Comprenensive He	aith Assessment	Form				
12 to 15 Months Old	Actual Age: Date:					
Sex at Birth	□ Male □ Female					
Accompanied by	□ Mother □ Father □ Other:					
Parent's Primary Language						
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:					
Intake	(See WHO Growth Chart) Vital Signs					
Head Circumference		Temp				
Length		Pulse				
Weight		Resp				
Allergies / Reaction						
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10			
Cultural Needs (e.g., cult preference/restrictions, and h	ural background/traditions, nealthcare beliefs):		es, dietary markable			
Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section Complications: □ Yes □ No Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No Chronic Problems/Significant Conditions: □ None □ See Problem List						
□ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:						
Current Medications/Vi	tamins:   See Medication	on List				
Interval History						
Dental Home	Dental visit within past 12 months: □ Yes □ No Drinks fluoridated water or takes supplements: □Yes □No Fluoride varnish applied in last 6 months: □Yes □ No					
Diet / Nutrition	□ Regular □ Iron-rich foods □ Other:					
Elimination	□ Normal □ Abnormal					
Has WIC	□ Yes □ No					
Physical Activity	☐ Inactive (little or none) ☐ Some (< 30 min/day) ☐ Active (> 30 min/day)					
Sleep	□ Regular □ Sleep regression □ Nighttime fears					
Vaccines Up to Date	□ Yes □ No	□ Yes □ No □ See CAIR				
Family History	□ Unremarkable	□ Diabetes				
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HB\	/+ parents			
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	f unexpected leath < 50 yrs			
□ Anemia	□ Other:					
Psychosocial / Behavioral Social Drivers of Health (SDOH)	☐ Unremarkable for social drivers of health ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment, transportation ☐ Family stressors (mental illness, drugs, violence/abuse)					
Lives with	□ 1 Parent □ 2 Parents □ Other:					

Name:	DOB	: IV	IR#:	
AAP Risk Screener	Screening Tools Used Low Risk		High Risk (see Plan/ Orders/AG)	
Anemia	□ H&P, □ Other:			
Blood Lead Test Test at 12 months and Educate at each well visit	□ Lead Assessment, □ H&P, □ Other:			
Dental (cavities, no dental home)	□ H&P, □ Other: □			
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:			
Member Risk Assessment	<ul> <li>□ <u>SDOH</u>, □ <u>PEARLS</u>,</li> <li>□ H&amp;P, □ Other:</li> </ul>			
Psychosocial / Behavioral	□ SDOH, □ PEARLS, □ H&P, □ Other: □			
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:			
Growth and Developm	nent			
□ Walks alone well	☐ Three-word vocabulary	□ Stacks two-block tower		
☐ Stoops and recovers	□ Plays pat-a-cake	□ Says "mama	a" or "dada"	
☐ Takes lids off containers	□ Feeds self	Feeds self   Scribbles		
Physical Examination			WNL	
General appearance	Well-nourished & develo No abuse/neglect eviden	•		
Head	Symmetrical, A.F. open	cm		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see			
Ears	Canals clear, TMs normal Appears to hear			
Nose	Passages clear, MM pink			
Teeth	No visible cavities, gross			
Mouth / Gums	Pink, no bleeding/inflamr			
Neck	Supple, no masses, thyroid not enlarged			
Chest / Breast	Symmetrical, no masses			
Heart	No organic murmurs, reg			
Lungs	Clear to auscultation bila			
Abdomen	Soft, no masses, liver &	spleen normal		
Genitalia	Grossly normal			
Male	Circ / uncircumcised, tes			
Female	No lesions, normal exteri			
Hips	Good abduction			
Femoral pulses	Normal			
Extremities	No deformities, full ROM			
Skin	Clear, no significant lesion			
Neurologic	Alert, no gross sensory of	or motor deficit		

Comprehensive He	ealth Assessmen	t Form	Name:	DOB	: MR#:	
Subjective / Objective		Anticipatory Guidance (AG) / Education (√ if discussed)  Health education preference: □ Verbal □ Visual □ Multimedia □ Other:				
			Diet, Nutrition & Exer	cise		
			☐ Relaxed atmosphere / Avoid rushing while eating	□ Vegetables, fruits	□ Table food	
			☐ Whole grains / iron-rich foods	□ Encourage solids	□ Using cup	
			□ Physical activity / exercise	☐ Healthy food choices	□ No bottles in bed	
			Accident Prevention	& Guidance		
Assessment			☐ <u>Lead poisoning</u> prevention	☐ Rear facing toddler car seat	□ Feeding self	
			□ Routine dental care	☐ Choking hazards	□ Simple games	
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Temper tantrum	
			☐ Fluoride varnish treatment	☐ Matches / burns	□ Family play	
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Mindful of daily movements	
			☐ Caution with strangers	☐ Poison control phone number	☐ Treatment of minor cuts	
			☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time	
Plan			□ Falls	☐ Hot water temp < 120° F	□ Bedtime	
			□ Effects of passive smoking	☐ Drowning / pool fence	□ Toileting habits / training	
			Next Appointment			
			□ In 3 months	□ RTC PRN	□ Other:	
			Documentation Remi	Documentation Reminders		
			☐ Screening tools (TB,	☐ Length, Weight &	□ Vaccines entered in CAIR	
Referrals			HEP B, etc.) are completed, dated, &		(manufacturer, lot #, VIS publication dates, etc.)	
□ <u>WIC</u>	☐ Optometrist / Ophthalmologist	☐ Audiologist	reviewed by provider			
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist				
☐ CA Children's Services (CCS)	□ Regional Center	□ Early Start or Local Education Agency	MA / Nurse Signature	Title	Date	
□ Other:						
Orders			Provider Signature	Title	Date	
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	□ CBC / Basic metabolic panel				
□ DTaP	□ MMR	☐ Hct / Hgb (at 12 months)				
☐ Hep A vaccine (Requires one dose between 12 & 23 months)	□ PCV	□ Lipid panel (if high risk)	Notes (include date, ti	me, signature, and titl	e on all entries)	
☐ Hep B vaccine	□ Varicella	□ PPD skin test □ QFT	☐ Member/parent refused th	☐ Member/parent refused the following screening/orders:		
□ Hib	☐ Hep B Panel (if high risk)	□ CXR □ Urinalysis				
□ Influenza vaccine	□ Blood Lead (at 12 months)	□ ECG □ COVID 19 test				
□ IPV	☐ Rx Fluoride drops / chewable tabs (0.25 mg QD)	☐ Fluoride varnish application				
□ Other:	, , , ,			1	2 to 15 Months Old - Page 2 of 2	

Comprehensive Health Assessment Form