

## 15 month check

Child's Name \_\_\_\_\_

(please circle all that apply)

My child can:

walk   crawl up stairs   scribbles   points to things he/she wants   hugs me

My child has this number of words/animal sounds/signs:

none   1-3   4-10   more than 10

My child copies things other people do:

yes   no

My child eats/drinks:

whole milk   other milk   same foods as the family   special foods   bottles

We brush my child's teeth:

rarely   daily   2x daily   with toothpaste

The carseat faces:

forwards   backwards

My child has seen the following specialists since our last visit: \_\_\_\_\_

My child's toddler behaviors (tantrums and aggressions):

are minimal   are OK with timeouts and limit setting   are a problem

I have read the Vaccination Information Sheet and would like the following:

Pentacel (DTaP, polio, and Hib)

Prevnar 13 (meningitis/pneumonia)

The insurance I have is through:

work   the state   health care exchange

Did your child have any problems with the last vaccines?

no   yes   not vaccinating

I think our family's stress level right now:

is low   pretty average   is high

Are there any recent or upcoming changes for the family (moves, births, etc.)?

yes   no

Do you have any questions or concerns? (if yes, please list)