YOUR CHILD'S 18 MONTH WELL-VISIT
WHAT TO EXPECT, WHAT TO ASK

Your Name: _______________________ Your Relationship to the Child: ____________________

Are there specific *concerns* you want to discuss today? ☐ No ☐ Yes ____________________

Have there been any *MAJOR changes* in your family since your last visit?
☐ None ☐ Move ☐ Job ☐ Change ☐ Separation ☐ Divorce ☐ Death in the family
☐ New pet ☐ Other Describe ____

Child lives with ☐ Parents ☐ Mother ☐ Father ☐ Stepparent ☐ Grandparent(s)
☐ Other Describe: ____________________

Total number of adults living in home _____ Total number of children living in home _____

Who takes care of your child most days of the week? ☐ Child's Mother ☐ Child's Father
☐ Other Relative (e.g. grandmother) ☐ Daycare ☐ Other Describe: ______________________

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

GENERAL HEALTH INFORMATION

Since Your Last Visit	No	Yes	Unsure
Has your child had any MAJOR illnesses and/or hospitalizations?	☐	☐	☐
Have any of your child's relatives developed new medical problems since the last visit?	☐	☐	☐
Does your child have any allergies? If yes describe____________________________	☐	☐	☐
Does your child take any medications regulary? If yes, list ________________________ ____	☐	☐	☐
Do you feel like you have **no one** you can trust and go to for emotional support?	☐	☐	☐
Do any adults who are around your child smoke (includes inside or outside the house)?	☐	☐	☐

YOUR GROWING AND DEVELOPING CHILD

Do you have any specific concerns about your child's learning, development or behavior? ☐ A Lot ☐ A Little
☐ Not at all Describe: ____
____

Do you have any concerns about your child's vision (how well your child sees)? ☐ Yes ☐ No
Do you have any concerns about your child's hearing? ☐ Yes ☐ No

Please check each task your child is able to do right now.
☐ Walking ☐ Drinks from a cup without spilling ☐ Speak 3 words or more
☐ Able to take steps backwards ☐ Bend down without falling

WHAT TO EXPECT AT YOUR CHILD'S TEXAS HEALTH STEPS CHECKUP

☐ Head Circumference ☐ Developmental Screening ☐Lab tests – lead questions ☐ Dental Referral
☐ Unclothed Physical Exam & Health History ☐ Weight & Length ☐Parent Hearing Checklist
☐ Immunizations (Hepatitis A, DTaP, possibly Hepatitis B, Polio, & Influenza)

WHAT WOULD YOU LIKE TO GET MORE INFORMATION ON AT YOUR VISIT?

INJURY PREVENTION

☐ Car Safety Restraints
☐ Choking, Unsafe Toys
☐ Poisoning
☐ Burns
☐ Water Safety/Temp
☐ Supervised Play
☐ Electrical Injury
☐ Passive Smoking

BEHAVIOR

☐ Parent/Infant Interaction
☐ Social Interaction
☐ Limit TV
☐ Set Limits
☐ Sibling Rivalry
☐ Toilet Training

HEALTH PROMOTION

☐ Immunizations
☐ Smoking in Home
☐ Well-Child Care
☐ Dental Care, Appointment
☐ Family Planning
☐ Daycare

NUTRITION

☐ Healthy Diet/Snacks
☐ Iron-Rich Foods
☐ Physical Activity
☐ Weaning
☐ Off Bottle by Age 1

This is not a self-diagnosis tool or a treatment plan.
Please consult your doctor and share this with your doctor at your next visit.