

## Well Child Check: 12 Month Visit

Your Child's Name: \_\_\_\_\_

Do you have any concerns about your child's behavior, learning, or development? If yes, please describe:

Does your baby take any medications or supplements,	□ No	□ Yes: _			
including vitamins?					
Does your baby have known allergies to foods/medicines?	□ No	□ Yes: _			
Do you have concerns about your baby's hearing/vision?	□ No	□ Yes:			
Does your baby see any specialists outside of ORP?	□ No	🗆 Yes: _			
Tuberculosis screen:					
Has your child had close contact with a person who has tuberculos	sis disease		□ No	🗆 Yes	
or who has had a positive tuberculosis result?					
Was your child or any household member born in or traveled to a	a high-risk country	/	□ No	🗆 Yes	
(This includes countries in Africa, Asia, Latin America, and Eastern	n Europe)?				
Nutrition:					
What type(s) of milk is your child drinking?	lk 🗆 Breast milk	C 🗆 Form	nula 🗆 Othe	er	
Have you started any transition from bottles/breast to sippy co		□ Yes		□ No	
Are they usually getting 2-3 servings of calcium a day (8 oz mil	•	🗆 Yes		□ No	
Are they usually drinking MORE than 24 oz of formula/milk a c	•.	□ No		□ Yes	
Are they eating iron rich foods daily (meat, beans, iron vitamin	•	l)? 🗆 Yes		□ No	
Who takes care of your child during the day?					
Have there been major changes lately in your baby's or family' Will your child travel internationally prior to their 2 <sup>nd</sup> birthday					

Does your child....

Play with you like pat a cake?	Yes	No
Wave bye-bye?	Yes	No
Call parent mama or dada?	Yes	No
Understand no by pausing briefly?	Yes	No
Put something in a container like a block in a cup?	Yes	No
Look for things he sees you hide, like a toy under a blanket?	Yes	No
Pull to a stand?	Yes	No
Walk holding onto furniture?	Yes	No
Drink from a cup without a lid as you hold it?	Yes	No
Pick things up like between the thumb and the index finger?	Yes	No

Does your water contain fluoride? (City water contains fluoride.)	Yes	No
If your baby has teeth, are you brushing 2x a day with fluoridated toothpaste?	Yes	No
Does your child try feeding herself using a spoon?	Yes	No
Do you give your child small, hard foods such as peanuts and popcorn?	No	Yes
Do you give your child round foods such as hot dogs, raw carrots, whole grapes, and grape	No	Yes
tomatoes?		
Does your child decide what and how much to eat?	Yes	No
Are they eating vegetables and fruits?	Yes	No
Are they eating foods rich in protein, such as eggs, beans, lean meat, chicken, or fish?	Yes	No
If your child is upset, do you help distract him using another activity, book, or toy?	Yes	No
Does your family regularly make time for reading, playing, and talking together?	Yes	No
Is a TV, computer, or tablet on in the background when your baby is in the room?	No	Yes
Do you eat as a family?	Yes	No
Does your child have regular mealtimes and snack times?	Yes	No
Do you have regular nap time and bedtime routines for your child, such as reading books	Yes	No
and brushing teeth?		
Is your baby fastened securely in a rear facing car seat in the back seat every time they	Yes	No
ride in the car?		
Do you have a gate at the top and bottom of all stairs in your home?	Yes	No
Is the mattress in your child's crib set on the lowest setting to prevent falls?	Yes	No
Do you keep household cleaners, chemicals, and medicines locked up and out of your	Yes	No
child's sight and reach?		
Do all your electrical outlets have covers?	Yes	No
Do you keep sharp objects, plastic bags, and electrical or drapery cords out of your child's	Yes	No
reach?		
Do you keep your child away from the stove, fireplaces, and space heaters?	Yes	No
Are your TVs, bookcases, and dressers secured to the wall so they cannot fall over and	Yes	No
hurt your child?		
Do you always stay within arm's reach of you baby when on the changer, bed or in/near	Yes	No
water?		
Do you have a swimming pool, pond, or lake in or near your home?	No	Yes
Does your home have enough heat, hot water, and electricity?	Yes	No
Within the past 12 months, were you ever worried whether your food would run out	No	Yes
before you got money to buy more?		