Bright Futures Previsit Questionnaire
15 Month Visit

For us to provide you and your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Talking and Feeling	☐ How to handle your upset child when you leave ☐ Handling your frustrations with your child ☐ Helping your child speak and learn ☐ Your child being scared of new people ☐ Knowing how to give your child limited choices
A Good Night's Sleep	☐ Your child's bedtime routine ☐ Waking up at night
Temper Tantrums and Discipline	☐ Temper tantrums ☐ How to discipline your child ☐ Encouraging good behavior
Healthy Teeth	☐ Stop using the bottle/pacifier ☐ Brushing teeth ☐ First dentist visit ☐ Preventing tooth problems
Safety	☐ Car safety seats ☐ Preventing fires, burns, and poisoning ☐ How to make your home safe on the inside and outside

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Hearing	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
	Do you have concerns about how your child speaks?	☐ Yes	☐ No	☐ Unsure
Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
	Have your child's eyes ever been injured?	☐ Yes	☐ No	☐ Unsure
	Does your child hold objects close when trying to focus?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	☐ Yes	☐ No	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other problems?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

Check off each of the tasks that your child is able to do.

- ☐ Tries to do what you do
- ☐ Bends down without falling
- ☐ Walks well
- ☐ Puts block in a cup
- ☐ Scribbles
- ☐ Drinks from a cup with very little spilling
- ☐ Says 2 to 3 words
- ☐ Listens to a story
- ☐ Helps in the house
- ☐ Brings toys over to show you
- ☐ Follows simple commands

List what words your child says.

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prevention and health promotion for infants, children, adolescents, and their families™

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

WEIGHT (%)	LENGTH (%)	WEIGHT FOR LENGTH (%)	HEAD CIRC (%)	TEMPERATURE	BIRTH DATE	AGE
See growth chart.						☐ M ☐ F

History

☐ Previsit Questionnaire reviewed
☐ Child has a dental home
☐ Child has special health care needs

Concerns and questions ☐ None ☐ Addressed (see other side)

Follow-up on previous concerns ☐ None ☐ Addressed (see other side)

Interval history ☐ None ☐ Addressed (see other side)

☐ Medication Record reviewed and updated

Social/Family History

See Initial History Questionnaire. ☐ No interval change

Family situation

Parents working outside home: ☐ Mother ☐ Father

Child care: ☐ Yes ☐ No Type

Changes since last visit

Review of Systems

See Initial History Questionnaire and Problem List.

☐ No interval change

Changes since last visit

Nutrition: ☐ Breast ☐ Bottle ☐ Cup
Milk Ounces per day
Solid foods
Juice
Source of water Vitamins/Fluoride

Elimination: ☐ NL

Sleep: ☐ NL

Behavior: ☐ NL

Activity (playtime, no TV): ☐ NL

Development (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- Tries to do what you do
- Helps in the house
- Listens to a story

☐ COMMUNICATIVE
- Says 2 to 3 words
- Brings toys over to show you

☐ COGNITIVE
- Scribbles
- Follows simple commands

☐ PHYSICAL DEVELOPMENT
- Bends down without falling
- Walks well
- Puts block in a cup
- Drinks from a cup with very little spilling

Physical Examination

☑=NL

Bright Futures Priority
- ☐ **EYES (red reflex, cover/uncover test)**
- ☐ **NEUROLOGIC**
- ☐ **TEETH (caries, white spots, staining)**

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ HEAD/FONTANELLE
- ☐ EARS/APPEARS TO HEAR
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ LUNGS
- ☐ HEART
  - ☐ Femoral pulses
- ☐ ABDOMEN
- ☐ GENITALIA
  - ☐ Male/Testes down
  - ☐ Female
- ☐ EXTREMITIES/HIPS
- ☐ BACK
- ☐ SKIN

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ COMMUNICATION AND SOCIAL DEVELOPMENT
- Give limited choices
- Stranger anxiety
- Read and talk with child

☐ SLEEP ROUTINES AND ISSUES
- Consistent routines
- Night waking

☐ TEMPER TANTRUMS AND DISCIPLINE
- Distraction
- Praise
- Consistency

☐ HEALTHY TEETH
- First dentist visit
- Healthy oral habits
- No bottle

☐ SAFETY
- Car safety seat
- Home safety
- Poisons
- Falls
- Burns
- Smoke detectors
- Carbon monoxide detectors

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results

☐ Referral to

Follow-up/Next visit

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

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This American Academy of Pediatrics Visit Documentation Form is consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 3rd Edition.

Bright Futures Parent Handout
15 Month Visit

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

COMMUNICATION AND SOCIAL DEVELOPMENT

Talking and Feeling

- Show your child how to use words.
  - Use words to describe your child's feelings.
  - Describe your child's gestures with words.
  - Use simple, clear phrases to talk to your child.
  - When reading, use simple words to talk about the pictures.
- Try to give choices. Allow your child to choose between 2 good options, such as a banana or an apple, or 2 favorite books.
- Your child may be anxious around new people; this is normal. Be sure to comfort your child.

SLEEP ROUTINES AND ISSUES

A Good Night's Sleep

- Make the hour before bedtime loving and calm.
- Have a simple bedtime routine that includes a book.
- Put your child to bed at the same time every night. Early is better.
- Try to tuck in your child when she is drowsy but still awake.
- Avoid giving enjoyable attention if your child wakes during the night. Use words to reassure and give a blanket or toy to hold for comfort.

SAFETY

Safety

- Have your child's car safety seat rear-facing until your child is 2 years of age *or* until she reaches the highest weight or height allowed by the car safety seat's manufacturer.
- Follow the owner's manual to make the needed changes when switching the car safety seat to the forward-facing position.
- Never put your child's rear-facing seat in the front seat of a vehicle with a passenger airbag. The back seat is the safest place for children to ride
- Everyone should wear a seat belt in the car.
- Lock away poisons, medications, and lawn and cleaning supplies.
- Call Poison Help (1-800-222-1222) if you are worried your child has eaten something harmful.
- Place gates at the top and bottom of stairs and guards on windows on the second floor and higher. Keep furniture away from windows.
- Keep your child away from pot handles, small appliances, fireplaces, and space heaters.
- Lock away cigarettes, matches, lighters, and alcohol.
- Have working smoke and carbon monoxide alarms and an escape plan.
- Set your hot water heater temperature to lower than 120°F.

TEMPER TANTRUMS AND DISCIPLINE

Temper Tantrums and Discipline

- Use distraction to stop tantrums when you can.
- Limit the need to say "No!" by making your home and yard safe for play.
- Praise your child for behaving well.
- Set limits and use discipline to teach and protect your child, not punish.
- Be patient with messy eating and play. Your child is learning.
- Let your child choose between 2 good things for food, toys, drinks, or books.

HEALTHY TEETH

Healthy Teeth

- Take your child for a first dental visit if you have not done so.
- Brush your child's teeth twice each day after breakfast and before bed with a soft toothbrush and plain water.
- Wean from the bottle; give only water in the bottle.
- Brush your own teeth and avoid sharing cups and spoons with your child or cleaning a pacifier in your mouth.

What to Expect at Your Child's 18 Month Visit

We will talk about

- Talking and reading with your child
- Playgroups
- Preparing your other children for a new baby
- Spending time with your family and partner
- Car and home safety
- Toilet training
- Setting limits and using time-outs

Poison Help: 1-800-222-1222

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

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