

# Cornerstone Well Child Form – 15 month

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

## Nutrition

### Milk

- Cow's milk                       \_\_\_ Ounces                      Formula \_\_\_ oz/day  
 Soy milk                               \_\_\_ Times/day                      Breastfeeding \_\_\_ times/day  
 Other

### Other Food/Drink

- 3 meals/day                       1-2 healthy snacks                       Drinks juice \_\_\_ oz/day

### Dietary Supplements

- None                                       Yes: \_\_\_\_\_

## Caregiver Concerns

- Nutrition Concerns                       None                                       Yes: \_\_\_\_\_  
Elimination Concerns                       None                                       Yes: \_\_\_\_\_  
Sleep Concerns                               None                                       Yes: \_\_\_\_\_  
Daycare Concerns                               None                                       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

- Points to 1-2 body parts                       3-6 words, Jargon  
 Understands simple commands                       Gestures  
 Walks alone                                       Uses cup, feeds self  
 Crawls up stairs                                       Scribbles

- Other Development Concerns:  None                                       Yes: \_\_\_\_\_

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## For Office Use Only

Weight: \_\_\_\_\_                      Pulse: \_\_\_\_\_                      HC: \_\_\_\_\_

Length: \_\_\_\_\_                      Temp: \_\_\_\_\_