

Cornerstone Well Child Form – 18 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"/> Sits in a chair | <input type="checkbox"/> 4-10 words |
| <input type="checkbox"/> Walks up stairs assisted | <input type="checkbox"/> Tells 2 or more wants/needs |
| <input type="checkbox"/> Uses cup, spoon | <input type="checkbox"/> Knows body parts |
| <input type="checkbox"/> Imitates crayon stroke | <input type="checkbox"/> Shows affection |
| <input type="checkbox"/> Builds 3-4 cube tower | |
| <input type="checkbox"/> Runs | |

Other Development Concerns: None Yes: _____

For Office Use Only

Weight: _____ Pulse: _____ HC: _____

Length: _____ Temp: _____

* Record M-CHAT result in the developmental milestones section