

McLaren Print System Order

Order No: 55345 Reprint Previous Order No: 9463
 Order Date: 2020-07-14
 User: Michele Lubick
 Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele
 16700 21 Mile Rd., Suite 101
 Macomb, MI 48044

Forms

Quantity: 100
 Paragon Dept No: 71600
 Dept Name: McLaren Macomb Family Medicine
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-34301-H
 Item Description: Pediatric Physical Examination (Age 15 Months)
 Revision Date: 3/2020
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

McLaren Medical Group
WELL CHILD EXAM-EARLY CHILDHOOD: 15 Months

DATE: _____ PATIENT NAME: _____ SEX: _____

Developmental Questions and Observations

Ask the parent to respond to the following statements about the toddler:

Yes No

Please tell me any concerns about the way your toddler is behaving or developing.

My toddler likes to be with me.

My toddler is interested in people, places and things.

My toddler shows different feelings.

My toddler feeds self with fingers/spoons and drinks from a cup.

My toddler can stack 2 - 3 blocks.

Ask the parent to respond to the following statements:

Yes No

I am sad more often than I am happy.

I have people who help me when I get frustrated with my toddler.

I am enjoying my time with my toddler.

I have time for myself, partner and friends.

I feel safe with my partner.

Developmental Milestones

Always ask parents if they have concerns about development or behavior. A standardized developmental and autism screening tool should be administered at the 15 month visit (Medicaid required Tool Used: _____). If the DSM-5 is utilized to screen for an 18 month visit, the standardized screen should be completed at the 18 month visit. In addition, the following should be observed:

Toddler Development		Parent Development	
Understands simple commands	Yes No	Appropriately disciplines toddler	Yes No
Walks without support	Yes No	Positively talks, listens, and responds to toddler	Yes No
Says at least 3 - 5 words	Yes No	Parent is loving toward toddler	Yes No
Indicates wants by pointing or gestures	Yes No	Parent is telling toddler what is coming next	Yes No
Is able to transition from one activity to another throughout the day	Yes No		
Appears to have a secure and attached relationship with parent	Yes No		

Please note: Any concerns about child development should be promptly addressed with standardized developmental screening tools. In addition, screening tools should be administered regularly at the 9, 18, and 24 or 30 month visits (AAP, 2016). Identifying Children and Young Children with Developmental Disorders is the Medical Home for Diagnostic Evaluation and Screening.

Additional Notes from pages 1 and 2:

Staff Signature: _____
 Provider Signature: _____
 Date: _____ Time: _____

Observer Name: _____
 Date of Exam: _____

WELL CHILD EXAM (15-18 Months)