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**GENERAL PEDIATRIC CLINIC / 15-MONTH VISIT**

(See 2<sup>nd</sup> page for Anticipatory Guidance for 15-Month Visit)

Completion of this form is voluntary.

<b>Patient Name</b>		<b>Date of Birth</b>	<b>Age</b>	<b>Height</b>	<b>Weight</b>	<b>Today's Date</b>
<b>Accompanied by</b>					<b>Head Circumference</b>	
<b>Parental Concerns</b>			<b>Activity</b>			
			<b>Adaptability to Exam</b>			
			<b>Words Spoken</b>			
<b>Rating Habits:</b> _____ oz. / day Diet			<b>Note – Present (+) or Absent (-) as Appropriate</b> (Cross off parts not examined or not applicable)			
Behavior at Meals						
<b>Sleeping</b>			<b>Part</b>	<b>N</b>	<b>Abn</b>	
<b>Activities:</b> Quiet and Active			Skin: Color, texture, hair, scalp			
			Head & face: Symmetry, AF size _____ cms			
<b>Parents' Description of Child's Temperament</b>			Eyes: Pupils, conjunctive, EOM, red reflex			
			Ears & nose: Canals, tympanic membranes, turbinates			
<b>Problems Identified and Reviewed</b>			Nose: Discharge			
			Mouth: Gums, Tongue, # of teeth			
<b>Physical and Emotional Status</b>			Nodes: Cervical, Inguinal			
			Lungs			
<b>Diet:</b> Pickiness, introducing new foods			Heart: Rhythm, S1, S2, murmur			
			Abdomen: Contour, masses, hernia			
<b>Anticipatory Guidance:</b> Obedience, negativism, temper, Tantrums. Sibling rivalry. Expectations on toilet training and speech. Safety: Climbing, stove, water, poisons, plants, street, lead exposure			Genitalia: Vaginal opening, testes ( ) ( )			
			Extremities: Range of motion, stance			
<b>Immunization</b>			Neuromuscular: Tone strength, equilibrium, coordination, Gait, DTRs			
			<b>Describe abnormal findings.</b>			
<b>SIGNATURE</b> — Provider			<b>Development Observation</b>			
			R = Reported      O = Observed NO* = not observed by parents or examiners			
Date Signed			R	O	NO*	G.M. Walks alone
						Stoops and recovers
Return to clinic in _____ months.						Walks backwards
						Walks up steps with help
						P.M. Scribbles with a pencil
						Makes a tower of two cubes
						Lang. Mama & Dada clear & appropriate
						2 + other single words
						Points to a named part of the body
						P.S. Removes a piece of clothing
						Drinks from a cup alone
						Uses spoon with spilling
						Explores by touching new objects
						Comforted by physical contact with parents
			<b>Parents' Interactions with Child</b>			
			O = Observed      M = Mother F = Father      NO* = Not observed here			
			O	NO*		Hovers over child
						Spontaneously identifies positive qualities
						Consoles child when showing reservations of strangers
						Limits activity by verbal command
						Limits activity by physical restraint
						Gives simple, short directions/explanations
						Ignores temper tantrum
						Allows child to separate and check back
			<b>Other Observations</b>			
			<b>Development and Parent-Child Interaction</b>			

## Diet

Pickiness is common. When given other than a favorite food, the child will not eat but will pick at the food and if not allowed to leave until the plate is empty, the meal may take a long time or, more likely at this age, end with a crying child and a plate on the floor. If the child is really hungry, they will eat. With all the snacks children receive, they may not know the feeling of hunger. It will not hurt a child to skip a meal rather than being forced to eat.

Introducing new foods — The ease with which the child accepts new foods depends upon the child's temperament. The one who reacts strongly against anything new will refuse, while the one who accepts new situations easily will eat if hungry. Both extremes should still be offered new foods but not forced to accept it.

## Anticipatory Guidance

Negativism — this is usually mild at this stage with a few temper tantrums, which are easily distracted or easily handled by ignoring. It is good to discuss these briefly so that if the child should exhibit any negative behaviors, the parents can react appropriately. Sibling rivalry is usually exhibited by an older sib towards this toddler who is becoming a more demanding person and explores into the territory and belongings of the older child. If there is a newborn, this child is more likely to ignore the baby and demand his or her usual share of attention. The baby becomes part of the total environment to be explored and conquered. Similarly, a puppy or kitten is not an animal but part of the environment. Rough treatment of a puppy or baby is no different than what the toddler does to the book or ball. Look, touch, bite, sit on, and toss away are ways a toddler explores the world.

## Obedience

If the child has had limits set for him or her for the past 3-6 months, he or she knows the parents will prevent some activities. They will continue to test the parents for their consistency but is more likely to obey if this consistency is exhibited.

## Expectations on Toilet Training

See "12 Month" Health Supervision.

A girl may become interested enough to sit on the toilet at 15 months. A few actually know the signals and will turn signal to the parent. Most become aware of soiled diapers and want to be changed. These girls may be placed on the toilet if there is regular time for the bowel movement. If the child is dry after a nap, then again, sitting on the toilet may catch the urine. The parents have to know the child's needs and have time to act immediately. Positive reinforcement in the form of praise will lead to repeat performance. Boys are not usually ready for toilet training at this age.

## Speech, Labeling

See "12 Month" Health Supervision.

The child should be using the intonations of his or her language and have several single words. Again, parents have to pick up these words and reinforce the child, each time he or she says "ma" the mother should respond. Comprehension is ahead of speech, and the child can understand short sentences, the meaning of "no," and several directions.

## Safety

Do not allow the child to climb up near the stove or touch the stove. The pot handles should be turned in, and parents urged to use back burners. All poisons should be out of reach, especially medicines, which may have to be locked up as the gross motor skills of climbing continues to improve. If the child goes toward the street, the parents need the emergency "NO" and on reaching the child, they should scold and bodily stop and remove the child from the direction of his or her travels. This may have to be repeated many times whenever the child is outside. Taking the child to his or her room may not be interpreted correctly by the child since the street is out of sight and thus out of mind.

MMR — the parents should be aware of the medical and legal reasons for giving these vaccines. The parents do have the ultimate responsibility and choice for their child, although the health professional may greatly influence this choice.

## Lead Exposure

See 12-month Form.