

15 Months

Does the child have any medical problems?

yes no If yes, please

list _____

Has the child had any surgeries? yes no

If yes, please list type

Is there a family history of illness or disease? Immediate family only. yes no

If yes, please list

Who lives in the home with the child?

Does anyone in the home smoke? yes

no

Is the child taking any medications on a daily basis? yes no If yes, please list

all

medications _____

Is the child allergic to any medication?

yes no If so, what?

Please list birth history:

Hospital _____

Delivery type: vaginal C-section

Full-term? yes no How many weeks

were you when child was

born? _____

Birth weight? _____

Inches? _____

Did child pass hearing screen? yes no

Did child receive Hep B vaccine? yes no

no

Any problems at delivery? yes no If

yes, please

list _____

Excessive sun exposure? yes no

Does child use a car seat? yes no

Is the home child proofed? yes no

Fire extinguishers? yes no

Smoke detectors? yes no

Any guns in the home? yes no

Any pets in the home? yes no If yes,

what kind?

Any concerns with hearing? yes no

Any concerns with vision? yes no

Any problems since last visit? yes no

ER visits? yes no

15 Month Questionnaire

Please check all the boxes that apply

Feeding:

- Breast feeding
- Formula feeding
- Early introduction of solid baby food
- Spitting up after feeding
- Supplemental feeding after breast
- Pumping and bottle Feeding

Formula:

- whole milk
- 2% milk
- 1% milk
- Similac
- Enfamil
- Nestle Brand
- Gerber Good Start
- Other: _____

Bottle Feeding Volume:

- Less than 20 oz. a day
- More than 20 oz. a day

Feeding Frequency:

- Every 2 hours
- Every 3 hours
- Every 4 hours
- Every 5 or more hours

Using Cup:

- uses cup
- uses bottle only
- uses both bottle and cup
- phasing out of bottle

Juice:

- no juice
- drinks juice
- 4 oz/day
- 6 oz/day
- 8 oz/day
- 10 oz/day

Solids:

- all 4 food groups
- picky eater
- good appetite
- cereal
- vegetables
- fruits
- meats
- no reactions
- reactions

Elimination Stool:

- regular
- irregular
- soft BM
- Hard BM
- Constipation
- Diarrhea

Elimination Urine:

- Urinating normal
- Trouble urinating

Sleep/Position:

- through night
- wakes to feed
- wakes once
- wakes twice
- wakes >3 times
- Parent's room
- Infant's room

Temperament:

- Happy
- Fussy
- Easy
- Demanding
- Fussy but consolable

Gross Motor Assessment:

- walks well
- stoops and recovers
- crawls up steps
- removes clothing

Fine Motor Assessment:

- scribbles
- dumps a cup
- uses a cup
- feeds self
- scribbles spontaneously

Communication:

- uses 2 words
- able to speak 3 words other than
mama/dada
- points to 1-3 body parts
- understands a simple command
- babbles

Social:

- imitates an activity
- drinks from a cup
- helps with simple tasks