

WELL CHILD CARE AT 12 MONTHS

At Today's Visit

- We will ask for an update on your child's health.
- We will discuss your child's growth and development.
- We will ask you questions to determine if your child has had a possible exposure to tuberculosis.
- You will complete a childhood lead risk questionnaire.
- Your child's hemoglobin will be determined through a finger or heel stick to screen for anemia (low red blood cell count).
- We will screen for post partum depression using the Edinburgh screening questionnaire.
- Your child will have a physical examination.
- Your child will receive immunizations.
- You will have an opportunity to ask questions.

Things to Keep in Mind Between Now and the Next Visit

- **NORMAL GROWTH**
 - ▷ Most healthy children grow in a predictable fashion, following a typical pattern of progression in weight and length. Normal human growth is pulsatile. Periods of rapid growth ("growth spurts") are separated by periods of no measurable growth. Growth is also seasonal, with growth velocities increased during the spring and summer months. The following are general guidelines regarding growth in children:

Weight

- ◆ Children gain approximately 3 to 5 pounds per year between two years and puberty.

Height

- ◆ Toddlers grow 4 inches between 12 and 24 months.
- ◆ Toddlers grow 3 inches between 24 and 36 months.
- ◆ Toddlers grow 3 inches between 36 and 48 months.
- ◆ Children grow 2 inches per year between age four years and puberty.

- **FEEDING**

- ▷ During the time from 12 months to 3 years, your child keeps getting taller and heavier, but his rapid growth rate slows down. He begins exploring with vengeance, and he shows, at times, a fierce contrariness as he works at becoming a person separate from you. He may eat less now. That's okay- he knows how much he needs to eat. If you pressure him to eat more, he's likely to resist and eat less. Toddlers would rather exert their independence than eat.
- ▷ ***What is a toddler like?*** Toddlers are skeptical: They have to sneak up on new food. They will learn to like it, if you let them approach it at their own speed. After many times of seeing it on the table and seeing you eat it, they will taste it, and take it back out again. They'll do that many times, and then eventually they will know it well enough so they swallow it, and like it. Toddlers are erratic: What they like one day, they don't the next. They eat a lot one day and hardly anything the next. They don't eat some of everything at a meal like you do; they eat only two or three foods. Toddlers are opinionated: They know what they do and don't want to do. You can stop them from doing what you don't want, like causing a ruckus at meal-time, but you can't get them to do what you do want, like eat.
- ▷ ***Your child is no longer a baby.*** If you treat your toddler like you did when he was a baby and try to keep him happy, neither of you will get your needs met. He needs autonomy: control over his own life and his own world. He also needs limits, to reduce the size of his world to what he can handle. You need a child who knows how to behave at the table so you can have pleasant mealtimes. You'll have to set limits. In the short run he won't like it, but in the long run he'll be happier, and like you better. Avoid food battles by maintaining a division of responsibility in feeding: You are responsible for what your child is presented to eat, he is responsible for how much and even whether he eats. At the end of the first year and moving into the second year, your child moves from being a baby to being a toddler. Then it's important that you also begin to take responsibility for the when and where of feeding and establish the structure of regular meals and snacks.
- ▷ ***Your feeding responsibilities.*** Do your job with feeding, and let your child do his with eating, even when he eats poorly.
 - ◆ Select and offer a variety of safe, nutritious and reasonably appealing food at meals and snacks.
 - ◆ In meal planning, be considerate, but don't cater. Pair familiar with unfamiliar foods, liked with not-so-liked.
 - ◆ Let your child eat what and as much as he wants from what you have put on the table.
 - ◆ Don't push food on your child, or he'll play the toddler's favorite game of turning things down and watching you get desperate.
 - ◆ Regulate the timing of meals and snacks. Don't wait for him to ask for food before you offer it. The time for demand feeding is past. Begin scheduling meals and snacks now. His stomach is small and

his energy needs are high, so he needs three meals with planned snacks in between. Don't allow panhandling for food or beverages (except water) at other times.

- ◆ Present foods in a form your child can handle. Your toddler can eat most food from the family table, but still depends on you to make minor changes in texture so he can be successful-and safe-eating it. He can't chew tough, hard food, and dry food seems to get stuck in his mouth. Smooth, round food can slide down his throat before he chews it and children under 3 have a higher risk of choking than older children.
 - ◆ Let him eat in his own way. If your child is allowed to look, feel, mash, and smell to explore food, he's more likely to accept it. However, when exploring becomes simply messing around to get you to react, it's time to get him down from the table.
 - ◆ Don't make your child clean his plate. Even adults have a hard time knowing how hungry they are when they serve themselves. Encourage your child to take repeated small helpings-but at times his eyes *will* be bigger than his stomach and he'll waste food.
 - ◆ Adjust your expectations. To get the vitamins, minerals, and proteins they need, toddlers only have to eat 1/4 to 1/3 the amounts adults do.
 - ◆ Make family mealtimes pleasant. Don't argue, fight or scold at mealtimes. Talk and pay attention to your toddler, but don't make him the center of attention. Respect his slowness and messiness with eating.
 - ◆ Eat with your toddler. Don't feed him separately so that you can have peace and quiet for your meal. He needs to be included at the family table. If he says he doesn't want to eat, tell him it's his choice, but that he's to come to the table for a few minutes to keep you company while you eat.
 - ◆ Help your child pay attention to his eating. He needs to be calm, well-rested, and hungry to eat well. Turn the TV off: It distracts him from eating and interferes with family social time.
- ▷ ***Short-order cooking; food jags.*** Studies show that 70% of parents of toddlers get up from the table and make an alternative when the toddler refuses the first offering. Don't' do it. It doesn't work. Not only does it give the toddler the message that he isn't expected to learn, it also plays into the toddler's need for control. What self-respecting toddler wouldn't refuse a meal for the joy of seeing the parent jump up from the table on command, perhaps offering first one then another food for his lordly refusal? When your toddler complains he doesn't like the food on the table, be casual. Say "Oh, okay," or ignore it. Simply have his milk at his place when he arrives (and drink milk-or water-yourself), put some bread on the table so he won't starve, give him some support in getting himself served, keep him company, and let him take care of his eating. Be prepared for the occasional meal-or day-when your toddler eats very little.

Planning meals ahead of time helps you moderate your child's food jags. If you ask, he'll tell you he wants his favorite food. If you don't ask, he'll take his chances like the rest of the family.

- ▷ ***Feeding to quell the riot.*** When your child is a toddler, there is a high risk that he will learn to use food for emotional reasons. Toddlers have a lot of troubles - to solve problems like skinned knees, hurt feelings, or general crankiness. Your child will have difficulty telling the difference between whether he is hungry or upset. In later life, he may continue to eat when he gets upset and trouble eating the amount he needs. It's tempting to give him a cookie when you want some peace and quiet, but save this "self-defense" feeding for those times when you have really had it. Maintaining structure helps a lot with avoiding this emotion-based feeding. You won't be as tempted to use food for emotional reasons if you are in the habit of offering food only at meal or snack time.

- ▷ ***Struggles for control.*** To parent a toddler, you must find the middle ground between being permissive and being domineering. Check yourself.

You are being controlling if you make your child:

- ◆ Stay at the table to eat his vegetables
- ◆ Clean his palate
- ◆ Eat certain foods before he can have dessert
- ◆ Get by on only three meals a day

You aren't providing enough structure and limits if you:

- ◆ Wait for your child to ask before you offer food
- ◆ Let your child stay at the table when he behaves badly
- ◆ Short-order cook for your child
- ◆ Let your child have juice, milk, or other beverages except water whenever he wants it

- ▷ ***Getting outside help.*** Struggles about control are a normal part of this age, but the struggles can go on too long and become destructive. Ask for an appointment with a dietician or other professional who understands feeding if:

- ◆ Your child's growth veers upward or downward abruptly
- ◆ You are making no progress toward having enjoyable, relaxed mealtimes
- ◆ You worry a lot about your child's eating or growth
- ◆ You can't seem to resolve the struggles with his eating

- ▷ ***General feeding recommendations.***

- ◆ You may start using whole milk instead of formula. Whole milk is best for your toddler. Skim milk, 2%, and 1% milk have less of the fat that your child needs for energy and brain growth. Children should drink approximately 16-24 ounces or 2-3 cups of milk per day. For milk lovers, limit their milk intake to no more than 32 ounces per day. Keep in mind there is no rush about changing to regular milk. If your child was premature, it's best to keep him on formula until his corrected first birth day. Please do not feed unpasteurized milk of any type at any age. Some children may

temporarily experience harder bowel movements after beginning whole milk.

- ◆ If you are ready to wean your child from breast-feeding you can now wean him to whole milk. Continue to follow Ellyn Satter's giving up the breast or bottle recommendations to facilitate this transition. Please ask us for these handouts at your visit.
 - ◆ Continue to wean off the bottle and switch to a cup.
 - ◆ Continue to identify your baby's readiness for more advanced textures and flavors.
- ▷ The following topics are covered beautifully and in great detail by Ellyn Satter in her feeding handouts. Each is available upon request.
- ◆ *Being a role model for your child's eating.*
 - ◆ *Helping your child to eat well.*
 - ◆ *Meals for children.*
 - ◆ *Snacks for children.*
 - ◆ *Feeding children safely.*
 - ◆ *Does your child need milk?*
 - ◆ *Calcium: If your child doesn't drink milk.*
 - ◆ *If your child doesn't eat vegetables.*
 - ◆ *Vitamins and minerals for children.*
 - ◆ *Iron in your child's diet.*
 - ◆ *Fat in your child's diet.*
 - ◆ *Sugars in your child's diet.*
 - ◆ *What to do about desserts and other sweets.*

▪ **DEVELOPMENT**

- ▷ All children are different. Some have learned to walk before their first birthday, others may still be moving around by crawling or cruising. Most 1-year-olds use and know the meaning of words like "mama" and "dada." Pointing to things and saying the word helps them learn more words. Speak in a conversational voice with your child and give them lots of encouragement to use their voice. Smile and praise your child when he learns new things. Allow your child to touch things while you name them. Children enjoy knowing that you are pleased that they are learning. As children learn to walk, they will want to explore new places. This is normal. Watch your child closely. Read to your child every day. Children who have books read to them learn more quickly. Choose books with interesting pictures and colors. ***Look for the following characteristics between 12 and 15 months of age:***

Daily Activities

- ◆ Usually follows a definite daily pattern
- ◆ Opens cabinets, pulls tablecloths
- ◆ Usually examines an object before putting into mouth
- ◆ Likes to feed self

Language Development

- ◆ Expresses complete thought with single syllable ("da" means "I want that")
- ◆ Shows definite understanding of a few simple words
- ◆ Utters a few words ("mama", "dada", "ball", "dog")
- ◆ Loves rhythms and rhymes

Emotional and Behavioral Development

- ◆ Shows more negativism (may resist naps, refuse certain foods, throw occasional tantrums)
- ◆ Continues to prefer people to toys
- ◆ Has developed a deep attachment to a few familiar people
- ◆ Loves to make parents laugh
- ◆ Shows somewhat less stranger anxiety
- ◆ May give up something on request

Motor Skills

- ◆ Usually walks with assistance; may walk without assistance
- ◆ Crawls rapidly
- ◆ Stands alone
- ◆ Seats self on floor

▪ **SLEEP**

- ▷ ***Out of sight not out of mind.*** Separation anxiety may continue to cause nighttime awakenings between 1 and 2 years of age. An attachment to a transitional object is more intense now than at any other stage. This object may serve as a surrogate caregiver to help your child cross over to self consoling and symbolic thinking.
- ▷ ***How may I assist you?*** Toddlers are creatures of habit. Keep to your regular bedtime routines without being rigid about it. Bedtime can be difficult at this age, with resistance and repeated curtain calls. Respond to requests in a matter of fact way and then leave the room. Or if your toddler becomes unusually upset when you leave, sit quietly with her for a while, and then try the vanishing chair routine.
- ▷ ***Vanishing chair routine.*** Sit in your child's room several nights in a row. Each night, move your chair a little farther away from your child's bed until you are sitting outside the room, in the passage way, still within earshot and prepared to respond to his cries, if need be. Finally, when he is used to seeing you go out of the room to get the chair, you will no longer have to keep sitting in the chair to reassure him. This method of gradual distancing may take a week or two to complete.
- ▷ At this stage, expect your child to generally sleep through the night.
- ▷ Most toddlers sleep about 10 to 13 hours per day including an afternoon nap. But even when your toddler does not sleep at naptime, it's still a good idea to have a quiet period, perhaps with time to read a story in the early afternoon.

- ▷ Teething sometimes interferes with toddler's sleep, as do colds and upper respiratory infections which are especially common at this age.
- ▷ ***Dreaming anyone?*** Many toddlers begin to recount vivid dreams almost as soon as they can string a simple sentence together, and nightmares are particularly scary to a young child who may not yet be able to draw a line between the real world and his imagination. When a young child is frightened, you may have to relax the rule about picking her up. Try to comfort her in her crib or bed, but be prepared to give her a cuddle, if that's what it takes. However, keep the lights (except a night-light) off, stay in her room, and avoid giving in to her requests to sleep in your bed or to join other family members who are still up.
- ▷ ***A thud in the night.*** Children at the toddler stage are curious and contrary by nature. Once they can climb out of their cribs or beds, they take a major leap toward independence. This accomplishment generally occurs around age 1 year and onward. You may be able to keep your escape artist in his crib a few months longer by lowering the crib mattress as far as it will go, so that the rail is too high to climb over. (The top of the rail should be at least 26 inches from the mattress.) It's essential to remove crib bumpers (if you haven't already) and bulky stuffed toys, which youngsters use to get a leg up. If your child is going to climb out of bed, whether you want him to or not, let him know that the only time that climbing out is acceptable: namely, when sleep or nap time is over. In addition, you should make his room as safe and hazard-free as you can. While you are waiting to buy a new bed, make a bed on the floor with a crib mattress. Clear away furniture and large toys, like rocking horses, that could injure your child if he fell against them. You may also need to install a safety gate across your toddler's bedroom door to keep him from wandering when you are not awake. Install childproof latches on chests of drawers or tape drawers shut so they can't be pulled out and used for steps.
- ▷ ***Managing the switch to a new bed.*** On transferring permanently to a bed, your toddler may have a heavy sense of freedom for the first few nights. Luckily, most youngsters are happy to "graduate," and stay in their beds more willingly than they did in their cribs. However, for a few, to prevent them from turning into night owls, the transition has to be managed closely. The best way is to continue with the same bedtime routine you have used since your child first joined the family, and repeat the following steps:
 1. When you end your routine, tell your child to stay in bed until you come for her.
 2. If she gets out of bed, calmly and quietly lead her back and tell her she must stay in bed.
 3. When she gets back in bed, reward her by telling her briefly what a good girl she is for being there, then leave the room.
 4. Be prepared to repeat steps 1 and 2 as many times as you have to for several nights in a row. Twenty "farewell appearances" in one

evening is by no means an unusual number. Above all, stay calm and keep interactions with your child on a low-key level. The aim is to reward her with praise for staying in bed, and not for getting out. If getting out of bed brings your toddler extra-attention, even if negative attention, by making you angry, she'll do it again and again. By contrast, if you keep the atmosphere quiet and even boring, the excitement of getting out will soon disappear.

5. While respecting your toddler's newfound mobility, insist on the rule that once it's time for sleep, people have to stay in bed until morning. Avoid rewarding bedroom breakouts, such as by allowing your child to climb in to your bed or join the members of the family who are still up. Instead, praise her in the morning for having stayed in bed all night.

- ▷ ***Shutting the door.*** It's never acceptable to keep a child's bedroom door locked at night. In case of an emergency, such as a fire, the child can not get out of a locked bedroom and the parents may be unable to unlock the door in time. Moreover, a child who is forcibly kept in her room behind a locked door will not develop the self-control to stay there willingly. And if a resentful child is forced to stay unsupervised in her room, she may injure herself or damage objects in the room. However, when you are dealing with a persistent nighttime Rambler, the door can be a useful aid. Many youngsters prefer to go to sleep with the bedroom door ajar. Tell your child that as long as she remains in bed, the door can stay partly open. The moment she gets out of bed, the door will be shut. As with any approach to discipline, this one won't work unless you consistently follow up your words with actions. If appropriate, at the end of the bedtime routine, allow one last chance to go to the toilet or to have a drink of water. After you leave the bedroom, stay near the door so that you can respond immediately. If your youngster gets out of bed, shut the door at once; when she gets back into bed, open it. The lesson will take only if you respond every time your child makes a move. As long as you do so, your child will probably need no more than two or three nights to learn to stay in bed. When your child is asleep and before you go to bed, the AAP recommends shutting the doors to all sleeping rooms as a fire safety measure.

- **SAFETY TIPS**

- ▷ ***Avoid choking and suffocation.*** No nuts, popcorn, grapes, hot dogs, gum, or hard candy. Cut food into small pieces, about half the width of a pencil. Keep strings and cords, small objects and plastic bags out of reach. Store toys in a chest without a dropping lid.
- ▷ ***Prevent fires and burns.*** Practice a fire escape plan. Check your smoke detector. Replace the batteries if necessary. Put plastic covers in unused electrical outlets. Keep hot appliances and cords out of reach. Keep all electrical appliances out of the bathroom. Don't cook with your child at your feet. Use the back burners on the stove with the pan handles out of

reach. Turn your water heater down to 120°F (50°C). Limit time spent in the sun and use sunscreen (SPF 15 or higher, broad-spectrum, waterproof).

- ▷ **Prevent drowning.** NEVER leave your baby alone in the bathtub, near a toilet, or near buckets with standing water. Supervise your child constantly near water. Keep toilet seats down.
- ▷ **Avoid falls and cuts.** Watch your child closely, especially near dogs, lawnmowers, driveways and streets. Your child may be able to climb much better than you think...do not underestimate them. Check drawers, furniture, and lamps for stability. Use safety gates and window guards. Keep sharp objects out of reach.
- ▷ **Outdoor safety.** DEET-containing insect repellants can be used as long as the concentration of DEET is 30% or less. Apply these sprays sparingly on exposed skin, and not on your child's hands, or near the eyes or mouth. Wash treated skin with soap and water after returning indoors.
- ▷ **Prevent poisoning.** Children at this age are very curious about the world around them. Keep any poisonous plants out of reach. Keep all medications, vitamins, and household chemicals securely stored or disposed of safely. Poison control's number is **1-800-222-1222**.
- ▷ **Car/car seat safety.** If your child weighs at least 20 pounds, switch to a forward-facing safety seat and install it in the back seat following the vehicle owner's manual and manufacturer's instructions. For more information you can call the National Highway Traffic Safety Administration at 1-888-327-4236 or check the Web site (<http://www.nhtsa.dot.gov>). Never place your toddler's safety seat in the front seat of a vehicle. Never leave your baby alone in a car, or alone with siblings or pets.

▪ **GENERAL RECOMMENDATIONS**

- ▷ Pointing to things and saying the word helps children learn more words. Allow your child to touch things while you name them.
- ▷ Speak in a conversational voice with your child and give them lots of encouragement to use their voice.
- ▷ Smile and praise your child when they learn new things. Children enjoy knowing that you are pleased that they are learning.
- ▷ Your child still may not understand "no" and may need to be removed from dangerous situations to a safer activity.
- ▷ Read to your child every day. Children who have books read to them learn more quickly. Choose books with interesting pictures and colors.
- ▷ Your child may enjoy throwing a ball and "catching" it while on the floor, as well as other independent play, such as stacking cups or blocks.
- ▷ As children learn to walk they will want to explore new places. This is normal. Watch your child closely.
- ▷ Join play groups and parent support groups.
- ▷ Brush your baby's teeth with a soft toothbrush or washcloth.

- ▷ Shoes protect your child's feet, but are not necessary when your child is learning to walk inside. When your child finally needs shoes, choose a flexible sole tennis shoe.

- **IMMUNIZATIONS**

- ▷ **At the 12-month visit, your child will receive 3 shots including a:**
 - ◆ MMR (measles, mumps, rubella) shot
 - ◆ Pneumococcal (PCV7) shot
 - ◆ Hepatitis A shot
 - ◆ *Please refer to your vaccine information statements (VIS) for complete details regarding each vaccine.*

- **IMMUNIZATION SIDE EFFECTS**

- ▷ Your child may run a fever and be irritable for about 1-2 days after getting shots. Your child may also have some soreness, redness, or swelling at the vaccine sites. Acetaminophen (Tylenol) may help reduce fever and pain. For pain at the injection sites, place a cool, wet washcloth on the area as often and as long as needed for comfort.
- ▷ Please note: A small number of children get a fever and rash 7 to 14 days after receiving the MMR vaccine. This rash usually appears on the trunk and lasts 2 to 3 days. Call us immediately if the rash changes to purple spots or call us within 24 hours if the rash becomes itchy or lasts more than 3 days.

- **ADDITIONAL RESOURCES***

- ▷ Teeth, prevention of tooth decay
- ▷ Bowlegs and knock knees

How to Prepare for the Next Visit

- Please bring in questions and/or observations about your child that you would like to discuss.
- Talk with your child and role play before the next visit to prepare for the physical examination and immunizations.
- Keep track of any illnesses, including visits to other health care facilities and the ER.
- Please bring your vaccine record.

What to Expect at the Next Visit

- Your child should return when he is **15 months old**.
- Your child will have a physical examination.
- Your child will receive her fifth set of immunizations at the fifteen month well child visit to protect against both chicken pox and hepatitis B.

*** =found on our website**

QUESTIONS FOR 12 MONTH VISIT

PATIENT NAME: _____

DATE: ____/____/____

Please answer the questions that apply to either your breast milk or formula fed infant.

NUTRITION

IS YOUR CHILD DRINKING FROM:

- a cup (sippy or open) only a cup (sippy or open) mostly and a bottle occasionally
 a bottle mostly and a cup (sippy or open) occasionally a bottle only

Is your child breast feeding? yes no

Do you plan on weaning? yes no n/a

Is your child drinking milk? yes no

If so, what type?

- whole 1% 2% skim soy rice other

HOW MUCH MILK DOES YOUR CHILD DRINK?

- <8 ounces 8 to <16 ounces 16 to 24 ounces 24 to 32 ounces >32 ounces

HOW MUCH JUICE DOES YOUR CHILD DRINK?

- 0 to 4 ounces 4 to 8 ounces 8 to 16 ounces >16 ounces

HOW MUCH WATER DOES YOUR CHILD DRINK?

- <8 ounces 8 to 16 ounces 16 to 24 ounces >24 ounces

WHAT TYPE OF WATER SOURCE DO YOU HAVE?

- city well bottled with fluoride bottled without fluoride

YOUR CHILD IS EATING:

- baby foods without any table foods mostly baby foods and some table foods
 mostly table foods and some baby foods table foods without any baby foods

HOW MANY SOLID MEALS DOES YOUR CHILD EAT IN A DAY?

- 1-2 2-3 3-4 4-5 5-6

HOW DOES YOUR CHILD EAT SOLIDS?

- fed off a spoon uses fingers learning to use a spoon uses a spoon independently

Is your child taking vitamin D supplement? yes no

HAS YOUR CHILD COMPLETELY ELIMINATED ANY OF THE FOLLOWING FOOD GROUPS?

- meats vegetables fruits breads

ELIMINATION

STOOL

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING REGARDING HIS/HER BOWEL MOVEMENTS?

- pain fear holding large size or hard diarrhea blood in stool

FREQUENCY:

- every 3 to 4 days every other day every day 1 to 2 times per day >3 times per day

URINE

HOW MANY WET DIAPERS DOES YOUR CHILD HAVE IN A DAY?

- <3 3-6 >6

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

QUESTIONS FOR 12 MONTH VISIT

PATIENT NAME: _____

SLEEP

Does your child have a transitional object for sleep? yes no

Does your child have a fairly consistent bedtime? yes no

Is your child using a pacifier? yes no

WHERE DOES YOUR CHILD FALL ASLEEP?

in his/her own room in a room with a sibling in his/her parents(s) room other

YOUR CHILD SLEEPS IN:

a crib a toddler bed his/her parent's bed a twin bed

HOW MANY HOURS DOES YOUR CHILD SLEEP AT NIGHT?

<8 8-10 10-12 >12

HOW MANY NAPS DOES YOUR CHILD TAKE IN A DAY?

0 1 1-2 2 2-3

HOW MANY HOURS OF TOTAL NAP TIME DOES YOUR CHILD SLEEP?

< 1 hour 1-2 hours 2-3 hours > 3 hours

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING REGARDING HIS/HER SLEEP?

snoring restless sleep is poorly rested after a night of sleep night terrors difficulty falling asleep
 frequent nighttime awakenings paused or startled breathing during sleep teeth grinding nightmares

VISION

Do you have any concerns about your child's vision? yes no

HEARING

Do you have any concerns about your child's hearing? yes no

SAFETY

Does your child ride in the car using a forward facing car seat with a 5 point harness? yes no

DO YOU HAVE A POOL?

Above ground without a fence Above ground with fence around pool Above ground with fence around yard
 In ground without a fence In ground with fence around pool In ground with fence around yard

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

QUESTIONS FOR 12 MONTH VISIT

PATIENT NAME: _____

DEVELOPMENT

Pulls to stand	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Walks holding onto furniture and may take a few steps alone	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Makes either "mama" or "dada" sounds or both	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Says at least one word	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Imitates sounds	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Plays social games such as pat-a-cake, peek-a-boo and so-big	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Waves "bye-bye"	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Points with index finger	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Locates sound by turning head	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Imitates familiar adult behavior, such as using a cup or a telephone	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Turns books face up but turns several pages at once	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Deliberately drops or throws toys	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Bangs, strikes and shakes toys	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Looks for and finds toys	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Eagerly explores objects and spaces	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Feeds self	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

**CHILDHOOD LEAD RISK
 ASSESSMENT QUESTIONNAIRE**

PATIENT NAME: _____

BIRTHDATE: ____/____/____

AGE: _____

DATE: ____/____/____ ZIP CODE: _____

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS MUST BE ASSESSED FOR LEAD POISONING.
 (410 ILCS 45/6.2)**

A documented result of a blood lead test or a properly filled out Childhood Lead Risk Assessment Questionnaire must be attached to a Certificate of Child Health Examination form for purposes of admission to an Illinois Department of Children and Family Services or state regulated child-care facility, including those operated by a school district.

Respond to the following questions by checking the appropriate answer.

Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child have a sibling with a blood lead level of 10 mcg/dL or higher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child live in or regularly visit a home that was built before 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Is this child a refugee or an adoptee from any foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does your child live in a high risk zip code area? * Please reference list of high risk zip codes on the back of this form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	* <input type="checkbox"/> Don't Know

MAR 2, 2008

SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

**TUBERCULOSIS RISK
 ASSESSMENT QUESTIONNAIRE**

PATIENT NAME: _____

BIRTHDATE: ____/____/____

AGE: _____

DATE: ____/____/____

In order to determine whether or not a TB test is indicated for your child, we need you to answer the following questions. Because exposure risks can change, we will ask you to update this questionnaire at the 6, 12, 18, and 24 month well child visits and then annually until 21 years of age.

Respond to the following questions by checking the appropriate answer.

Has a member of your family or a person who has contact with your child had tuberculosis disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Has a family member had a positive tuberculin skin (TB) test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Was your child born in a country with a high rate of tuberculosis (places other than the United States, Canada, Australia, New Zealand, or Western European countries)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Has your child traveled (had contact with resident populations) to a high risk country for more than 1 week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

MAR 2.2008

SIGNATURE OF PROVIDER: _____ DATE: ____/____/____