McLaren Medical Group
PEDIATRIC PHYSICAL EXAMINATION
AGE 12 Months

Date: _____ Age: _____ Accompanied By: _____

INTERVAL HISTORY / REVIEW OF SYSTEMS

See Pediatric/Adolescent History Form/Problem List/Med. List

Concerns/Additional History: _____

Nutrition: ☐ Breast ☐ Bottle ☐ Solid Foods _____
☐ Formula _____ ☐ Whole Milk
Amt/feeding _____ Frequency _____

Elimination: ☐ WNL _____

Sleep: ☐ WNL _____

Behavior: ☐ WNL _____

Hearing: _____

Vision: _____

DEVELOPMENT

KEY:
☑ = Has achieved
☐ = Has not achieved

- ☐ Pulls to stand
- ☐ Vocabulary 1-3 words
- ☐ Walks with/without support
- ☐ Says mama/dada appropriately
- ☐ Attempts to stack cubes
- ☐ Pincher grasp mature

EDUCATION

Discussed and/or handout given:

- ☐ Nutrition
  - ☐ Milk
  - ☐ Introduction of New Foods
- ☐ Elimination
- ☐ Fever (Signs/Symptoms)
- ☐ Sleep
  - ☐ Sleep Disturbance
- ☐ Behavior/Development
  - ☐ Social - Separation Anxiety
  - ☐ Communication Skills - Read to Baby
  - ☐ Physical - Teething
  - ☐ Discipline Issues
- ☐ Injury Prevention
  - ☐ Auto/Car Seat
- ☐ Falls/Poison Control
- ☐ No Strings Around Neck
- ☐ No Shaking
- ☐ Burns
  - ☐ Water Heaters
  - ☐ Smoke Detectors
  - ☐ Carbon Monoxide Detectors
- ☐ Childproof Environment
- ☐ Tub Safety
- ☐ Firearm Hazards
- ☐ Passive Smoke Exposure
- ☐ Child Care
- ☐ Other: _____

PHYSICAL EXAMINATION

Weight _____ Height _____ Head Circumference _____
See Growth Chart
T: _____ P: _____ R: _____

KEY: ☑ WNL
☐ Not addressed or exceptions/abnormalities must be documented

- ☐ Gen. Appearance _____
- ☐ Head/Fontanel _____
- ☐ Eyes _____
- ☐ Ears _____
- ☐ Nose _____
- ☐ Mouth/Throat _____
- ☐ Lungs _____
- ☐ Heart _____
- ☐ Femoral Pulses _____
- ☐ Abdomen _____
- ☐ Genitalia _____
  - ☐ Male/Testes Down _____
  - ☐ Female _____
- ☐ Extremities _____
- ☐ Back _____
- ☐ Skin _____
- ☐ Neurologic _____

Comments: _____

ASSESSMENT

☐ Well child

PLANS/FOLLOW-UP

☐ Next well child at age 15 months

IMMUNIZATIONS

- ☐ Varicella Vaccine Date: _____
- ☐ Chickenpox Date: _____
- ☐ Prevnar #4
- ☐ Hep B #3 (if needed)
- ☐ Hib #4
- ☐ IPV #3 (if needed)
- ☐ MMR
- ☐ Influenza Vaccine
- ☐ MCIR Updated
- ☐ Physician provided face-to-face counseling with the parent/guardian at the time of administration of (list number) _____ vaccine(s) at this visit.

SCREENINGS

- ☐ CBC
- ☐ Lead Screening Date: _____
- ☐ Lead Level Date: _____
- PPD: ☐ Yes Date: _____ ☐ No

☐ Parent/guardian verbalized understanding of education/instructions
☐ See Progress Notes for additional documentation

Clinical Staff Signature: _____

Provider Signature: _____

Patient Name:

Date of Birth:

McLaren Medical Group

WELL CHILD EXAM-EARLY CHILDHOOD: 12 Months

DATE	PATIENT NAME	DOB

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 drinks from a cup.
☐	☐	My toddler eats a variety of foods.
☐	☐	My toddler can make sounds.
☐	☐	My toddler pulls self to standing position.

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.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used:_____).

Toddler Development			Parent Development		
Stands alone 2 seconds or more	Yes	No	Appropriately disciplines toddler	Yes	No
Walks with help	Yes	No			
Says "Dada or Mama" specifically	Yes	No	Positively talks, listens, and responds to toddler	Yes	No
Responds to No	Yes	No			
Precise pincer grasp	Yes	No	Parent is loving toward toddler	Yes	No
Indicates wants by pointing or gestures	Yes	No			
Is able to transition from one activity to another throughout the day	Yes	No	Uses words to tell toddler what is coming next	Yes	No
Appears to have a secure, attached relationship with parent	Yes	No			

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature: _____

Provider Signature: _____

Date: _____ **Time:** _____

Patient Name:

Date of Birth: