



18 MONTHS

Name of Patient _____ Date of Birth _____

Personal/Social History:		Date: «VisitApptDate»	
Are you Concerned about your Child's... Please mark all that apply			
<input type="checkbox"/>	Excessive spitting or vomiting	<input type="checkbox"/>	Bowel movements
<input type="checkbox"/>	Are they still taking the breast or bottle	<input type="checkbox"/>	Sleep habits
<input type="checkbox"/>	Excessive whining, fussing or crying	<input type="checkbox"/>	Lack of spontaneous play with others
<input type="checkbox"/>	Overall health and development		
Does your child...			
YES/NO		YES/NO	
<input type="checkbox"/>	<input type="checkbox"/> Say 15-20 words clearly	<input type="checkbox"/>	<input type="checkbox"/> Use two word phrases and imitate words
<input type="checkbox"/>	<input type="checkbox"/> Know 4 or more body parts	<input type="checkbox"/>	<input type="checkbox"/> Ever use index finger to point at things
<input type="checkbox"/>	<input type="checkbox"/> Look at toy when you point at it	<input type="checkbox"/>	<input type="checkbox"/> Seem to hear well
<input type="checkbox"/>	<input type="checkbox"/> Show fear, anger, affection, jealousy	<input type="checkbox"/>	<input type="checkbox"/> Use a spoon or cup
<input type="checkbox"/>	<input type="checkbox"/> Stack 3 or more blocks	<input type="checkbox"/>	<input type="checkbox"/> Live in or regularly visit a house built before 1950? (daycare, baby sitter, or relative)
<input type="checkbox"/>	<input type="checkbox"/> Live in or regularly visit a house built before 1978 with recent or ongoing renovation or remodeling?	<input type="checkbox"/>	<input type="checkbox"/> Have a sibling or playmate who now has or did have lead poisoning?
<input type="checkbox"/>	<input type="checkbox"/> Does patient take vitamins?		

Parent Signature: _____
 «VisitApptDate» _____

Date: _____



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Communication:	
Y = Yes	N = Not Yet
<input type="checkbox"/> When your child wants something, do they tell you by pointing to it?	<input type="checkbox"/> When you ask your child to, do they go into another room to find a familiar toy or object?
<input type="checkbox"/> Does your child say eight or more words in addition to "mama" or "dada"?	<input type="checkbox"/> Does your child imitate a two-word sentence? For example, "momma eat," "daddy play," or "What's this??"
<input type="checkbox"/> Without showing them, does your child point to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?"	<input type="checkbox"/> Does your child say two to three words that represent different ideas together, such as "see dog," "mommy come home," or "kitty gone"?
Gross Motor:	
<input type="checkbox"/> Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?	<input type="checkbox"/> Does your child move around by walking, rather than crawling on hands and knees?
<input type="checkbox"/> Does your child climb on an object such as a chair to reach something they want?	<input type="checkbox"/> Does your child walk well and seldom fall?
<input type="checkbox"/> When you show your child how to kick a large ball, do they try to kick the ball by moving their leg forward or by walking into it?	<input type="checkbox"/> Does your child walk down stairs if you hold onto one of their hands?
Fine Motor:	
<input type="checkbox"/> Does your child throw a small ball with a forward arm motion?	<input type="checkbox"/> Does your child stack a small block or toy on top of another one?
<input type="checkbox"/> Does your child mark on the paper with the tip of a crayon when trying to draw?	<input type="checkbox"/> Does your child stack three small blocks or toy on top of another one by themselves?
<input type="checkbox"/> Does your child turn the pages of a book by themselves?	<input type="checkbox"/> Does your child get a spoon into their mouth right side up so that the food usually doesn't spill?

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Are you Concerned about your Child's... Please mark all that apply					
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<input type="checkbox"/>	Are they still taking the breast or bottle	<input type="checkbox"/>	Sleep habits		
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<input type="checkbox"/>	Overall health and development				
Does your child...					
YES/NO		YES/NO			
<input type="checkbox"/>	<input type="checkbox"/>	Say 15-20 words clearly	<input type="checkbox"/>	<input type="checkbox"/>	Use two word phrases and imitate words
<input type="checkbox"/>	<input type="checkbox"/>	Know 4 or more body parts	<input type="checkbox"/>	<input type="checkbox"/>	Ever use index finger to point at things
<input type="checkbox"/>	<input type="checkbox"/>	Look at toy when you point at it	<input type="checkbox"/>	<input type="checkbox"/>	Seem to hear well
<input type="checkbox"/>	<input type="checkbox"/>	Show fear, anger, affection, jealousy	<input type="checkbox"/>	<input type="checkbox"/>	Use a spoon or cup
<input type="checkbox"/>	<input type="checkbox"/>	Stack 3 or more blocks	<input type="checkbox"/>	<input type="checkbox"/>	Live in or regularly visit a house built before 1950? (daycare, baby sitter, or relative)
<input type="checkbox"/>	<input type="checkbox"/>	Live in or regularly visit a house built before 1978 with recent or ongoing renovation or remodeling?	<input type="checkbox"/>	<input type="checkbox"/>	Have a sibling or playmate who now has or did have lead poisoning?
<input type="checkbox"/>	<input type="checkbox"/>	Does patient take vitamins?			

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Communication:	
Y = Yes	S = Sometimes
<input type="checkbox"/> When your child wants something, do they tell you by pointing to it?	<input type="checkbox"/> When you ask your child to, do they go into another room to find a familiar toy or object?
<input type="checkbox"/> Does your child say eight or more words in addition to "mama" or "dada"?	<input type="checkbox"/> Does your child imitate a two-word sentence? For example, "momma eat," "daddy play," or "What's this?"
<input type="checkbox"/> Without showing them, does your child point to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?"	<input type="checkbox"/> Does your child say two to three words that represent different ideas together, such as "see dog," "mommy come home," or "kitty gone"?
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