# 18 Month to 3 Year Child Health Check-Up Tracking Form

PLEASE PRINT

## PERSONAL

☐ Periodic ☐ Interperiodic ☐ Parent/Caregiver Request

| NAME (Last) (First) | ID | DATE OF BIRTH |
|---|---|---|
| | | |

| DATE | AGE | ACCOMPANIED BY | RELATIONSHIP |
|---|---|---|---|
| | | | |

## INTERVAL HISTORY

PAST MEDICAL HISTORY WNL ☐ YES ☐ NO (IF NO, DESCRIBE)
DEVELOPMENTAL HISTORY WNL ☐ YES ☐ NO (IF NO, DESCRIBE)
BEHAVIORAL HEALTH STATUS WNL ☐ YES ☐ NO (IF NO, DESCRIBE)

## NUTRITIONAL ASSESSMENT

WNL ☐ YES ☐ NO (IF NO, DESCRIBE) WIC ☐ Yes ☐ No ☐ ☐ FLUORIDE ☐ REFERRED
Referred

## PHYSICAL EXAM

| HEIGHT | WEIGHT | HEAD CIRCUMFERENCE |
|---|---|---|
| | | |

**Are the following normal?**

| | YES | NO | COMMENTS |
|---|---|---|---|
| Appearance | | | |
| Skin | | | |
| Head | | | |
| Eyes | | | |
| Ears | | | |
| Nose | | | |
| Mouth/Throat/Teeth/Gums | | | ☐ DENTAL REFERRAL AGE 3 AND UP REQUIRED |
| Nodes | | | |
| Heart | | | |
| Lungs | | | |
| Abdomen | | | |
| Fem. Pulse | | | |
| Ext. Gen. | | | |
| Extremities | | | |
| Spine | | | |
| Neuro | | | |
| Other | | | |

## LAB TESTS

☐ LEAD SCREEN (blood @ 12 & 24 mo, @ 36-72 mo. if not previously screened; verbal @ 6 mo-6 yrs) ☐ OTHER (specify, as indicated)

## SENSORY SCREEN

NORMAL VISION? (eyes straight?, red reflex, fixation test, cover-uncover test) ☐ YES ☐ NO ☐ REFERRED
NORMAL HEARING? (2 yr. Uses some understandable speech, combines 2 words, names objects; 3 yr. Uses 3-4 word sentences) ☐ YES ☐ NO ☐ REFERRED
DOES PARENT FEEL SPEECH & HEARING ARE NORMAL FOR AGE? ☐ YES ☐ NO

## DEVELOPMENT ASSESSMENT

IS DEVELOPMENT NORMAL FOR AGE AND CULTURE? (by 18 mo. Uses spoon, kicks/throws ball, walks alone, by 3 years jumps in place; knows name, age, and sex; copies a circle)
☐ YES ☐ NO ☐ REFERRED

## IMMUNIZATIONS

☐ CURRENT ☐ DEFERRED ☐ PROVIDED: LIST

## HEALTH EDUCATION, ANTICIPATORY GUIDANCE

☐ DECREASED APPETITE ☐ READ TO CHILD ☐ TOILET TRAINING
☐ TEETH BRUSHING ☐ CONTROL TV VIEWING ☐ SAFETY-CARS & POOL ☐ SUN PROTECTION ☐ OTHER

**DIAGNOSIS:**

**PLAN:**

**SIGNATURE:**