

**WELL CHILD EXAM
EARLY CHILDHOOD:
18 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)

<p>Interval History: (Include injury/illness, visits to other health care providers, changes in family or home)</p> <p>Nutrition</p> <p><input type="checkbox"/> Whole milk, cup only <input type="checkbox"/> Solids _____ servings per day <input type="checkbox"/> City water <input type="checkbox"/> Well water</p> <p>WIC <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Elimination <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p>Sleep</p> <p><input type="checkbox"/> Normal (8 – 12 hours) <input type="checkbox"/> Abnormal</p> <p>Additional area for comments on page 2</p> <p>Screening and Procedures</p> <p><input type="checkbox"/> Oral Health Risk Assessment <input type="checkbox"/> Subjective Hearing – Parental observation/ concerns <input type="checkbox"/> Subjective Vision – Parental observation/ concerns</p> <p>Standardized Developmental Screening</p> <p><input type="checkbox"/> Completed Tool Used _____</p> <p>RESULTS: <input type="checkbox"/> No Risk <input type="checkbox"/> At Risk</p> <p>Autism Screening</p> <p><input type="checkbox"/> Completed RESULTS: <input type="checkbox"/> No Risk <input type="checkbox"/> At Risk</p> <p>Psychosocial/Behavioral Assessment</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Screening for Abuse</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Screen If At Risk</p> <p><input type="checkbox"/> IPPD _____ (result) <input type="checkbox"/> Hct or Hgb _____ (result) <input type="checkbox"/> Lead level _____ mcg/dl</p> <p>Immunizations:</p> <p><input type="checkbox"/> Immunizations Reviewed, Given & Charted – if not given, document rationale</p> <p><input type="checkbox"/> DTaP <input type="checkbox"/> IPV <input type="checkbox"/> HepB <input type="checkbox"/> Flu <input type="checkbox"/> HepA <input type="checkbox"/> MCIR checked/updated <input type="checkbox"/> Acetaminophen _____ Mg. q. 4 hours</p>	<p>Patient Unclothed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Review of Systems</th> <th colspan="2">Physical Exam</th> <th rowspan="2">Systems</th> </tr> <tr> <th>N</th> <th>A</th> <th>N</th> <th>A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>General Appearance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Skin/nodes</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Head/fontanel</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Eyes</td></tr> <tr><td><input type="checkbox"/></td><td><input 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next page</p> <p>Results of visit discussed with parent <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Plan</p> <p><input type="checkbox"/> History/Problem List/Meds Updated <input type="checkbox"/> Fluoride Varnish Applied <input type="checkbox"/> Referrals</p> <p><input type="checkbox"/> WIC <input type="checkbox"/> Early On <input type="checkbox"/> Children Special Health Care Needs <input type="checkbox"/> Transportation <input type="checkbox"/> Dentist <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	Review of Systems	Physical Exam		Systems	N	A	N	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel	<input type="checkbox"/>	<input 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type="checkbox"/> Check home for lead poisoning hazards</p> <p>Nutrition</p> <p><input type="checkbox"/> Offer child a new food several times <input type="checkbox"/> Let toddler decide what/how much to eat <input type="checkbox"/> 3 nutritious meals, 2-3 healthy snacks</p> <p>Oral Health</p> <p><input type="checkbox"/> Don't put toddler to bed with bottle <input type="checkbox"/> Brush toddler's teeth with soft toothbrush</p> <p>Child Development and Behavior</p> <p><input type="checkbox"/> Set specific limits, be consistent <input type="checkbox"/> Delay Toilet Training until child is ready <input type="checkbox"/> May be anxious with new people/situations <input type="checkbox"/> Interactive talking, playing, signing, reading <input type="checkbox"/> Use simple clear phrases with your child <input type="checkbox"/> Help child focus on another activity when upset <input type="checkbox"/> Praise good behavior and accomplishments <input type="checkbox"/> Use discipline to teach, not punish</p> <p>Family Support and Relationships</p> <p><input type="checkbox"/> Keep family outings short and simple <input type="checkbox"/> Allow older children their own space/toys <input type="checkbox"/> Help child express emotions appropriately <input type="checkbox"/> Eat meals as a family <input type="checkbox"/> Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression</p> <p>Other Anticipatory Guidance Discussed _____</p> <p align="center">Next Well Check: 24 months of age</p> <p align="center">A standardized developmental and an autism screening tool to be administered – see page 2. Page 2 required for Foster Care Children</p> <p>Medical Provider Signature: _____</p>
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**THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN
PAGE 2 – WELL CHILD EXAM – EARLY CHILDHOOD: 18 Months**

A standardized developmental screening tool and an autism screening tool should be administered (Medicaid required and AAP recommended) at the 30 month visit. Please record findings on this page.

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

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 and Autism Screening completed: Date _____

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

Autism Screen Used: M-CHAT PDST-II Score: Pass Fail

Referral Needed: No Yes Agency: _____

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: _____

Signature of staff who gave/scored screener if applicable: _____

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.

Provide child's caregiver/foster parent with handout.

PARENT/CAREGIVER HANDOUT

Your Child's Health at 18 Months

Milestones

Ways your child is developing between 18 and 24 months.

- Says phrases of at least two words
- Stacks five or six blocks
- Is curious and likes to explore people, places and things
- Protests and says, "NO!"
- Kicks and throws a ball
- Imitates adults
- Kisses and shows affection
- Follows two-step directions

For Help or More Information:

Care seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236 or online at www.nhtsa.dot.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

Poison Prevention:

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

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>

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

Parenting skills or support:

Call the Parents HELpline at 1-800-942-4357 or the Family Support Network of Michigan at 1-800-359-3722.

Support for families of children with special health care needs:

Children Special Health Care Services, Family phone line at 1-800-359-3722

Prevention of Unintentional childhood injuries:

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

Domestic Violence hotline:

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

Health Tips

Your child's check-ups will be spaced farther apart as your child gets older. If you have concerns between checkups, be sure to call the doctor or nurse and ask questions.

Check to make sure your child has had all the shots he needs. If your child has missed some shots, make an appointment to get them soon. Your child needs all the required shots to have the best protection against serious diseases.

Your child's appetite may be less than in the past. Offer her a variety of healthy foods. Let her decide how much of each food to eat. Do not force her to finish food.

Your child needs two cups of milk or yogurt or three slices of cheese each day. Avoid low-fat foods until age 2.

Each child develops in his own way, but you know your child best. If you think he is not developing well, you can get a free screening. Call your child's doctor or nurse if you have questions.

Parenting Tips:

Name your child's feelings out loud – happy, sad or mad. Use words to tell her what is coming next. Your child can understand more words than she can say. Give your child simple choices. Example "squash or peas?"

Calmly set limits for your child by giving him something different to do. Praise him when he 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

Falls often cause young children to get hurt. Take your child to a safe playground. Find one that has padding, sand, or wood chips under the toys. Look for small toys that fit a toddler. Stay close to your child while they are playing.

Your child may try to get out of her car seat. Avoid letting her get out, because then she will try again and again.

- If she tries, be firm, stop the car and refuse to move until she stays buckled in.
- Take soft toys, picture books, and music to entertain your child in the car.
- Wear your own seat belt, too.

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