

12 Month Health Maintenance Form

Patient Name _____

Who accompanied child today?
(name and relationship to child) _____

Who does child live with? _____

Any Chronic health problems? _____

Concerns about the above health problems? _____

New or recent health concerns? _____

Feedings:

What type of milk is your baby getting? _____

Method of milk feeding? _____ Cup Breast Bottle

Using mostly table food or baby foods? _____

Finger Feeding some foods? _____ Yes No

Does your child or any household member
drink water from a private well?
(consider vacation homes, relative's or
friend's homes, daycare or school) _____ Yes No

Any concerns with stooling or urination? _____

Sleep pattern:

Average hours of nighttime sleep: _____

Number of naps: _____

Length of naps: _____

Where does your child sleep? _____

Turn Over Please

If you do not understand any of these questions, please ask your nurse.

Medications:

Please list current medications:

Any allergies to medicine?

Does your baby:

Bang 2 cubes held in hand?	Yes	No
Pull to stand and walk or take steps w/ support?	Yes	No
Stand alone?	Yes	No
Place objects inside of other objects?	Yes	No
Wave bye-bye?	Yes	No
Imitate vocalizations and sounds?	Yes	No
Speak one or two words?	Yes	No
Jabber with inflections of normal speech?	Yes	No
Follow simple directions?	Yes	No
Imitate activities? (combing hair, doing housework, brushing teeth)	Yes	No
Does your child point to things to get you to look?	Yes	No

How many children's board books do you have at home?

- 1. 0
- 2. 1-3
- 3. More than 3

In a week, how many times do you read or look at books with your child?

- 1. 0
- 2. 1-3
- 3. 3-5
- 4. Almost every day

Tuberculosis Screening Questionnaire:

Does your child have contact with adults with TB infection?

Yes No

Is child or parent from a region of the world with high prevalence of TB?

Yes No

Is child frequently exposed to immunosuppressed persons, homeless people, nursing home residents, or migrant workers?

Yes No

Does either parent or other individual living in home work in a medically related field or have contact with institutionalized individuals or nursing home residents?

Yes No

If you do not understand any of these questions, please ask your nurse.