



ABC Pediatrics

Eighteen Month Pre-visit Questionnaire

Patient Name _____

Date _____

Bathes: (Daily) (Every other day)

Feeding Routine

Balanced Diet? _____ Picky eater? _____ Cups of milk daily _____ Drinking from bottle? _____

of stools Daily _____ Interested in potty training? _____

Type of water (bottled/well/city): _____ # of hours sleeping at ONE time _____

Is there any secondhand smoke exposure in your home or car? _____

Developmental Milestones (check all that apply)

- Climbs into an adult chair
- Combines 2 words
- Hides and finds objects
- Pretend Play
- Likes interacting with others
- Points to 10 body parts
- Scribbles Spontaneously
- Stacks cubes
- Uses spoon and cup
- Walks Quickly
- Walks up steps with help
- Pretend Play

Lead Test Completed? YES NO

Any other questions or concerns you would like to discuss?

Lead Risk	Does your child have a sibling or playmate that has had lead poisoning?	YES	NO
	Does your child live in or regularly visit a home built before 1978 that being renovated?	YES	NO
	Does your child live in or regularly visit a house or childcare facility built before 1950?	YES	NO

Weight _____ Temp _____ Height _____ Head Circumference _____