

Your Child's 12 Month Well-Visit

Child's Name _____

Child's Date of Birth _____

This form will help us give your child the best care possible. We will use it to focus the visit on the information you would like to receive.

This tool was developed by the Child and Adolescent Health Measurement Initiative (CAHMI). Visit www.wellvisitplanner.org or contact cahmi@ohsu.edu for further information.

Your Name: _____ Your relationship to the child: _____

Share with me one thing that **your child is able to do** that you are excited about: _____

Are there any specific **concerns** you want to discuss today? No Yes _____

Have there been any **major** changes in your family lately? None Move Job Change Separation Divorce
 Death in the family Other? Describe: _____

GENERAL HEALTH INFORMATION	Yes	No
Since your last visit, has your child had any major illnesses and/or hospitalizations?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had a bad reaction to a vaccine (temp > 104, inconsolable crying > 3 hours)?	<input type="checkbox"/>	<input type="checkbox"/>
Have any of your child's relatives developed new medical problems since the last visit?	<input type="checkbox"/>	<input type="checkbox"/>
Have you started weaning your child from the bottle?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child live with both parents in the same home?	<input type="checkbox"/>	<input type="checkbox"/>
Do any adults who are around your child smoke? (includes inside or outside the house)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a dentist for your child?	<input type="checkbox"/>	<input type="checkbox"/>
In general, how well do you feel you are coping with the day-to-day demands of parenthood? <input type="checkbox"/> Not well at all <input type="checkbox"/> Not very well <input type="checkbox"/> Somewhat well <input type="checkbox"/> Well <input type="checkbox"/> Very well		

PICK YOUR PRIORITIES: UP TO FIVE Tell us what you want to talk about today by checking up to **5 boxes TOTAL** from the topics below (fewer than 5 is OK, too). Find information on the topics below at www.wellvisitplanner.org/education.

How You & Your Family Are Doing

- Importance of family eating meals together
- Importance of outside family activities that involve playing, walking, running, or playing chase
- Television-why the experts say no TV
- Ways to read to you child to promote language development
- How your child responds to new people
- The importance of your child pointing to let you know what they want
- Sleep routines & sleep habits

Your Child's Feeding & Appetite Changes

- Feeding time strategies, such as teaching your child to use a cup and self-feed
- Nutritious foods & how much/what kind your child eats
- How your child's appetite might change from day-to-day
- Giving your child a choice between 2 options

Your Child & Family

- Behaviors to expect in the next few months
- Ways to guide and discipline your child
- Time-outs
- Importance of consistent guidance & discipline strategies between parents & caregivers
- Balancing taking care of yourself while being a parent
- Making time for other relationships

Your Child's Dental Health

- Your child's first check-up with a dentist
- Brushing your child's teeth, not letting them do it themselves
- Finger sucking, pacifiers, & use of bottles, their impact on your child's teeth

Your Child's Safety

- Installing the car seat correctly/when it can be faced forward
- Preventing injuries indoors & outdoors
- Why to keep plastic bags, latex balloons, & small objects away from you child
- How to secure heavy items such as furniture so your child can't pull them over
- Danger of dangling telephone, electrical and blind cords in your child's reach
- Bathtub, water, & pool safety
- Gun Safety in your home and places your child visits

Other

- _____
- _____

YOUR GROWING AND DEVELOPING CHILD

Do you have any specific concerns about your child's learning, development or behavior? Not at all A little A lot
Describe: _____

Do your child's eyes appear unusual or seem to cross, drift or be lazy? Yes No

Do you have any concerns about how your child hears? Yes No

Please check each task your child is able to do right now.

Gross Motor

- Pull up to stand
- Stand alone

Fine Motor

- Bang 2 small objects held in hands
- Put an object (block, cheerio, etc.) in a cup or other container

Social/Emotional

- Play pat-a-cake
- Let you know they want something by pointing at it
- Wave bye-bye
- Imitate household activities

Cognitive/Communicative

- Make noises that sound like conversation
- Try to make same sounds you do
- Speak 1 word (other than mama or dada)