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?_____

Current Dentist:_____ Current Daycare:_____

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_____