

Child's Name: _____

Date of Birth: _____

INSTRUCTIONS:

In order to give your child the best care and to help identify your concerns, please answer the following questions. Find the column for your baby's age and fill in today's date. Answer each question by circling yes or no in the appropriate column. If you cannot answer the question, just move to the next one.

CHILD'S CURRENT AGE →

TODAY'S DATE →

SINCE HIS/HER LAST WELL-CHILD CHECKUP HERE, HAS YOUR BABY...

1. Been seen by a doctor, clinic or other specialist besides at this office?
2. Had any bad reactions to shots, food or medicine?
3. Experienced any important changes for the family - moves, job loss, serious illness, family problems, new baby, etc.?

SINCE HIS/HER LAST WELL-CHILD CHECKUP, DOES YOUR CHILD...

4. Seem to hear well?
5. See to see well?
6. Have eyes that cross or turn in or out?
7. Have ear drainage or infection?
8. Have frequent colds, runny nose, sore throat or cough?
9. Usually breathe with his/her mouth open or snore?
10. Ever wheeze or have trouble breathing?
11. Have problems with stomach or bowels?
12. Seem to have trouble urinating?
13. Have a problem with skin rashes?
14. Have seizures, convulsions, or blackouts?
15. Does he/she take a bottle to bed (nap or night time)?

	<u>11-13 mo.</u>		<u>14-17 mo.</u>		<u>18-23 mo.</u>		<u>2 YRS</u>	
1. Been seen by a doctor, clinic or other specialist <u>besides</u> at this office?	Yes	No	Yes	No	Yes	No	Yes	No
2. Had any bad reactions to shots, food or medicine?	Yes	No	Yes	No	Yes	No	Yes	No
3. Experienced any important changes for the family - moves, job loss, serious illness, family problems, new baby, etc.?	Yes	No	Yes	No	Yes	No	Yes	No
4. Seem to hear well?	No	Yes	No	Yes	No	Yes	No	Yes
5. See to see well?	No	Yes	No	Yes	No	Yes	No	Yes
6. Have eyes that cross or turn in or out?	Yes	No	Yes	No	Yes	No	Yes	No
7. Have ear drainage or infection?	Yes	No	Yes	No	Yes	No	Yes	No
8. Have frequent colds, runny nose, sore throat or cough?	Yes	No	Yes	No	Yes	No	Yes	No
9. Usually breathe with his/her mouth open or snore?	Yes	No	Yes	No	Yes	No	Yes	No
10. Ever wheeze or have trouble breathing?	Yes	No	Yes	No	Yes	No	Yes	No
11. Have problems with stomach or bowels?	Yes	No	Yes	No	Yes	No	Yes	No
12. Seem to have trouble urinating?	Yes	No	Yes	No	Yes	No	Yes	No
13. Have a problem with skin rashes?	Yes	No	Yes	No	Yes	No	Yes	No
14. Have seizures, convulsions, or blackouts?	Yes	No	Yes	No	Yes	No	Yes	No
15. Does he/she take a bottle to bed (nap or night time)?	Yes	No	Yes	No	Yes	No	Yes	No

Please continue on the other side

CHILD'S CURRENT AGE →
TODAY'S DATE →

16. Does he/she eat a variety of foods including representatives from each of the following:
 - Rice, cereal, breads, or pasta?
 - Fruits and vegetables?
 - Milk, cheese, yogurt, and meats
17. Do you brush/clean your baby's teeth/gums daily?
18. Are you concerned about his/her behavior in any way?
19. Is he/she generally happy and pleasant to be with?
20. Is he/she a discipline problem?
21. Have you started toilet training?
22. Do you have a reliable person who can help you care for your baby when you need to go out?
23. Can you estimate how many hours a week your child is in daycare/nursery or with a sitter?
24. When you take your baby in the car, do you always use a safe carseat that is firmly held down by seatbelts?
25. Have you baby-proofed the house yet? (poison control number by the phone, stair gates, smoke alarms, plug covers, cabinet and drawer latches, guns locked and stored away from ammunition, water temperature <120 degrees, etc.)

	<u>11-13 mo.</u>	<u>14-17 mo.</u>	<u>18-23 mo.</u>	<u>2 yrs</u>
	No Yes	No Yes	No Yes	No Yes
	No Yes	No Yes	No Yes	No Yes
	No Yes	No Yes	No Yes	No Yes
	No Yes	No Yes	No Yes	No Yes
	Yes No	Yes No	Yes No	Yes No
	No Yes	No Yes	No Yes	No Yes
	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No
	No Yes	No Yes	No Yes	No Yes
	No Yes	No Yes	No Yes	No Yes
	No Yes	No Yes	No Yes	No Yes

DOES YOUR CHILD DO THESE THINGS YET?

	<u>11-13 mo.</u>	<u>14-17 mo.</u>	<u>18-23 mo.</u>	<u>2 yrs</u>
Pull up to a standing position?	NO YES	NO YES	NO YES	NO YES
Walk holding on to furniture?	NO YES	NO YES	NO YES	NO YES
Use Mama or Dada correctly?	NO YES	NO YES	NO YES	NO YES
Wave bye-bye?	NO YES	NO YES	NO YES	NO YES
Walk alone?		NO YES	NO YES	NO YES
Drink from a cup?		NO YES	NO YES	NO YES
Say three or more words?		NO YES	NO YES	NO YES
Understand simple commands like... "Get the ball"?		NO YES	NO YES	NO YES
Correctly point to one or more parts of his body when asked (where is your nose)?			NO YES	NO YES
Use a spoon and cup?			NO YES	NO YES
Say fifteen to twenty words?			NO YES	NO YES
Put two words together (such as - "Go bye-bye" or "Want Ball", etc.)?			NO YES	NO YES
Go up and down stairs one at a time?				NO YES
Kick a ball?				NO YES
Say at least twenty words?				NO YES