

Your Child's 12 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 lately? None Move Job Change Separation Divorce
 Death in the family New pet Other? Describe: _____

Child lives with? Both Parents Mother Father Stepparent Grandparent(s) Other? _____
 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?
 Mother 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	Yes	No	Unsure
Have you or your child had any major illness and/or hospitalizations?			
Have you, anyone in your family, or your child's relatives developed new medical problems?			
Does your child have allergies? If yes, describe:			
Does your child take medications regularly? If yes, list here:			
Do you have someone you can trust and go to for emotional support?			
Are yours and your child's immunizations (includes flu and pneumonia vaccines) current?			
Do you or any adults around your child smoke (includes inside or outside the house)?			

Is your child breast- or bottle-fed?
 Breast: Number of feedings in the last 24 hours _____
 Bottle: Type of formula _____ How many ounces with each feeding? _____
 What age were solid foods started? _____

Would you like to get more information on any of the topics below?

Injury Prevention	Health Promotion	Behavior	Nutrition
<ul style="list-style-type: none"> • Car safety restraints • Falls (stairs, gates) • Choking management • Water safety/temp • Poisoning • Child proofing indoors/outdoors • Secondhand Smoke 	<ul style="list-style-type: none"> • Immunizations • Teething • When to call doctor • Well-child care • Dental care • Family Planning 	<ul style="list-style-type: none"> • Parent/infant interaction • Expectations • Speech development • Sleep patterns • Separation protest • Daycare/babysitters 	<ul style="list-style-type: none"> • Breastfeeding • Introduction of solids • No bottle in bed • Off bottle by 1 year • Appetite changes

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:

Stands Wave bye-bye Speak one word Pulls to a stand Bang 2 small objects held in hands

What to expect at your Child's Texas Health Steps exam:

Length & Weight Dental Referral Lab tests – anemia & blood lead screening Unclothed Physical Exam & Health History
 Head Circumference Parent Hearing Checklist Immunizations (Hib, Pneumococcal, MMR, Varicella, Hepatitis A)

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