

# Your Child's 15 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](http://www.wellvisitplanner.org) or contact [cahmi@ohsu.edu](mailto: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?  Yes  No

Has your child ever had a bad reaction to a vaccine (temp > 104, inconsolable crying > 3 hours)?  Yes  No

Have any of your child's relatives developed new medical problems since the last visit?  Yes  No

Does your child live with both parents in the same home?  Yes  No

Do any adults who are around your child smoke? (includes inside or outside the house)  Yes  No

In the past two weeks, how often have you been bothered by any of the following problems:

Little interest or pleasure in doing things?  Nearly every day  More than half the days  Several days  Not at all

Feeling down, depressed or hopeless?  Nearly every day  More than half the days  Several days  Not at all

In general, how well do you feel you are coping with the day-to-day demands of parenthood?

Not well at all  Not very well  Somewhat well  Well  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](http://www.wellvisitplanner.org/education).

### Your Child's Speech & Social Development

- Behaviors to expect in the next few months
- How your child may start to become more independent and explore away from you
- Giving your child a choice between 2 options
- Separation anxiety, how your child responds to new people or caregivers
- Importance of using simple words, asking simple questions & repeating what your child said
- Ways to read to your child to promote language development
- Balancing taking care of yourself while being a parent

### Guiding & Disciplining Your Child

- Tips for avoiding/managing temper tantrums
- Your child's moods & emotions
- Ways to guide & discipline your child
- Importance of consistent guidance & discipline strategies between parents & caregivers

### Your Child's Healthy Teeth

- Your child's first check-up with the dentist
- Brushing your child's teeth, not letting them do it themselves
- Preventing spread of cavities from parent/caregiver to child
- Impact of bottle use on your child's teeth

### Your Child's Sleep Routines

- Sleep routines & sleep habits
- Night waking & fussing

### Your Child's Safety

- Installing car seat correctly/when it can be faced forward
- Setting a positive example by always using your seatbelt
- Preventing injuries indoors & outdoors
- What to do if your child swallows poison & when to call poison control center
- Fire safety, smoke detectors, & escape routes

### 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

- Walk well
- Bend down without falling
- Take steps backwards

### Fine Motor

- Put an object (block, cheerio, etc.) in a cup or container
- Scribble

### Social/Emotional

- Wave bye-bye
- Drink from a cup (with little spilling)

### Cognitive/Communicative

- Speak at least 1 word (other than Mom or Dad)
- Speak 3 or more words