



# 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? \_\_\_\_\_ # 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?

\_\_\_\_\_

TB Screen	Has a family member or contact been diagnosed with TB?	YES	NO
	Was your child born in a country at high risk for TB?	YES	NO
	Has your child traveled to a country at high risk for TB?	YES	NO
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 \_\_\_\_\_