12 Month Well Check-Up

Sheen Enbliss: Any concerns? NoYes	Person completing form: Mother Father	er Grandparent			
Parental Concerns: Do you have any concerns about your child's learning or development? Does your child take naps? NoYes Do you have any concerns about your child's behavior? Does your child sleep in bed with purents? NoYes Does your child drink from a bottle? NoYes Does your child sleep	Other		Sleep Habits:		
Do you have any concerns about your child's learning or development? Not At All ○ Somewhat ○ Very Much ○ Do you have any concerns about your child's behavior? Not At All ○ Somewhat ○ Very Much ○ Relationships: Who lives in the home with the child? Mumber of shiftings? Are you coping well with your child? NoYes	Decree 4-1 Commence			No_	Yes
Not At All o Somewhat o Very Much o Does your child sleep in bed with parents? No Ves Does your child sleep hrough the night? No Ves Does your child sleep hrough the night? No Ves Any nightmares/night terrors? No Ves Any recent travel out of the country? No Ves Any recent travel out of the country? No Ves Any recent travel out of the country? No Ves Any recent travel out of the country? No Ves Any recent travel out of the country? No Ves Any recent travel out of the country? No Ves No		1 ' 1 1 40	If yes, explain		
Does your child sleep through the night? No _Yes_ Not At All o Somewhat o Very Much o Does your child sleep 8 hrs or more per night? No _Yes_ Not At All o Somewhat o Very Much o Does your child sleep 8 hrs or more per night? No _Yes_ Any nightmares/night terrors? No _Yes_ Who lives in the home with the child? No _Yes_ Are you coping well with your child? No _Yes_ Are you coping well with your child? No _Yes_ Are you copinate with your child? No _Yes_ Over the past 2 weeks, have you felt down, depressed or hopeless? No _Yes_ Are there snokers at home? No _Yes_ Are there snokers at home? No _Yes_ Are there snokers at home? No _Yes_ Does your child drink (circle all that apply) Milk Juice Water Soda What type of milk is given? Whole cow's _2% _1% _Soy _Almond _Ricc_ How many ounces of milk per day? Does your child drink from a cup? No _Yes_ Does your child drink from a bottle? No _Yes_ Does your child drink from a notice? No _Yes_ Does your child drink from a notice? No _Yes_ Does your child drink from a notice? No _Yes_ Does your child drink from a notice? No _Yes_ Does your child drink from a notice? No _Yes_ Does your child drink from a notice? No _Yes_ Does your child drink from a notice? No _Yes_ Does your child drink from a notice? No _Yes_ Does your child drink from a notice? No _Yes_ Does your child drink from a notice? No _Yes_ Does your child drink from a notice? No _Yes_ Does your child drink from a notice? No _Yes_ Does your child drink from a notice? No _Yes_ Does your child drink from a notice? No _Yes_ Any concerns with bowd movements? No _Yes_ Home built before 1950? No _Yes_ If yes, what it removed? No _Yes_ Infant car seat rear facing in vehicle? No _Yes_ Infant car seat rear facing in vehicle? No _Yes_ Does your dwelling icricle one) Circle one) Ci			Does your child take naps?		
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TB Risk Assessment: Known exposure to person with TB? If yes, who? Home Environment & Safety:		No Yes			
Dental: Stroke Assessment	if yes, do they smoke outside only.	10105			
Mone Environment & Safety:	TR Rick Accessment		Does your child eat table foods?	No	Yes
Lif yes, who? Any concerns with child's teeth?		No Yes			
Home Environment & Safety: Type of dwelling: (circle one) Apartment House Trailer Other Heat source: (circle one) Gas Electric Hot water Other Water source for dwelling: (circle one) City/municipal Well Known Lead exposure in home? No_Yes_ If yes, was it removed? No_Yes_ Home built before 1950? No_Yes_ Home built before 1978 with any home renovations in last 6 months? No_Yes_ Infant car seat rear facing in vehicle? No_Yes_ Safety: Infant car seat rear facing in vehicle? No_Yes_ Smoke detectors? No_Yes_ Smoke detectors? No_Yes_ Firearms in the home? No_Yes_ If yes, ware they in locked storage? No_Yes_ If yes, are they in locked storage? No_Yes_ If yes, are they in locked storage? No_Yes_ Infonce the last well visit, has your child: Had any injuries or admitted to the hospital? No_Yes_ If yes, please explain					
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Point to objects? NoYes	ii yes, are they in locked storage?	1NOY es	Does your child:		
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*** See Back of Form***

Make eye contact with you?

No___Yes_

Developmental Milestones

	Not At All	Somewhat	Very Much
Picks up food and eats it	0	0	0
Pulls up to standing	0	0	0
Plays games like "Peek-a-Boo," or "Pat-a-Cake"	0	0	0
			0
Calls you "mama," or "dada" or similar name	0	0	
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	0	0	0
Copies sounds that you make	0	0	0
Walks across the room without help	0	0	0
Follows directions – like "Come here" or "Give me the ball"	0	0	0
Runs	0	0	0
Walks up stairs with help	0	0	0