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GENERAL PEDIATRIC CLINIC / 18-MONTH VISIT

(See 2nd page for Anticipatory Guidance for 18-Month Visit)

Completion of this form is voluntary.

Patient Name	Date of Birth	Age	Height	Weight	Today's Date
Accompanied by				Head Circumference	
Parental Concerns	Adaptability to Exam				
	Activity				
General Health	Distractibility				
	Words Spoke				
Note – Present (+) or Absent (-) as Appropriate (Cross off parts not examined or not applicable)					
General Behavior	Part	N	Abn		
	Skin: Color, texture				
Peer Interactions	Head and Face: Symmetry, AF size _____ cm _____				
	Eyes: Pupils, conjunctive, EOM,, red reflex				
	Ears and Nose: Canals, Tympanic membranes, tubinates				
	Nose: Discharge				
Eating Habits: Diet, behavior at meals	Mouth: Gums, tongue, number of teeth				
	Nodes: Cervical, inguinal				
	Lungs				
Parents' Perception of Child's Temperament	Heart: Rhythm, S1, S2 murmur				
	Abdomen: Contour, masses, hernia				
	Genitalia: Vaginal opening, testes () ()				
	Extremities: Range of motion, stance				
Problems Identified and Reviewed	Neuromuscular: Tone, strength, equilibrium, coordination, gait, DTRs				
	Describe abnormal findings.				
Physical and Emotional Status	Development Observation R = Reported O = Observed				
	R	O	NO*	NO* = not observed by parents or examiners	
Diet: Snacks, pickiness, independent feeding	G.M.			Walks backwards	
				Walks up steps without holding on	
				Walks up steps with help	
				Kicks a ball forward	
				Throws a ball over head	
	P.M.			Scribbles with a pencil	
				Makes a tower of two cubes	
				Makes a tower of four cubes	
	Lang.			Says ten single words besides Mama & Dada	
				Combines two different words together	
Immunization	Drug Co. and Lot No.	Expiration Date		Names one picture	
				Puts a toy under the table	
				Puts a toy on the floor	
				Gives a toy to the mother	
			P.S.	Removes own clothing	
SIGNATURE — Provider	Date Signed			Imitates simple housework	
				Uses spoon with spilling	
Return to clinic in _____ months.				Comforted by touches parents	
				Comforted by parent's voice	
				Will not go to strangers	
Parents' Interactions with Child O = Observed M = Mother F = Father NO* = Not observed here					
O	NO	*	O	NO	*
					Gives simple, short directions/explanations
					Ignores temper tantrum
					Voice calm when talking to child
					Interrupts temper tantrum physically
					Reinforces behavior through approval and attention
					Interrupts temper tantrums verbally
					Terminates activities with some forwarding
					Calmly holds to quiet
Other Observations					
Development and Parent-Child Interaction					

Diet

Since most toddlers eat small meals, nutritious snacks such as cheese cubes, fruits, graham crackers, juices, or milk can be given with the child seated. Pickiness — see "15 Month" health supervision.

Independent Feeding

Most 18 month olds object to being fed unless there is much attention related to the process. Self-feeding can be accomplished, albeit with some mess. The child will usually eat enough for growth and not get fat.

Anticipatory Guidance

Discipline, limit setting, and obedience are gone over as in previous visits. Reinforce the parent's efforts to do these.

Toilet Training

Many girls have been or will soon be trained. Warn parents not to remove the night diaper too soon. Although the child may have been dry for many nights, illnesses, minor upsets, changes in environment and weather can cause temporary setbacks. Wet beds cause child/parent annoyance and/or anger, which can lead to a major behavioral problem. Boys can be evaluated for readiness. Regularity of bowel movements helps in knowing when to put the child on the toilet. It is important to stress that a child who is not showing any interest or balking at attempts to train, should not be forced to conform. The average age for boys to be trained during the day in the United States is 2 ½ years.

Peer Activities

See "15 Month" health supervision.

Safety

The hazards of the street should be reviewed, see "15 Month" health supervision. Continue to use car seats every time the child is in the car. The child should never be left alone in the car as he or she can probably get out of the seat and play with the driving equipment. It may also help to raise the child's car seat so that he or she can look out of the window, being sure that adequate neck support is provided. The child is not safe in the bathtub alone for more than a few seconds and certainly not safe near any open water area even if he or she does know how to swim. The child's motor coordination is adept enough to turn on the hot water and the parents should check the water temperature again. It should be below 120° F. Climbing is an activity many children enjoy. Encourage and teach the child to climb safely, using jungle gyms but discourage from climbing on to chairs, tables, bookshelves, stoves, etc. Plants and poisons, see "15 Month" health supervision.

Need for Supervision

An 18 month old cannot be left alone to play in a yard with access to the street, where potentially poisonous plants grow, or where there are filled pools. They may be able to play alone in their room or family room that has been set up as "child proofed" or outside where there is a fence and no dangerous plants. Parents should be within hearing distance of any child left alone.