

WELL CHILD EXAM EARLY CHILDHOOD: 12 MONTHS

Authority: P.A. 116 of 1973
Completion: Required
Consequences of non-completion:
Non-compliance of licensing rules.

Michigan Department of Human Services

Well Child Exam Date		Patient Name		DOB	Sex	Parent Name				
Allergies					Current Medications					
Prenatal/Family History										
Weight	Percentile %	Length	Percentile %	Wt. for length Percentile %	HC	Percentile %	Temp.	Pulse	Resp.	BP (if risk)

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition

Breast every _____ hours

Formula _____ oz every _____ hrs.
With iron Yes No

Type or brand _____

City water Well water

WIC Yes No

Elimination

Normal Abnormal

Sleep

Normal (8–12 hrs at night) Abnormal

Additional area for comments on page 2

Screening and Procedures

Oral Health Risk Assessment

Hct or Hgb _____

Lead level _____ mcg/dl (required for Medicaid)

Subjective Hearing – Parental observation/ concerns

Subjective Vision – Parental observation/ concerns

Developmental Surveillance

Social-Emotional Communicative

Physical Development Cognitive

Psychosocial/Behavioral Assessment

Yes No

Screening for Abuse Yes No

Screen If At Risk

IPPD _____ mcg/dl

Immunizations:

Immunizations Reviewed, Given & Charted – *if not given, document rationale*

IPV HepA HepB Hib

DTaP MMR Flu PCV

Varicella or

Chicken Pox Date: _____

MCIR checked/updated

Acetaminophen _____ mg. q. 4 hours

Patient Unclothed Yes No

Review of Systems	Physical Exam		Systems
	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

Abnormal Findings and Comments
If yes, see additional note area on next page

Results of visit discussed with parent Yes No

Plan

History/Problem List/Meds Updated

Fluoride Varnish Applied

Referrals

WIC Early On

Children Special Health Care Needs

Transportation Dentist

Other referral _____

Other _____

Anticipatory Guidance/Health Education
(check if discussed)

Safety

Keep Poison Control number handy

Appropriate car seat placed in back seat

Pool/tub/water safety

Use gates, safety locks, window guards

Childproof home – (dangling cords, heaters, stairs, poisons, medicines, outlets, guns, smoke detectors)

Supervise near pets, mowers, driveways, streets

Nutrition

Discuss Weaning, use whole milk

Self Feeding (avoid hard small food)

3 nutritious meals, 2-3 healthy snacks

Don't force child to eat

Oral Health

If using bottle offer only water

Brush toddler's teeth twice a day with a soft toothbrush and water

Schedule first dental exam

Infant Development

Interactive talking, singing, and reading

Daily/Bedtime Routine

Encourage Safe Exploration

Discourage hitting, biting, aggressive behavior

Avoid TV, videos, computers

Family Support and Relationships

Set simple limits (e.g., use distraction)

Praise good behavior

Special relationships with parents/caregivers

Encourage trusting relationships

Young siblings should not supervise toddler

Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

Hold and cuddle child

Next Well Check: 15 months of age

A standardized developmental screening tool to be administered – see page 2.

Page 3 required for Foster Care Children

Medical Provider Signature: _____

PAGE 2 – WELL CHILD EXAM – INFANCY: 12 Months – Developmental Surveillance
(This page may be used if not utilizing a Validated Developmental Screener)

Date	Child's Name	DOB
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Developmental Questions and Observations

Ask the parent to respond to the following statements about the toddler:

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Please tell me any concerns about the way your toddler is behaving or developing: |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler likes to be with me |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler is interested in people, places and things. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler shows different feelings |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler drinks from a cup. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler eats a variety of foods. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler can make sounds. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler pulls self to standing position. |

Ask the parent to respond to the following statements:

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | I am sad more often than I am happy. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have people who help me when I get frustrated with my toddler. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am enjoying my time with my toddler. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have time for myself, partner and friends. |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel safe with my partner. |

Provider to follow up as necessary.

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool).

Toddler Development	Parent Development				
	Yes	No		Yes	No
Stands alone 2 seconds or more	<input type="checkbox"/>	<input type="checkbox"/>	Appropriately disciplines toddler	<input type="checkbox"/>	<input type="checkbox"/>
Walks with help	<input type="checkbox"/>	<input type="checkbox"/>	Positively talks, listens, and responds to toddler	<input type="checkbox"/>	<input type="checkbox"/>
Says "Dada or Mama" specifically	<input type="checkbox"/>	<input type="checkbox"/>	Parent is loving toward toddler	<input type="checkbox"/>	<input type="checkbox"/>
Responds to No	<input type="checkbox"/>	<input type="checkbox"/>	Uses words to tell toddler what is coming next	<input type="checkbox"/>	<input type="checkbox"/>
Precise pincer grasp	<input type="checkbox"/>	<input type="checkbox"/>			
Indicates wants by pointing or gestures	<input type="checkbox"/>	<input type="checkbox"/>			
Is able to transition from one activity to another throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>			
Appears to have a secure, attached relationship with parent.	<input type="checkbox"/>	<input type="checkbox"/>			

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for health supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2

Medical Staff Signature	Medical Provider Signature
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**THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN
PAGE 3 – FOSTER CARE WELL CHILD EXAM – EARLY CHILDHOOD: 12 Months**

Date	Child's Name	DOB
Name of person who accompanied child to appointment	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative Caregiver (specify relationship) <input type="checkbox"/> Caseworker	
Phone number of person who accompanied child to appointment		

Physical completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements

Yes Please attach completed physical form utilized at this visit

No If no, please state reason physical exam was not completed _____

Developmental, Social/Emotional and Behavioral Health Screenings

Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Developmental Screening completed: Date xxxxxxxx

Screener Used: ASQ ASQSE PEDS PEDSDM Other tool: _____ Score: _____

Referral Needed: No Yes

Referral Made: No Yes Date of Referral: _____ Agency: _____

Current or Past Mental Health Services Received: No Yes (if yes please provide name of provider)

Name of Mental Health Provider: _____

EPSDT Abnormal results:

Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc.):

Medical Provider Signature	Medical Provider Name (please print)	
Address	Telephone Number	

This form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Department of Human Services, Michigan Association of Health Plans, and Michigan Association of Local Public Health.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

FOSTER PARENT/CAREGIVER HANDOUT

Your Child's Health at 12 Months

Milestones

Ways your baby is developing between 12 and 15 months of age.

- Speaks more and more words: 3-10 words by 15 months
- Stacks two or three blocks
- Walks well, climbs steps with help
- Follows simple directions
- Is curious and likes to explore people, places, and things
- Protests and says, "NO!"
- Touches, hugs, and kisses

For Help or More Information:

Health and Nutrition program:

Women, Infant, and Children (WIC) Program, call 1-800-26-BIRTH.

For families of children with special health care needs call: Children Special Health Care Services, MDCH Family phone line at 1-800-359-3722.

For help finding childcare:

Child Care Licensing Agency, Michigan Department of consumer & Industry Services, 1-866-685-0006 or online at: <http://www.michigan.gov/michildcare>

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236 or online at www.safercar.gov
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

For information about lead screening:

Visit the Michigan Bridges 4 Kids lead website at www.bridges4kids.org/lead.html or contact the Childhood Lead Poisoning Prevention Project at (517) 335-8885

Prevention of Unintentional childhood injuries:

National Safe Kids Campaign 1-202-662-0600 or www.usa.safekids.org/

If you're concerned about your child's development:

Contact Early On Michigan at 1-800-327-5966 or Project Find at <http://www.projectfindmichigan.org/> or call 1-800-252-0052

Poison Prevention:

Call the poison Control Center at 1-800-222-1222 or online at www.mitoxic.org/pcc or www.spectrum-health.org

For information about childhood immunizations:

Call the National Immunization Program Hotline at 1-800-232-4636 or online at <http://www.cdc.gov/vaccines>

Domestic Violence hotline:

National Domestic Violence Hotline – (800) 799-SAFE (7233) or online at www.ndvh.org

Health Tips

Make sure your child gets her immunizations (shots) on time to protect her from many serious diseases. If your child has missed any shots, make an appointment to catch up

Your child should be eating different kinds of healthy foods. Eating small pieces of soft table food can give your child the nutrition he needs.

Let your drink from a cup.

Call your child's doctor or nurse before your next visit if you have any questions or concerns about your child's health, growth, or development.

Parenting Tips:

Play, read, and talk with your child every day. Repeat songs and nursery rhymes that she likes.

Name your child's feelings out loud – happy, sad or mad. Use words to tell him what is coming next. Your child can understand more words than he can say.

Calmly, set limits to keep your child safe by fiving her something different to do. Praise your child when she does things that you like.

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call the free Parent Helpline at 1-800-942-4357 (in Michigan). They will not ask your name and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

Safety Tips

Your child should ride in a rear-facing child safety seat in the back seat of the vehicle as long as possible. He should be at least 12 months old AND weigh at least 20 pounds before he is placed in a forward-facing toddler car seat

As your child learns to walk and climb, make sure your house is safe to explore. Keep the floor clean, lock poisons away, put things that break on a high shelf, and keep gates closed on stairs.

Your child can choke on small objects. Keep small, hard, round objects (coins, small blocks) out of reach. Avoid giving round pieces of food, such as hot dog slices, grapes, or nuts to eat.

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