Your Child's 15 Month Well-Visit

This form will help us give your child the best care possible. We will use it to focus the visit on the information you would like to receive.

Your Name: __________________________ Your relationship to the child: __________________________

Share with me one thing that your child is able to do that you are excited about: __________________________

Are there any specific concerns you want to discuss today? [ ] No [ ] Yes

Have there been any major changes in your family lately? [ ] None [ ] Move [ ] Job Change [ ] Separation [ ] Divorce

GENERAL HEALTH INFORMATION

Yes  No
Since your last visit, has your child had any major illnesses and/or hospitalizations?

Has your child ever had a bad reaction to a vaccine (temp > 104, inconsolable crying > 3 hours)?

Have any of your child’s relatives developed new medical problems since the last visit?

Does your child live with both parents in the same home?

Do any adults who are around your child smoke? (includes inside or outside the house)

In the past two weeks, how often have you been bothered by any of the following problems:

Little interest or pleasure in doing things? [ ] Nearly every day [ ] More than half the days [ ] Several days [ ] Not at all

Feeling down, depressed or hopeless? [ ] Nearly every day [ ] More than half the days [ ] Several days [ ] Not at all

In general, how well do you feel you are coping with the day-to-day demands of parenthood?

Not well at all [ ] Not very well [ ] Somewhat well [ ] Well [ ] Very well

PICK YOUR PRIORITIES: UP TO FIVE

Tell us what you want to talk about today by checking up to 5 boxes. Find information on the topics below at www.wellvisitplanner.org/education.

Your Child’s Speech & Social Development

[ ] Behaviors to expect in the next few months
[ ] How your child may start to become more independent and explore away from you
[ ] Giving your child a choice between 2 options
[ ] Separation anxiety, how your child responds to new people or caregivers
[ ] Importance of using simple words, asking simple questions & repeating what your child said
[ ] Ways to read to your child to promote language development
[ ] Balancing taking care of yourself while being a parent

Guiding & Disciplining Your Child

[ ] Tips for avoiding/managing temper tantrums
[ ] Your child’s moods & emotions
[ ] Ways to guide & discipline your child
[ ] Importance of consistent guidance & discipline strategies between parents & caregivers

Your Child’s Healthy Teeth

[ ] Your child’s first check-up with the dentist
[ ] Brushing your child’s teeth, not letting them do it themselves
[ ] Preventing spread of cavities from parent/caregiver to child
[ ] Impact of bottle use on your child’s teeth

Your Child’s Sleep Routines

[ ] Sleep routines & sleep habits
[ ] Night waking & fussing

Your Child’s Safety

[ ] Installing care seat correctly/when it can be faced forward
[ ] Setting a positive example by always using your seatbelt
[ ] Preventing injuries indoors & outdoors
[ ] What to do if your child swallows poison & when to call poison control center
[ ] Fire safety, smoke detectors, & escape routes

Other

YOUR GROWING AND DEVELOPING CHILD

Do you have any specific concerns about your child’s learning, development or behavior? [ ] Not at all [ ] A little [ ] A lot

Describe: __________________________

Do your child’s eyes appear unusual or seem to cross, drift, or be lazy? [ ] Yes [ ] No

Do you have any concerns about how your child hears? [ ] Yes [ ] No

Please check each task your child is able to do right now.

Gross Motor

[ ] Walk well
[ ] Bend down without falling
[ ] Take steps backwards

Fine Motor

[ ] Put an object (block, cheerio, etc.) in a cup or container
[ ] Scribble

Social/Emotional

[ ] Wave bye-bye
[ ] Drink from a cup (with little spilling)

Cognitive/Communicative

[ ] Speak at least 1 word (other than Mom or Dad)
[ ] Speak 3 or more words

Other

This tool was developed by the Child and Adolescent Health Measurement Initiative (CAHMI). Visit www.wellvisitplanner.org or contact cahmi@ohsu.edu for further information.