

18 month check

Child's Name _____

(please circle all that apply)

My child can:

feed self run pucker (to kiss) point at a body part when asked

My child speaks:

fewer than 10 words more than 10 words (include animal sounds)

My child pretend to do things like cook, feed a doll, talk on the phone

yes no

My child explores rooms, drawers and garbage cans

yes no

My child can walk down stairs with one hand held

yes no

My child eats/drinks:

whole milk other milk same foods as the family special foods bottles

We brush my child's teeth:

rarely daily 2x daily with toothpaste

My child has chronic issues with:

sleep constipation diarrhea

My child has seen the following specialists since our last visit: _____

My carseat faces:

forwards backwards

My child's toddler behaviors (tantrums and aggression):

are minimal are OK with timeouts and limit setting are a problem

I have read the Vaccination Information Sheet and would like the following:

Hep A (Hepatitis A)

The insurance I have is through:

work the state health care exchange

Are there any recent or upcoming changes for the family (moves, births, etc.)?

yes no

Do you have any questions or concerns? (if yes, please list)