

Today's Date: \_\_\_\_\_

Patient

Name: \_\_\_\_\_

FMP and Sponsor

SSN last four: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## 12 MONTH WELL CHECK

Do you have any specific concerns today? \_\_\_\_\_

*(Please complete information below: If filled out before, list only changes since the last visit.)*

Chronic Medical Conditions	Surgeries/Hospitalizations (Dates)	Family History (biological siblings, parents, grandparents)	Medications (PLEASE INCLUDE DOSAGE)
		Allergies Asthma Other:	<u>(Include over-the-counter meds, Tylenol, Motrin, vitamins, herbal supplements):</u>

Please list any known allergies your child has (drug, food, latex) \_\_\_\_\_ ☐ No Allergies

Circle if anyone in the family has had: Genetic or Metabolic Disease Kidney Disease Deafness before age 5

Birth Defects Early Death or Sudden Unexplained Death of Infant or Child (to include SIDS)

Did your child receive the Hepatitis B vaccine at birth? ☐ Yes ☐ No

Who does the child live with? \_\_\_\_\_

Does your child attend daycare? ☐ Yes ☐ No

Does anyone in the family smoke or is your child exposed to secondhand smoke? ☐ Yes ☐ No

Do you & your child feel safe at home? ☐ Yes ☐ No

Breastfeeding? ☐ Yes ☐ No How often \_\_\_\_\_ Minutes per breast \_\_\_\_\_ Concerns \_\_\_\_\_

Formula feeding? ☐ Yes ☐ No Brand \_\_\_\_\_ Ounces per feed \_\_\_\_\_ Ounces per day \_\_\_\_\_

Drinks whole milk? ☐ Yes ☐ No Ounces per day \_\_\_\_\_ Drinks Juice ☐ Yes ☐ No Ounces per day \_\_\_\_\_

Good variety of table foods? ☐ Yes ☐ No

Circle if you have concerns about: Bowel movements / Constipation / Sleep problems

Check all the following that apply to your child:

Social/ Cognitive Communicative/ Physical Development	
<input type="checkbox"/> Uses mama or dada for specific parent	<input type="checkbox"/> Walks holding onto furniture
<input type="checkbox"/> Takes first independent steps or stands	<input type="checkbox"/> Cries when caregiver leaves
<input type="checkbox"/> Uses a gesture(waves bye or shakes head for no)	<input type="checkbox"/> Points to objects
<input type="checkbox"/> Bangs objects together	

Preferred Language: ☐ English ☐ Other: \_\_\_\_\_

What is your preferred method of learning: ☐ Verbal ☐ Written ☐ Visual ☐ Other: \_\_\_\_\_


Are there any cultural or religious considerations that may affect your child's healthcare? ☐ Yes ☐ No \_\_\_\_\_

Is your child enrolled in the Exceptional Family Member Program (EFMP/ Q-coded)? ☐ Yes ☐ No

Is the child's sponsor currently deployed? ☐ Yes ☐ No

Is this visit deployment related? ☐ Yes ☐ No

Today's Date:

HR		LT		<b>Pain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Location of Pain</b> _____  <b>USE FLACC SCALE FOR NON-VERBAL CHILDREN</b>
		Naked		
		WT		
		HC		

Immunizations UTD per AFCITA: ☐ Yes ☐ No Technician Signature: \_\_\_\_\_

\*Other VS per Provider request

HPI:

N E	Examination:	Normal	Abnormal
<input type="checkbox"/>	General:	<input type="checkbox"/> Active/Alert/WN/WD/NAD/ not dysmorphic	<input type="checkbox"/>
<input type="checkbox"/>	Head/Neck:	<input type="checkbox"/> NCAT/Nontender/FROM	<input type="checkbox"/>
<input type="checkbox"/>	Eyes:	<input type="checkbox"/> RR X2, nl corneal reflex, EOMI, no strabismus	<input type="checkbox"/>
<input type="checkbox"/>	R ear:	<input type="checkbox"/> TM gray/nl landmarks, nl pinna/ext ear canal	<input type="checkbox"/> Bulging/immobile/red
<input type="checkbox"/>	L ear:	<input type="checkbox"/> TM gray/nl landmarks, nl pinna/ext ear canal	<input type="checkbox"/> Bulging/immobile/red
<input type="checkbox"/>	Nose:	<input type="checkbox"/> Patent, No congestion/discharge	<input type="checkbox"/> Congested
<input type="checkbox"/>	Oropharynx:	<input type="checkbox"/> Pink, moist, no lesions <input type="checkbox"/> Teeth: NI, no signs of caries	<input type="checkbox"/>
<input type="checkbox"/>	Lungs:	<input type="checkbox"/> CTAB, no retractions, nl WOB	<input type="checkbox"/>
<input type="checkbox"/>	CV:	<input type="checkbox"/> RRR, no murmur, strong femoral pulses, cap refill < 2 sec	<input type="checkbox"/>
<input type="checkbox"/>	Abd:	<input type="checkbox"/> Soft, NT, no HSM, no mass, nl BS, no umbilical/inguinal hernia	<input type="checkbox"/>
<input type="checkbox"/>	Ext/Spine:	<input type="checkbox"/> NL, FROM, nontender, no edema, no lumbosacral pits	<input type="checkbox"/>
<input type="checkbox"/>	Skin:	<input type="checkbox"/> No rash, No bruises	<input type="checkbox"/>
<input type="checkbox"/>	Hips:	<input type="checkbox"/> Full ROM, Symmetric leg folds	<input type="checkbox"/>
<input type="checkbox"/>	Neuro:	<input type="checkbox"/> Normal tone/strength/symmetry	<input type="checkbox"/>
<input type="checkbox"/>	Genitalia:	<input type="checkbox"/> NI female/no adhesions <input type="checkbox"/> NI male, Testes down	
<input type="checkbox"/>	Other findings:	<input type="checkbox"/>	<input type="checkbox"/>

LABS/X-RAYS: ☐ H&H (12 months):

☐ Lead Screening (if applicable)

PLAN:

F/U: at next well child visit at \_\_\_ months, sooner if parental concerns

☐ Patient and/or parent verbalizes understanding of treatment and plan


☐ Anticipatory guidance handout provided

PREVENTION: ☐ Nutrition ☐ Sippy Cups/No Bottle ☐ Dental care ☐ Safety/Falls ☐ Car Seat ☐ Child-proofing the house

☐ Tobacco avoidance

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stamp:

<b>RECORDS</b>		
<b>MAINTAINED AT:</b> 		
PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

STANDARD FORM 600 Overprint

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

Date: \_\_\_\_\_

## Deployment, Safety, and Lead Screening Questionnaire

### Deployment:

- |  |        |
|--|--------|
| 1. Is a parent currently deployed?                                       | YES NO |
| 2. Is a parent under orders for deployment within the next three months? | YES NO |
| 3. Has a parent returned from a deployment within the last year?         | YES NO |

### Safety:

- |  |        |
|--|--------|
| 1. Are you in a relationship now or have you ever been in a relationship in which you have been harmed or felt afraid of your partner? | YES NO |
| 2. Has your partner ever hurt any of your children?  | YES NO |
| 3. Are you afraid of your current partner?   | YES NO |
| 4. Do you have any pets in the house?  | YES NO |
| 5. Has your partner or child ever threatened or hurt any of the pets?  | YES NO |
| 6. Are there any guns in your house?   | YES NO |

### Lead: (THESE QUESTIONS ARE INTENDED ONLY FOR CHILDREN AGE 6M-5Y)

- |   |                   |
|---|-------------------|
| 1. Do you live in a high risk zip code? (List on back of form)  | YES NO Don't know |
| 2. Does your child have a sibling or playmate who has had an elevated lead level?   | YES NO Don't know |
| 3. Does your child live in a house that was built before 1950?  | YES NO Don't know |
| 4. Live in or regularly visit a house, daycare center, or preschool that was built before 1978 which has peeling or chipping paint, or has undergone renovation or remodeling in past 6 M?  | YES NO Don't know |
| 5. Live or spend time with someone whose job or hobbies involve exposure to lead?   |                   |
| 6. (Example: Reloads ammunition, makes fishing weights, makes ceramics, makes stained glass, works at a firing range, works with industrial or shipboard paint removal, works with electrical or torch soldering, makes soft metal castings.) | YES NO Don't know |
| 7. Live or spend time near any location that you think might release lead (lead smelter, radiator shop, battery recycler, ect.)?  | YES NO Don't know |
| 8. Live in or regularly visit a house, daycare unit, or preschool that was identified by a DOD Inspection team as a major risk for lead?  | YES NO Don't know |

# Virginia High-Risk Zip Codes\*

<b>Accomack</b>	<b>Augusta</b>	<b>Charlotte</b>	<b>Falls Church City</b>	<b>Hampton City</b>	<b>Lunenburg</b>	<b>Norfolk City</b>	<b>Powhatan</b>	<b>Rockingham</b>	<b>Surry</b>
23301	22843	23923	22046	23651	23938	23503	23139	22811	23839
23302	22939	23934	<b>Fauquier</b>	23661	23944	23504	<b>Prince Edward</b>	22812	23846
23308	24430	23937	22639	23665	23952	23505	23901	22815	23881
23336	24432	23962	22643	<b>Hanover</b>	23974	23507	23942	22820	<b>Sussex</b>
23357	24459	23964	22734	23047	<b>Lynchburg City</b>	23508	<b>Prince George</b>	22821	23867
23359	24467	<b>Charlottesville City</b>	<b>Floyd</b>	23069	24501	23509	23842	22832	23888
23395	24476	22903	24072	<b>Hendrix</b>	24503	23510	<b>Prince William</b>	22834	23890
23399	24479	23324	24091	23226	24504	23511	22134	22841	<b>Lacewell</b>
23404	24485	<b>Chesapeake City</b>	24105	23227	<b>Madison</b>	23517	<b>Pulaski</b>	22846	24602
23407	24486	22611	<b>Fluvanna</b>	23229	22709	23523	24301	22853	24605
23409	<b>Bath</b>	22663	23084	23230	22719	<b>Northampton</b>	<b>Radford City</b>	24471	24613
23410	24445	22620	23022	23231	22727	23310	24347	24622	24651
23417	24460	<b>Sovington City</b>	23084	<b>Henry</b>	22732	23350	24141	<b>Russell</b>	<b>Virginia Beach City</b>
23418	24484	24426	<b>Franklin City</b>	24089	<b>Martinsville City</b>	23354	<b>Rappahannock</b>	24649	23521
23420	24487	24426	23851	<b>Highland</b>	24112	23405	22002	<b>Scott</b>	<b>Warren</b>
23421	<b>Bedford</b>	<b>Craig</b>	<b>Frederick</b>	24413	<b>Mathews</b>	23413	22716	24245	22642
23426	24526	24127	22645	24433	23021	22435	22740	24250	22649
<b>Bland</b>	24526	24131	22654	24442	23025	22473	22746	24251	<b>Washington</b>
23440	<b>Culpeper</b>	<b>Fredericksburg City</b>	24458	24465	23045	22539	22747	24258	24236
23442	22713	<b>Galax City</b>	24468	24468	23066	22579	<b>Richmond City</b>	<b>Shenandoah</b>	24270
<b>Albemarle</b>	22718	24333	<b>Isle of Wright</b>	23315	23109	<b>Norton City</b>	23219	22644	24340
22901	22726	<b>Giles</b>	<b>James City</b>	23185	23130	24273	23220	<b>Waverly City</b>	22980
22931	22729	<b>Gloucester</b>	23185	<b>King and Queen</b>	<b>Mecklenburg</b>	<b>Northway</b>	23221	<b>Westmoreland</b>	22488
22937	24086	24086	24093	23023	23915	23824	23222	<b>Winchester City</b>	22601
22943	24085	24094	24094	23108	23924	23930	23223	<b>Wise</b>	24216
22947	<b>Bristol</b>	<b>Danville City</b>	24124	23110	23968	<b>Orange</b>	23224	24013	24219
22959	24540	24541	24128	23177	23970	<b>Pagam</b>	23225	24014	24230
<b>Alexandria City</b>	24541	<b>Dickinson</b>	24134	<b>King George</b>	<b>Middlesex</b>	22972	<b>Roanoke City</b>	24015	24285
22301	23821	24226	24147	<b>King William</b>	23079	22851	24016	<b>Southampton</b>	24293
22302	23868	24272	24150	<b>Lancaster</b>	<b>Montgomery</b>	<b>Patrick</b>	<b>Rockbridge</b>	23827	<b>Wythe</b>
22305	23920	<b>Gooseland</b>	23038	23181	24138	24185	24435	23828	24312
<b>Allegheny</b>	<b>Buchanan</b>	24289	23153	22448	24149	<b>Petersburg City</b>	24439	23829	24322
24422	<b>Buckingham</b>	<b>Gravson</b>	24292	23009	<b>Nelson</b>	23803	24472	23837	24323
<b>Amelia</b>	23936	23840	24326	23181	22938	<b>Pittsylvania</b>	24473	23844	24350
23083	<b>Buena Vista City</b>	23850	24330	22480	22964	24139	24483	23866	24368
<b>Appomattox</b>	24416	23872	24378	22503	22969	24531	24555	23874	24382
23858	<b>Caroline</b>	23894	<b>Greene</b>	<b>Lee</b>	22971	24594	24578	<b>Staunton City</b>	
<b>Atkinson</b>	22427	<b>Emporia</b>	22935	24221	22971	<b>Portsmouth City</b>	24579	24401	
22201	22514	23847	<b>Essex</b>	24265	24464	23701		<b>Suffolk City</b>	
22203	<b>Carroll</b>	22454	<b>Halifax</b>	24277	24553	23702		23432	
22204	24325	22504	24534	24282	<b>Newport News City</b>	23704		23434	
22205	24343	22509	24539	24450	23604				
22206	24352	22509	24592	<b>Lexington City</b>	23607				
22207		24560	24598	24450					
22211		<b>Fairfax</b>	22307	<b>Louisiana</b>					
				23024					

\* Areas with these ZIP Codes have >27% of housing built before 1950 and/or an increased prevalence of children with elevated blood lead levels per available data. ZIP Codes are from the 2000 U.S. Census. View <http://www.vahealth.org/leadsate> for updates and information on childhood lead poisoning in Virginia and access to publications available to medical professionals, parents and others. Toll free phone (877) 668-7987.

Date: \_\_\_\_\_ Today your child saw: \_\_\_\_\_

**NAVAL MEDICAL CENTER PORTSMOUTH PEDIATRICS**

Weight: \_\_\_\_\_ kg (\_\_\_\_\_% ) \_\_\_\_\_ lbs \_\_\_\_\_ oz  
Height: \_\_\_\_\_ cm (\_\_\_\_\_% ) \_\_\_\_\_ in Head Circ: \_\_\_\_\_ cm (\_\_\_\_\_% )

Follow up with your PCM in \_\_\_\_\_ weeks / months or sooner if you have any further concerns.

☐ **Prescriptions provided today:**

\_\_\_\_\_  
\_\_\_\_\_

- New Prescriptions TEXT Q-Anywhere: 833-217-2199
- Medication Refills call 757-953-6337(MEDS)

☐ **Labs ordered today:**

\_\_\_\_\_ (Please complete by \_\_\_\_\_)

(NMCP Laboratory-1L; Hours are 0700-1630; Walk-in Appts Only)

☐ **Radiology – X-rays/MRI/CT/Ultrasound ordered today:**

\_\_\_\_\_ (Please complete by \_\_\_\_\_)

(1<sup>st</sup> Floor South; X-rays by walk in appt 0700-1530; Call 953-XRAY to schedule for Ultrasound/CT/MRI))

☐ **Referrals ordered today:**

- Referrals to the MTF call 1-866-645-4584 in 48-72 hours to schedule your appointment
- Network referral status call Humana Military 1-800-444-5445 **OR** view referral status via MHS Genesis Patient Portal

☐ **Immunizations due today:**

\_\_\_\_\_

(Call 1-866-645-4584 to schedule an Immunization appointment at one of the TPC Branch Clinics)

☐ **Additional Instructions:**

\_\_\_\_\_

**SCAN TO  
PRINT YOUR  
FORMS AT  
HOME!**



**Important Phone Numbers:**

- NMCP Pediatric Clinic (757)-953-7716
- Appointment Line: (866)-645-4584
- 24 hour Counseling Self-Referral Hotline: (800)-342-9647
- Infant and Toddler Connection of VA: (800)-234-1448
- Nurse Advice Line: (800)-TRICARE(option#1)
- Poison Control: (800)-222-1222
- Humana Military: (800)-444-5445
- NMCP Pediatrics Fax: 757-953-0868
- Fleet and Family: 757-444-6289(NAVY)
- Tricare: 1-877-2273 (TRICARE)



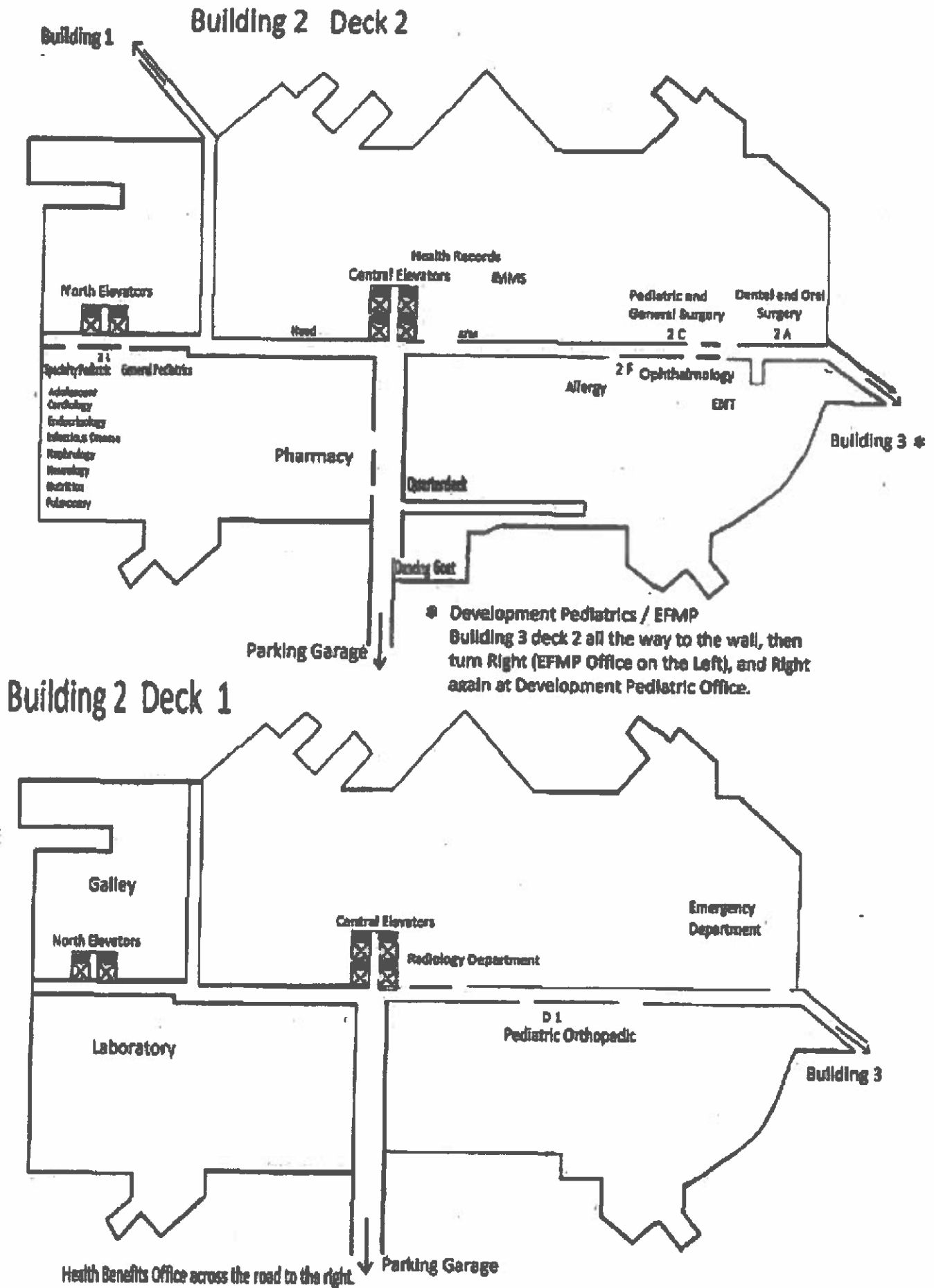
INTERACTIVE  
CUSTOMER  
EVALUATION

**Additional Resources:**

- **MHS Genesis Patient Portal:**  
<https://myaccess.dmdc.osd.mil/identitymanagement/app/login>
- **Military Onesource**
  - <https://www.militaryonesource.mil/>
  - Counseling Services – 12 sessions without referral; 24 hour hotline (800)-342-9647
  - Optometry-NO referral required
- **Humana Military:** <https://www.humana.com>
- **Fleet and Family:** <https://www.navywmrnmidlant.com/>
- **Health Information:**  
<https://healthychildren.org/English/Pages/default.aspx>

Date: \_\_\_\_\_

Today your child saw: \_\_\_\_\_



# BRIGHT FUTURES HANDOUT ► PARENT

## 12 MONTH VISIT

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



### ✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, reach out for help. Community agencies and programs such as WIC and SNAP can provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Make sure everyone who cares for your child offers healthy foods, avoids sweets, provides time for active play, and uses the same rules for discipline that you do.
- Make sure the 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

- Praise your child when he does what you ask him to do.
- Use short and simple rules for your child.
- Try not to hit, spank, or yell at your child.
- Use short time-outs when your child isn't following directions.
- Distract your child with something he likes when he starts to get upset.
- Play with and read to your child often.
- Your child should have at least one nap a day.
- Make the hour before bedtime loving and calm, with reading, singing, and a favorite toy.
- Avoid letting your child watch TV or play on a tablet or smartphone.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

### ✓ FEEDING YOUR CHILD

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

### ✓ FINDING A DENTIST

- Take your child for a first dental visit as soon as her first tooth erupts or by 12 months of age.
- Brush your child's teeth twice a day with a soft toothbrush. Use a small smear of fluoride toothpaste (no more than a grain of rice).
- If you are still using a bottle, offer only water.

**Helpful Resources:** Smoking Quit Line: 800-784-8669 | Family Media Use Plan: [www.healthychildren.org/MediaUsePlan](http://www.healthychildren.org/MediaUsePlan)

Poison Help Line: 800-222-1222 | Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

# 12 MONTH VISIT—PARENT



## SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is safest.
- Place gates at the top and bottom of stairs. Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
- Keep furniture away from windows.
- Make sure TVs, furniture, and other heavy items are secure so your child can't pull them over.
- Keep your child within arm's reach when he is near or in water.
- Empty buckets, pools, and tubs when you are finished using them.
- Never leave young brothers or sisters in charge of your child.
- When you go out, put a hat on your child, have him wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Keep your child away when your pet is eating. Be close by when he plays with your pet.
- Keep poisons, medicines, and cleaning supplies in locked cabinets and out of your child's sight and reach.
- Keep cords, latex balloons, plastic bags, and small objects, such as marbles and batteries, away from your child. Cover all electrical outlets.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Do not make your child vomit.

## WHAT TO EXPECT AT YOUR CHILD'S 15 MONTH VISIT

### We will talk about

- Supporting your child's speech and independence and making time for yourself
- Developing good bedtime routines
- Handling tantrums and discipline
- Caring for your child's teeth
- Keeping your child safe at home and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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