# **EPSDT-Iowa Child Health and Development Record**

**15 Month Well Exam** 

Iron-rich food Ó Yes O No   Eats all food groups including   fruits & vegetables O Yes O No   Milk   oz/day (up to16-24 oz/day)   Water   Breast feeding:   Pumped milk   oz/day   Vitamin D (when breastfeeding)   Water   Other liquids   Gotter Liquids   Breast a d a dental visit   Fluoride in water at home   Seep:   Longest sleep stretch through the nighthrs   YES NO   O Safe sleep environment   O Put to bed awake at night and naps     RISK ASSESSMENT	Name				Accompanied by			],				
PAST MEDICAL HISTORY       Reviewed and updated         SURGICAL HISTORY       Reviewed and updated         MEDICATIONS       None         Reviewed and updated       Copies other children while playing         Mult HISTORY       Reviewed and updated         MEDICATIONS       None         Reviewed and updated       Shows you an optex the likes         Mult HISTORY       Reviewed and updated         Mult HIST Reviewed and updated       Social test freating:         Milk       Citat age         Mult H	Date	MRN			Preferred Language			1	ATTACH 	1 LABEL		
SURGICAL HISTORY Reviewed and updated   FAMILY HISTORY Reviewed and updated   MEDICATIONS No known   MebicAttors Reviewed and updated   ALLERGIES No known drug allergies   Image: Start	CAREGI	VER CONCERNS/	INTERVAL HIS	STORY:	☐ None							
FAMILY HISTORY       Reviewed and updated         MEDICATIONS       None         Reviewed and updated       Shows you an object she likes         ALLERGIES       No known drug allergies         Nutrition:       Table food/baby food         Iron-rich food O Yes O No       Iron-rich food O Yes O No         Eats all food groups including       origits a vegetables O Yes O No         Milk       oz/day (up to 16-24 oz/day)         Water       (8-32oz/day)         Water       (8-32oz/day)         Water       (8-32oz/day)         Water       (8-32oz/day)         Water       (8-32oz/day)         Water       (8-32oz/day)         Dental:       Daily oral health care         Has had a dental visit	PAST ME	DICAL HISTORY		•		DEVELO	OPME	NT:				
MEDICATIONS None   Reviewed and updated   ALLERGIES   Nutrition:   Table food/baby food   Iron-rich food O Yes O No   Fats all food groups including   fruits & vegetables O Yes O No   Milk   oz/day (up to 16-24 oz/day)   Water   Breast feeding:   times/day   Other liquids   Other liquids   Breast feeding:   times/day   Other liquids   Other liquids   Braat al code the last 3 mos. OYes O No   Clinta to a dental visit   Braat a dental visit   Braat al code the last 3 mos. OYes O No   Clinta to a dental visit   Braat al code stop stream   Conserst who may any antiperiod   Other liquids   Suerce:   Water   Clinta to a dental visit   Braat a dental visit   Braat al code stop stream   Clinta to a stream				•								
ALLERGIES   Reviewed and updated   ALLERGIES   Not known drug allergies   Nutrition:   Table food/baby food   Iron-rich food Q Yes O No   Etats all food groups including   fruits & vegetables O Yes O No   Mulk   Caregiver to use things the right way, like a phone,   Water   Pumped milk   Pumped milk   O'   Stource:   Water   City tap   Filterd/bottled   Source:   Water   City tap   Filterd/bottled   Source:   Water   Daily oral health care   Has had a dental visit   Fluoride in water at home   Fluoride varish in the last 3 mos. QYes ONo   O   Steep:   Longest is elep stretch through the nighthrs   YES NO   O   Steep:   Longest is elep stretch through the nighthrs   YES NO   O   Steep:   Longest is elep stretch through the nighthrs   YES NO   O   Steep:   Longest is elep stretch through the nighthrs   YES NO   O   Put to bed awake at night and naps_				and update	ed							
ALLERGIES       No known drug allergies         Nutrition:       Table food/baby food         Iron-rich food O Yes O No       Follows directions given with both a gesture and words         Description       Follows directions given with both a gesture and words         Diron-rich food O Yes O No       Tries to use things the right way, like a phone, cup, or book         Milk       ord/ady         Water       ord/ady         Breast feeding:       times/day         Pumped milk       oz/day         Water       (8-320z/day)         Juice       (none or limited to 4 oz/day)         Water       City tap         City tap       Filtered/bottled         Source:       Well: regularly tested? O Yes O No         Dental:       Daily oral health care         Has had a dental visit       Changes in family since last visit:         Caregiver job status:       Caregiver job status:         Sleep:       Longest sleep stretch through the night	MEDICAT	IONS	_		- 1							
Image: State stat		<b>FQ</b>					Tries	to say one or two words besides				
Nutrition:  Table food/baby food Iron-rich food O Yes O No Eats all food groups including fruits & vegetables O Yes O No Milk oz/day (up to 16-24 oz/day) Where Pumped milk oz/day O Tries to use things the right way, like a phone, cup, or book O Stacks at least two small objects, like blocks O Stacks at least two s	ALLERGI	E3			-	$\circ$		ama" or "dada"				
Intervention   Inservention   Inservention   Inservention   Inservention   Eats all food groups including fruits & vegetables   Inservention   Inservention<						0 0				ibotii		
□ Eats all food groups including fruits & vegetables ○ Yes ○ No       □ Cup, or book         □ Milk oz/day (up to16-24 oz/day) □ whole □ 2% □ skim □ other       ○ ○ Stacks at least two small objects, like blocks         □ Breast feeding:	Nutrition:								•	<b>U</b> 1		
□       Partials & vegetables       O Yes       No         □       Milk       oz/day (up to16-24 oz/day)       □       Takes a few steps on his own         □       whole       2%       skim       other       □         □       Breast feeding:						0 0			hings the right v	way, like a phone,		
Milk oz/day (up to16-24 oz/day)   Water oz/day (up to16-24 oz/day)   Breast feeding: times/day   Pumped milk oz/day   Vitamin D (when breastfeeding)   Water (8-320z/day)   Juice (none or limited to 4 oz/day)   Other liquids   Water City tap   City tap Filtered/bottled   Source: Well: regularly tested?   Pumped milk care   Has had a dental visit   Fluoride varnish in the last 3 mos. OYes ONo   Elimination: YES NO   Sleep: Longest sleep stretch through the nighthrs   YES NO   O   Sleep: Longest sleep stretch through the nighthrs   YES NO   O   O Safe sleep environment   O Put to bed awake at night and naps   Put to bed awake at night and naps    RISK ASSESSMENT						0 0	•		st two small ob	jects, like blocks		
□ whole □ 2% □ skim □ other		-			oz/dav)		Take	es a few s	steps on his ow	n		
Pumped milkoz/day         Vitamin D (when breastfeeding)         Water(8-32oz/day)         Juice(none or limited to 4 oz/day)         Other liquids         City tap Filtered/bottled         Source:       Well: regularly tested? O'Yes O'No         Dental:       Daily oral health care						0 0	Uses	s fingers	to feed herself	some food		
□ Vitamin D (when breastfeeding)         □ Water(8-320z/day)         □ Juice		🔲 Breast feedir	ng:tim	nes/day		Caregiver	concer	ns about	development a	ind behavior:		
Water(8·32oz/day)         Juice(none or limited to 4 oz/day)         Other liquids		-		-		-						
□ Juice												
□ Other liquids						SOCIAL	HIST			ndundated		
Water       City tap       Filtered/bottled         Source:       Well: regularly tested?       Yes       No         Dental:       Daily oral health care			•							·		
Source:       Well: regularly tested?       Yes       No         Dental:       Daily oral health care	Water								-	Other caregiver		
Has had a dental visit	Source:						(incluair	ng sibling:	s):			
<ul> <li>Has had a dental visit</li></ul>	Dental:	Daily oral he	- alth care									
FAMILY RISK FACTORS:          Fluoride in water at home												
Elimination: YES NO         O       Soft, easy to pass BMs		Fluoride in w	ater at home _			FAMILY RI	SK FAC	CTORS:				
<ul> <li>Solvep: Longest sleep stretch through the nighthrs</li> <li>Safe sleep environment</li> <li>Put to bed awake at night and naps</li> <li>RISK ASSESSMENT</li> </ul>			hish in the last	3 mos. OY	es ONo	Changes in	family s	since last	visit:			
<ul> <li>Sleep: Longest sleep stretch through the nighthrs</li> <li>YES NO</li> <li>O Safe sleep environment</li> <li>O Put to bed awake at night and naps</li> </ul> RISK ASSESSMENT Caregiver job status: Do you need additional assistance with any of the following? O Safe sleep environment O Put to bed awake at night and naps Health Insurance Caregiver job status:	Elimination		ev to pace PM	<b>^</b>								
<ul> <li>Normal urine stream</li></ul>						Corociuszi	ob otot.	0.				
YES NO       Do you need additional assistance with any of the following?         O       O       Safe sleep environment         O       Put to bed awake at night and naps         RISK ASSESSMENT       Do you need additional assistance with any of the following?							OD SIAIU	5.				
O       O       Safe sleep environment         O       Put to bed awake at night and naps         RISK ASSESSMENT       O the onlowing?	Sleep:		retch through	the night _	hrs							
O       Put to bed awake at night and naps         Image: Setting enough to eat in the automations       Image: Setting enough to eat in the automations         Image: Setting enough to eat in the automations       Image: Setting enough to eat in the automations         Image: Setting enough to eat in the automations       Image: Setting enough to eat in the automations         Image: Setting enough to eat in the automations       Image: Setting enough to eat in the automations         Image: Setting enough to eat in the automations       Image: Setting enough to eat in the automations         Image: Setting enough to eat in the automations       Image: Setting enough to eat in the automations         Image: Setting enough to eat in the automations       Image: Setting enough to eat in the automations         Image: Setting enough to eat in the automations       Image: Setting enough to eat in the automations         Image: Setting enough to eat in the automations       Image: Setting enough to eat in the automations         Image: Setting enough to eat in the automations       Image: Setting enough to eat in the automations         Image: Setting enough to eat in the automations       Image: Setting enough to eat in the automations         Image: Setting enough to eat in the automations       Image: Setting enough to eat in the automations         Image: Setting enough to eat in the automations       Image: Setting enough to eat in the automations         Image: Seting enough to eat in the auto			on onvironm-	nt						-		
RISK ASSESSMENT     Health Insurance     Child care     Other					<b>no</b>							
RISKASSESSMENT			_	J								
			U .					_				
O O Vision Concerns			ns									
O O Hearing Concerns	0 0	Hearing Conc	erns									
O O Anemia O O Lead Exposure		Anemia	e									

## **EPSDT-Iowa Child Health and Development Record**

# **15 Month Well Exam**

### **PHYSICAL EXAMINATION**

Lengthc	cm (%ile)	Weight	_Kg (	%ile)	Head circumference	cm (_	%ile)
VITALS:	Temp:	BP (if high risk)	/(	_%ile%ile )	HR:	Resp Rate:	SpO <sub>2</sub>

#### Normal examinination findings below. Describe other findings in the area provided.

General: Well appearing, active, and alert. \_

Head: Normocephalic and atraumatic. Anterior fontanelle open and flat.

Eyes: Red reflex, present bilaterally. Pupils equal, round, and reactive to light. No discharge.\_\_\_

ENT: No ear deformities. Normal external canals. Tympanic membranes clear bilaterally. Nares patent.

Mouth: No oral lesions or thrush.

Neck: Supple, with full range of motion.

Cardiovascular: Regular rate and rhythm. Heart sounds S1, S2 normal. No murmur.

Chest: No increased work of breathing. Clear and symmetric breath sounds bilaterally.

Abdomen: Soft, non-distended, no masses, no hepatosplenomegaly.

#### Genitourinary:

Normal female external genitalia.

D Normal male external genitalia. Testes descended bilaterally, no scrotal swelling, no inguinal hernia.

Musculoskeletal: Spine normal. Moves all extremities symmetrically.

#### Neurological: Normal strength and tone.

#### Skin: Normal color. No lesions. \_

Birthmarks (if applicable)

Other comments:

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## **EPSDT-Iowa Child Health and Development Record**

# **15 Month Well Exam**

#### **ANTICIPATORY GUIDANCE:**

#### FAMILY WELL-BEING:

- Discuss limits and BE CONSISTENT with all children
- □ Family meals are important social times
- Limit TV exposure, be aware of programming
- Partner involvement; time for self, partner, each child

#### FAMILY NUTRITION/ORAL HEALTH:

- Iron-rich food including iron fortified cereals, red meat, and vegetables
- Feeds self: expect to be messy! (NO foods easy to choke on)
- □ Sit when eating; no soft drinks; limit juice
- Obesity prevention
- Dental home established? Ensure family dental health.
- Brush teeth 2 times a day. No bottle!

#### **BEHAVIOR:**

- Expect NO impulse control this year from toddler
- Emerging independence. Let choose between two options.
- □ Narrate actions, use simple, clear words and phrases
- Time out/time in for aggressive behavior. No spanking.
- Reward successes. Positive reinforcement.

- Read together every day.
- Remove temptations. Distract with alternatives. Behavior management for teaching/ protecting, not punishing.
- Put to bed awake with comfort object. No bottle in bed. No night feeding.
- Brief reassurance for night waking
- □ Total sleep hours should be around 11-14 hours including nap times

#### SAFETY:

- "Toddler proof" home: gates across stairways, window guards; check smoke / CO detectors
- Do not store dangerous substances in safe-looking containers
- Hot liquids, matches, poisons out of reach
- Car seat rear facing as long as possible until exceeding manufacturer weight and height limits
- Lower crib mattress to bottom rung
- Lead exposure, water & gun safety
- □ If smoking in home: discuss quitting, limiting exposure
- Seasonal safety: sunscreen, hats, bug spray, wading pools; frostbite, emergency kit in car, encourage swim lessons

### ASSESSMENT

#### Well Child Exam

- Normal findings (normal interval growth, age appropriate development)
- Abnormal findings

## **PLAN OF CARE** (see Anticipatory Guidance)

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nunizations:	Developmental Follow-up:					
Vaccine Information Statements given	□ No delays □ Follow-up in office □ Referral					
Vaccine counseling given						
Vaccines due: HepA Pneumococcal Varicella DTaP Hib Influenza COVID-19	LAB:        other if indicated         1st Five Healthy Mental Development Initiative: In available counties, contact 1st Five for developmental concerns or needs assessment at https://idph.iowa.gov/1stfive         Early ACCESS Line: For referral of children birth to age 3					
Catch-up vaccinations given	with developmental delay to local Early Access providers,					
h risk:	call (888) 425-4371 or go to: https://iafamilysupportnetwork.org					
□ MenACWY-D (Menactra) ≥9 mos t adverse reactions to immunizations: lo □ Yes	Healthy Families Line: For assistance with care coordination, transportation, or health information for children birth through age 21 call (800) 369-2229					
current guidelines: www.cdc.gov/vaccines/index.html	Return appointment:					
oride Varnish	Generation Follow-up in 3 months					
If teeth are erupted, apply fluoride in the office if not done where in the last 3 months	• Other/referral based on risk assessment					

Signature

Date

### NOTES

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