

# 18 months-well child care

Arrival Time: \_\_\_\_\_

## Household

Who lives in the home (e.g. Father, mother, brother, etc.)? \_\_\_\_\_

Does your child attend daycare?                      Yes                      No

## Development

Runs	Yes	No
Kicks ball forward	Yes	No
walks up and down stairs	Yes	No
scribbles with crayon or pencil	Yes	No
Feeds self with fork and spoon	Yes	No
Follows simple commands	Yes	No
Uses at least 10 words	Yes	No
Greets people with "hi"	Yes	No

## Nutrition

Cow's milk?	Yes	No
How many ounces?	Yes	No
Well balanced diet?	Yes	No
Well water or city water?	Well	City

## Bowel habits

How many stools a day?  
What do the stools look like (soft, seedy, loose)? \_\_\_\_\_

Showing interest in toilet training	Yes	No
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## Sleep Pattern

Sleeping overnight in crib?	Yes	No
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## Safety

Is car seat forward facing in the back seat?	Yes	No
Any smokers at home?	Yes	No
Any guns in the home?	Yes	No
Is water temperature less than 120 degrees?	Yes	No

## Miscellaneous

Any questions or concerns?

# Preventive Screen Questionnaire

## Lead Risk Assessment:

Does your child live in a house or attend daycare in a house built before 1978?	Yes	No
Is anyone in your home being treated for lead poisoning?	Yes	No
Are there any renovations or peeling paint in your home or one your child visits?	Yes	No
Is there any family member who is currently working in an occupation or hobby where lead exposure could occur?(auto, ceramics, painter)	Yes	No

## Tuberculosis Risk Assessment:

Was your child born in, or lived more than a year in a country other than the U.S.?	Yes	No
Has your child been exposed to anyone with either active or a history of Tuberculosis disease?	Yes	No
Is your child living in a house hold with anyone who is HIV Positive?	Yes	No
Is your child part of a migrant worker family?	Yes	No

## Heart Disease/Cholesterol Risk Assessment:



Is there a family history of parents/grandparents under 55 years of age with a heart attack, heart surgery, angina or sudden cardiac death?	Yes	No
Has the child's mother or father been diagnosed with high cholesterol? (240 mg/dL or higher)	Yes	No
Is the child/adolescent overweight?	Yes	No
And is there also a personal history of:		
Smoking?	Yes	No
Lack of physical activity?	Yes	No
High blood pressure?	Yes	No
High cholesterol?	Yes	No
Diabetes mellitus?	Yes	No



# CHOKING: WHAT EVERY PARENT NEEDS TO KNOW


- \* Choking is a leading cause of death in young children and toddlers.
- \* Children are most likely to choke on small objects.

## COMMON CHOKING HAZARDS

FOODS	HOUSEHOLD ITEMS
Hot dogs and sausages	Coins
Chunks of meat	Toys with small parts
Grapes 	Small balls and marbles
Hard candy	Balloons 
Popcorn	Arts & crafts materials
Peanuts and nuts	Ballpoint pen caps
Raw carrots	Watch batteries
Fruit seeds	Jewelry
Apple chunks	
Peanut butter	



## WHAT PARENTS CAN DO:

- Avoid feeding your child hot dogs, apple chunks, raisins, and other foods that can cause choking without an adult present.
- Use a highchair or infant seat while feeding your child.
- Don't allow your child to walk or run while eating.
- Cut hot dogs in quarters lengthwise and then into small pieces. Cut whole grapes into small pieces. Chop nuts and carrots finely. Spread peanut butter thinly on crackers or bread.
- Don't let your child play with toys that have small parts that could be swallowed. 
- Keep objects such as safety pins, nails, tacks, screws, jewelry, and coins out of child's reach.
- Check your house routinely for small objects and don't leave toddlers unattended.

### REMEMBER:

- \* **ALWAYS** watch your child while eating
- \* **NEVER** leave your child alone while eating
- \* **LEARN** CPR and the Heimlich maneuver.
- \* **Call 911** if you are unable to get your child to breathe.

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