

**COOKEVILLE PEDIATRIC ASSOCIATES, P.C.**

**12 MONTH CHECKUP QUESTIONNAIRE**

PATIENT: \_\_\_\_\_ GUARANTOR: \_\_\_\_\_  
DOB: \_\_\_/\_\_\_/\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

Source of information: (check one)  
Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Other (specify) \_\_\_\_\_

Which of the following do you have? (check one)  
City water \_\_\_\_\_ Well water \_\_\_\_\_ Bottled water \_\_\_\_\_ Spring water \_\_\_\_\_  
Do you breast feed? Yes \_\_\_\_\_ No \_\_\_\_\_  
How many times per day? \_\_\_\_\_  
Bottle-feeding? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which formula do you use? \_\_\_\_\_  
Drinking from cup? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, at what age in months? \_\_\_\_\_

WIC services? Yes \_\_\_\_\_ No \_\_\_\_\_

Are regular table foods introduced? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, at what age in months? \_\_\_\_\_  
Any difficulty feeding solid foods? Yes \_\_\_\_\_ No \_\_\_\_\_

DIETARY HISTORY: Milk type and amount \_\_\_\_\_  
Juice amount \_\_\_\_\_  
Fruit \_\_\_\_\_  
Vegetables \_\_\_\_\_  
Meats \_\_\_\_\_

PROBLEMS: Constipation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe: \_\_\_\_\_  
Sleep problems? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe: \_\_\_\_\_

DEVELOPMENTAL:  
Bangs objects together Yes \_\_\_\_\_ No \_\_\_\_\_  
Drinks from a cup Yes \_\_\_\_\_ No \_\_\_\_\_  
Feeds self with fingers Yes \_\_\_\_\_ No \_\_\_\_\_  
Pulls self to standing  
position/cruises Yes \_\_\_\_\_ No \_\_\_\_\_  
Plays peek-a-boo Yes \_\_\_\_\_ No \_\_\_\_\_  
Says Mama or Dada Yes \_\_\_\_\_ No \_\_\_\_\_  
Says 3 additional words Yes \_\_\_\_\_ No \_\_\_\_\_  
Waves bye-bye Yes \_\_\_\_\_ No \_\_\_\_\_

## Risk Assessment Questionnaire

Patient's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Assessment Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Lead (ages 6 – 72 months): Mandatory questions**

**Yes No Unsure**

Does the child live in or regularly visit a house/apartment built before 1950? This could include a daycare center, home of a baby sitter, or a relative.)			
Does the child live in or regularly visit a house/apartment built before 1978 with recent or ongoing remodeling?			
Does the child have a sibling or a playmate that has, or did have lead poisoning?			

**Lead (ages 6 – 72 months): Optional questions**

**Yes No Unsure**

Does child live near or visit with someone who lives near a lead smelter, battery recycling plant or other industry that could release lead or has a hobby which uses lead such as welding, construction, or pottery making?			
Does your child frequently come in contact with an adult who works with lead (construction, welding, pottery, etc.)			
Have you ever been told that your child has low iron?			
Does your child live in or regularly visit a house( or daycare facility) built before 1960?			
Does your family use pottery ware or lead crystal for cooking, eating or drinking?			
Has child been seen eating paint chips, crayons, or soil/dirt?			
Is child given any home or folk remedies that may contain lead (may include moonshine Azarcon, Greta, Payloohah)?			
Does your home's plumbing have lead pipes or copper pipes with lead solder joints?			

**Please note: Lead level laboratory tests are mandatory at 12 and 24 months.**

**Tuberculosis (Initiate @ one- year)**

**Yes No Unsure**

Has child been in close contact with a person with infectious tuberculosis?			
Does child have HIV infection or considered at risk for HIV infection?			
Is child foreign born (especially if born in Asia, Africa or Latin America), a refugee, or an immigrant?			
Is child in contact with the following individuals? HIV infected, homeless, nursing home residents, institutionalized or incarcerated adolescents or adults, illicit drug users, or migrant farm workers?			
Does child have a depressed immune system, either because of disease or treatment of disease?			
Does child live in an established "high risk for tuberculosis" community or area?			

**Cholesterol (Initiate @ two- years)**

**Yes No Unsure**

Does child have risk factors for future coronary disease such as physical inactivity, obesity, or Diabetes Mellitus?			
Is there a family history (parents and grandparents) of coronary or peripheral vascular disease below age 55?			
Is there a family history (parents and grandparents) of elevated blood cholesterol?			



# Bright Futures Parent Handout

## 12 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

FAMILY SUPPORT

### Family Support

- Try not to hit, spank, or yell at your child.
- Keep rules for your child short and simple.
- Use short time-outs when your child is behaving poorly.
- Praise your child for good behavior.
- Distract your child with something he likes during bad behavior.
- Play with and read to your child often.
- Make sure everyone who cares for your child gives healthy foods, avoids sweets, and uses the same rules for discipline.
- Make sure places your child stays are safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.

ESTABLISHING ROUTINES

### Establishing Routines

- Your child should have at least one nap. Space it to make sure your child is tired for bed.
- Make the hour before bedtime loving and calm.
- Have a simple bedtime routine that includes a book.
- Avoid having your child watch TV and videos, and never watch anything scary.
- Be aware that fear of strangers is normal and peaks at this age.
- Respect your child's fears and have strangers approach slowly.
- Avoid watching TV during family time.
- Start family traditions such as reading or going for a walk together.

FEEDING AND APPETITE CHANGES

### Feeding Your Child

- Have your child eat during family mealtime.
- Be patient with your child as she learns to eat without help.
- Encourage your child to feed herself.
- Give 3 meals and 2–3 snacks spaced evenly over the day to avoid tantrums.
- Make sure caregivers follow the same ideas and routines for feeding.
- Use a small plate and cup for eating and drinking.
- Provide healthy foods for meals and snacks.
- Let your child decide what and how much to eat.
- End the feeding when the child stops eating.
- Avoid small, hard foods that can cause choking—nuts, popcorn, hot dogs, grapes, and hard, raw veggies.

SAFETY

### Safety

- Have your child's car safety seat rear-facing until your baby is 2 years of age *or* until she reaches the highest weight or height allowed by the car safety seat's manufacturer.
- Lock away poisons, medications, and lawn and cleaning supplies. Call Poison Help (1-800-222-1222) if your child eats nonfoods.
- Keep small objects, balloons, and plastic bags away from your child.
- Place gates at the top and bottom of stairs and guards on windows on the second floor and higher. Keep furniture away from windows.
- Lock away knives and scissors.
- Only leave your toddler with a mature adult.
- Near or in water, keep your child close enough to touch.

SAFETY

- Make sure to empty buckets, pools, and tubs when done.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.
- Brush your child's teeth twice each day.
- With water only, use a soft toothbrush.
- If using a bottle, offer only water.

## What to Expect at Your Child's 15 Month Visit

### We will talk about

- Your child's speech and feelings
- Getting a good night's sleep
- Keeping your home safe for your child
- Temper tantrums and discipline
- Caring for your child's teeth

Poison Help: 1-800-222-1222

Child safety seat inspection:  
1-866-SEATCHECK; seatcheck.org



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