | | | | **N** | **Abn** |
|  | | | | | Skin: Color, texture | | | | | | | | |  |  |
|  | | | | | Head and Face: Symmetry, AF size \_     \_ cm \_     \_ | | | | | | | | |  |  |
| **Peer Interactions** | | | | | Eyes: Pupils, conjunctive, EOM,, red reflex | | | | | | | | |  |  |
|  | | | | | Ears and Nose: Canals, Tympanic membranes, tubinates | | | | | | | | |  |  |
|  | | | | | Nose: Discharge | | | | | | | | |  |  |
| **Eating Habits:** Diet, behavior at meals | | | | | Mouth: Gums, tongue, number of teeth | | | | | | | | |  |  |
|  | | | | | Nodes: Cervical, inguinal | | | | | | | | |  |  |
|  | | | | | Lungs | | | | | | | | |  |  |
| **Parents’ Perception of Child’s Temperament** | | | | | Heart: Rhythm, S1, S2 murmur | | | | | | | | |  |  |
|  | | | | | Abdomen: Contour, masses, hernia | | | | | | | | |  |  |
|  | | | | | Genitalia: Vaginal opening, testes (  ) (  ) | | | | | | | | |  |  |
|  | | | | | Extremities: Range of motion, stance | | | | | | | | |  |  |
| **Problems Identified and Reviewed** | | | | | Neuromuscular: Tone, strength, equilibrium, coordination,  gait, DTRs | | | | | | | | |  |  |
|  | | | | | **Describe abnormal findings.** | | | | | | | | | | |
| **Physical and Emotional Status** | | | | |  | | | | | | | | | | |
|  | | | | | **Development Observation** R = Reported O = Observed | | | | | | | | | | |
|  | | | | | R | O | NO\* | | NO\* = not observed by parents or examiners | | | | | | |
|  | | | | |  |  |  | | G.M. | | Walks backwards | | | | |
| **Diet:** Snacks, pickiness, independent feeding | | | | |  |  |  | |  | | Walks up steps without holding on | | | | |
|  | | | | |  |  |  | |  | | Walks up steps with help | | | | |
|  | | | | |  |  |  | |  | | Kicks a ball forward | | | | |
|  | | | | |  |  |  | |  | | Throws a ball over head | | | | |
|  | | | | |  |  |  | | P.M. | | Scribbles with a pencil | | | | |
| **Anticipatory Guidance:** Discipline, limit setting, obedience, temper tantrums, toilet training, peer activities.  Safety: Climbing, stove, water, poisons, plants, street, need for supervision, car seats, lead exposure. | | | | |  |  |  | |  | | Makes a tower of two cubes | | | | |
|  | | | | |  |  |  | |  | | Makes a tower of four cubes | | | | |
|  | | | | |  |  |  | | Lang. | | Says ten single words besides Mama & Dada | | | | |
|  | | | | |  |  |  | |  | | Combines two different words together | | | | |
| **Immunization** | | | **Drug Co. and Lot No.** | **Expiration Date** |  |  |  | |  | | Names one picture | | | | |
|  | | |  |  |  |  |  | |  | | Puts a toy under the table | | | | |
|  | | |  |  |  |  |  | |  | | Puts a toy on the floor | | | | |
|  | | |  |  |  |  |  | |  | | Gives a toy to the mother | | | | |
|  | | |  |  |  |  |  | | P.S. | | Removes own clothing | | | | |
| **SIGNATURE** — Provider | | | | Date Signed |  |  |  | |  | | Imitates simple housework | | | | |
|  | | | |  |  |  |  | |  | | Uses spoon with spilling | | | | |
|  | | | |  |  |  |  | |  | | Comforted by touches parents | | | | |
| Return to clinic in \_     \_ months. | | | | |  |  |  | |  | | Comforted by parent’s voice | | | | |
|  | | | | |  |  |  | |  | | Will not go to strangers | | | | |
| **Parents’ Interactions with Child** O = Observed M = Mother F= Father NO\* = Not observed here | | | | | | | | | | | | | | | |
| O | NO\* |  | | | O | NO\* |  | | | | | | | | |
|  |  | Gives simple, short directions/explanations | | |  |  | Ignores temper tantrum | | | | | | | | |
|  |  | Voice calm when talking to child | | |  |  | Interrupts temper tantrum physically | | | | | | | | |
|  |  | Reinforces behavior through approval and attention | | |  |  | Interrupts temper tantrums verbally | | | | | | | | |
|  |  | Terminates activities with some forwarding | | |  |  | Calmly holds to quiet | | | | | | | | |
| **Other Observations** | | | | | | | | | | | | | | | |
| **Development and Parent-Child Interaction** | | | | | | | | | | | | | | | |

**GENERAL PEDIATRIC CLINIC / 18-MONTH VISIT ANTICIPATORY GUIDANCE FOR 18-MONTH VISIT**

F-01068H (08/2019) Page 2

**Diet**

Since most toddlers eat small meals, nutritious snacks such as cheese cubes, fruits, graham crackers, juices, or milk can be given with the child seated. Pickiness — see "15 Month" health supervision.

**Independent Feeding**

Most 18 month olds object to being fed unless there is much attention related to the process. Self-feeding can be accomplished, albeit with some mess. The child will usually eat enough for growth and not get fat.

**Anticipatory Guidance**

Discipline, limit setting, and obedience are gone over as in previous visits. Reinforce the parent's efforts to do these.

**Toilet Training**

Many girls have been or will soon be trained. Warn parents not to remove the night diaper too soon. Although the child may have been dry for many nights, illnesses, minor upsets, changes in environment and weather can cause temporary setbacks. Wet beds cause child/parent annoyance and/or anger, which can lead to a major behavioral problem. Boys can be evaluated for readiness. Regularity of bowel movements helps in knowing when to put the child on the toilet. It is important to stress that a child who is not showing any interest or balking at attempts to train, should not be forced to conform. The average age for boys to be trained during the day in the United States is 2 ½ years.

**Peer Activities**

See "15 Month" health supervision.

**Safety**

The hazards of the street should be reviewed, see "15 Month" health supervision. Continue to use car seats every time the child is in the car. The child should never be left alone in the car as he or she can probably get out of the seat and play with the driving equipment. It may also help to raise the child's car seat so that he or she can look out of the window, being sure that adequate neck support is provided. The child is not safe in the bathtub alone for more than a few seconds and certainly not safe near any open water area even if he or she does know how to swim. The child's motor coordination is adept enough to turn on the hot water and the parents should check the water temperature again. It should be below 120° F. Climbing is an activity many children enjoy. Encourage and teach the child to climb safely, using jungle gyms but discourage from climbing on to chairs, tables, bookshelves, stoves, etc. Plants and poisons, see "15 Month" health supervision.

**Need for Supervision**

An 18 month old cannot be left alone to play in a yard with access to the street, where potentially poisonous plants grow, or where there are filled pools. They may be able to play alone in their room or family room that has been set up as "child proofed" or outside where there is a fence and no dangerous plants. Parents should be within hearing distance of any child left alone.