

Cornerstone Well Child Form – 12 month

Name: _____

Date of Birth: _____

Parents, please take a few minutes to answer the following questions ...

Nutrition

Milk

- | | | |
|-------------------------------------|--|-----------------------------|
| <input type="checkbox"/> Cow's milk | <input type="checkbox"/> ___ Ounces | Formula ___ oz/day |
| <input type="checkbox"/> Soy milk | <input type="checkbox"/> ___ Times/day | Breastfeeding ___ times/day |
| <input type="checkbox"/> Other | | |

Other Food/Drink

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> 3 meals/day | <input type="checkbox"/> 1-2 healthy snacks | <input type="checkbox"/> Drinks juice ___ oz/day |
|--------------------------------------|---|--|

Dietary Supplements

- | | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Yes: _____ |
|-------------------------------|-------------------------------------|

Caregiver Concerns

- | | | |
|----------------------|-------------------------------|-------------------------------------|
| Nutrition Concerns | <input type="checkbox"/> None | <input type="checkbox"/> Yes: _____ |
| Elimination Concerns | <input type="checkbox"/> None | <input type="checkbox"/> Yes: _____ |
| Sleep Concerns | <input type="checkbox"/> None | <input type="checkbox"/> Yes: _____ |
| Daycare Concerns | <input type="checkbox"/> None | <input type="checkbox"/> Yes: _____ |

Lead Risk

- Exposure to persons with lead poisoning
- Frequents a building built before 1950
- Frequent pre-1978 paint exposure or recent renovations

Developmental Milestones

- | | |
|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> 1-3 new words |
| <input type="checkbox"/> Pulls to stand | <input type="checkbox"/> Looks for objects |
| <input type="checkbox"/> Precise Pincer Grasp | |

- | | |
|---|-------------------------------------|
| Other Development Concerns: <input type="checkbox"/> None | <input type="checkbox"/> Yes: _____ |
|---|-------------------------------------|

For Office Use Only

Weight: _____ Pulse: _____ HC: _____

Length: _____ Temp: _____