

## 12 month check

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

(please circle all that apply)

My child can:

crawl on all 4's      pull to stand      cruise around furniture      walk alone

My child can say or sign:

no words    mama - dada    hi / bye    other \_\_\_\_\_

My child gets about \_\_\_\_\_ number of bottles each 24hr period.

My child eats/drinks:

formula    breastmilk    whole milk      other milk    table food

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

Our home is childproofed:

somewhat - I need help with this    pretty well    like a preschool

My child rides in:

Carrier carseat      convertible carseat - forwards or backwards?

We deal with tantrums by:

ignoring    time-out    other    what tantrums?

My child routinely spends time in a building built before 1978:

yes      no

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

MMR (measles, mumps and rubella)

Hep A

Varicella (Chickenpox)

The insurance I have is through:

work      the state      health care exchange

Has your child had any problems in the past with vaccines?

yes      no

I think our family's stress level right now:

is low      is pretty average      is high

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

yes      no

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