Today's Date:	
Patient	
Name:	

FMP and Sponsor SSN last four: Contact Number: Date of Birth:

15 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,</u> <u>Tylenol, Motrin, vitamins, herbal</u> <u>supplements):</u>
Please list any known aller	gies your child has (drug, foo	od, latex)	□ No Allergies
Circle if anyone in the fam	ily has had: Genetic or Me	etabolic Disease Kidney	y Disease Deafness before age 5
]	Birth Defects Early Death or	Sudden Unexplained Death	of Infant or Child (to include SIDS)
Are your child's immuniza	tions up to date? □ Yes □ N	0	
Who does the child live wit			
Does your child attend day	care? 🗆 Yes 🗆 No		-
	smoke or is your child expos cel safe at home?] Yes 🗆 No
Breastfeeding? \Box Yes \Box N	No How oftenMin	utes per breast	Concerns
Formula feeding? □ Yes		ces per feedOunc	

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 Cor	nmunicative/ Physical Development
□ Walks unassisted	□ Brings and shows toys
□ Understands and follows simple commands	□ Regularly uses 3 words
□ Drinks from cup with little spilling	
\Box Listens to a story	

Preferred Language:

English
Other:

Today's Date:_

HR	LT	Pain: Ves No Location of Pain
	Naked WT	0 1 2 3 4 5 No Hurt Hurts Hurts Hurts Hurts Hurts Little Bit Little Bit Little More Even More Whele Lot
	нс	USE FLACC SCALE FOR NON-VERBAL CHILDREN
		Immunizations UTD per AFCITA: Yes No Technician Signature:

HPI:

General: Jead/Neck: Cyes: Cear: 7 ear:	 Active/Alert/WN/WD/NAD/ not dysmorphic NCAT/Nontender/FROM RR X2, nl corneal reflex, EOMI, no strabismus TM gray/nl landmarks, nl pinna/ext ear canal 	□ □ □ □ Bulging/immobile/red
Cyes: Cear: A ear:	 RR X2, nl corneal reflex, EOMI, no strabismus TM gray/nl landmarks, nl pinna/ext ear canal 	
t ear: / ear:	TM gray/nl landmarks, nl pinna/ext ear canal	
/ ear:		Bulging/immobile/red
1	□ TM gray/nl landmarks, nl pinna/ext ear canal	Bulging/immobile/red
lose:	Patent, No congestion/discharge	□ Congested
)ropharynx:	□ Pink, moist, no lesions □ Teeth: Nl, no signs of caries	
ungs:	CTAB, no retractions, nl WOB	
CV:	\Box RRR, no murmur, strong femoral pulses, cap refill < 2 sec	
vpq:	□ Soft, NT, no HSM, no mass, nl BS, no umbilical/inguinal hernia	
Ext/Spine:	□ NL, FROM, nontender, no edema, no lumbosacral pits	
kin:	🗆 No rash, No bruises	
Iips:	Full ROM, Symmetric leg folds	
leuro:	Normal tone/strength/symmetry	
Genitalia:	□ Nl female/no adhesions □ Nl male, Testes down	
Other findings:		
Lu Lu Lu Lu Lu Lu Lu Lu Lu Lu Lu Lu Lu L	ngs: 7: d: t/Spine: in: ps: uro: nitalia:	ngs: □ CTAB, no retractions, nl WOB 7: □ RRR, no murmur, strong femoral pulses, cap refill < 2 sec

LABS/X-RAYS: \Box H&H (12 months):

□ Lead Screening (if applicable)

PLAN:

F/	U:	at next well child	visit at	months,	sooner i	f parental	concerns
	Pat	tient and/or parent	verbalizes	understa	anding of	f treatmen	t and plan

PREVENTION : □ Nutrition Seat		hild-proofing the hou	ıse	Dental	care □ Sa	fety/Falls	□Car
□ Tobacco avoidance		RECORDS MAINTAINED AT: PATIENT'S NAME (Last	, First, Middle Initial)			SEX	
Signature: Stamp:	Date:	RELATIONSHIP TO SP	ONSOR	STATUS		RANK/GRADE	
23 Jan 2012 SF 600		SPONSOR'S NAME			ORGANIZATIO	DN	
		DEPART./SERVICE	SSN/IDENTIFICATION	NO.		DATE OF BIRTH	1
					STANDARD	FORM 600 Overp	rint

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 with the last year?	YES NO

Safety:

1.	Are you in a relationship now or have you ever been in a relationship in wl	nich you have	e been harr	ned
	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 bu	uilt befo	ore 197	8 which has
	peeling or chipping paint, or has undergone renovation or remodeling in			
		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 wi	ith elec	trical or	torch
	soldering, makes soft metal castings.)	YES	NO.	Don't know
7.	lie of spone time near any location that you think might release lead (le	ad sme	lter, rad	liator shop,
	battery recycler, ect.)?	YES	NO	Don't know
8.	Live in or regularly visit a house, daycare unit, or preschool that was ident	tified by	a DOD) inspection
	team as a major risk for lead?	YES	NO	Don't know

							and a second	and the second sec	And
Accomack	Augusta	<u>Charlotte</u>	Falls Church City	<u>Hampton City</u>	L anenburg	Norfolk City	Powhatan	Rockingham	Surv
23301	22843	23923	22046	23651	23938	23503	23139	22811	23839
23302	22839	23934	Eauculer	23661	23944	23504	Prince Edward	22812	23846
20002	24430	23837	22639	23665	23952	23505	23901	22815	23881
10000	20442	79657	22043	Hanover	23974	23507	23942	22820	Sussex
20000	24431	23804	22/34	Z3047	Lynchburg City	23508	Prince George	22821	23867
10007	RC447	Vharionesville Vity	LIQVO	Z3069	24501	23509	23842	22832	23888
20002	10442	22803	24072	Dentico	24503	23510	Prince William	22834	23890
06997	24476	Chesapeake City	24091	23226	24504	23511	22134	22841	Lazewall
23399	24479	23324	24105	23227	Madison	23517	Pulaski	22846	24602
23404	24485	Clarke	24380	23229	22709	23523	24301	22853	24605
23407	24486	22611	Fluvenna	23230	22719	Northampton	24347	24471	24613
23409	Bath	22620	23022	23231	22727	23310	Radford City	Russell	24622
23410	24445	22663	23084	Henry	22732	23350	24141	24237	24651
23417	24460	Covington City	Franklin City	24089	Martinsville City	23354	Rappahanock	24649	Viminia Reach City
23418	24484	24426	23851	Highland	24112	23405	22002	Scott	23594
23420	24487	Craig	Erederick	24413	Mathews	23413	22716	24245	Warnen
23421	Bedford	24127	22645	24433	23021	Northumberland	22740	24250	CPACE
23426	24526	24131	22554	24442	23025	22435	22746	24254	22640
23440	Bland	Culpeper	Eredericksburg City	24458	23045	22473	22747	24258	Machimeton
23442	24315	22713	22401	24465	23066	22639	DVLCC	Chanandrah	11777777777777777777777777777777777777
Albermarle	24318	22718	Galax Citv	24468	23109	27570	Richmond City	TEXT TATAN	00747
22901	24366	22726	24333	Isle of Wright	23125	Norton City	72740	99667	01040
22831	Botetourt	22729	Giles	23315	23130	24273	23220	27680	Maunachava Ch
22937	24066	22736	24086	James City	Mecklanhine	Minsterueu	22231	000022	ALA ATARABANA ATA
22943	24085	Cumberland	24093	23185	23915	23824	03220	22810	Waetmoraland
22947	24090	23027	24094	King and Queen	23924	23922	23223	22824	22488
22959	Bristol	Danville City	24124	23023	23968	23930	23224	22843	Winchester City
24590	24201	24640	24128	23108	23970	Orange	23225	22844	22601
Alexandria City	Brunswick	24541	24134	23110	Middlesex	22972	Roanoke City	22847	Wise
22301	23821	Dickenson	24147	23156	23079	Pade	24011	Smyth	24216
22302	23868	24226	24150	23177	23149	22650	24013	24316	24219
22305	23920	24272	Geochland	King George	23176	22835	24014	24319	24230
22314	Buchanan	24289	23038	22448	23180	22849	24015	24370	24283
Alleghany	24639	Dinwiddie	23153	KID2 Willam	Montaquery	22851	24016	24375	24285
24422	Buckingham	23830	GLAXSOL	23009	24138	Patrick	Rockbridge	Southampton	24293
Amelia	23936	23840	24292	23181	24149	24185	24435	23827	Wythe
23083	Buena Vista City	23850	24326	Lancaster	Nelson	Patersburg City	24439	23828	24312
ADDOMANOX	24416	23872	24330	22480	22938	23803	24472	23829	24322
23958	Caroline	23894	24378	22503	22964	Pittsvivania	24473	23837	24323
ALIDITOD	22421	Emporta	Greene	CONTRACT OF THE OWNER	22969	24139	24483	23844	24350
22201	22514	23847	22935	24221	22971	24531	24555	23866	24368
22203	Carrol	TUST	Halfax	24265	24464	24594	24578	23874	24382
22204	24325	22454	24534	24277	24553	Portsmouth City	24579	Staunton City	
C0222	24343	22504	24539	24282	Newbort News City	23701		24401	
22206	24352	22509	24577	Lexington City	23604	23702		Suffalk City	
22201		22560	24592	24450	23607	23704		23432	
1 777		Calles.	24596 Laulisa 23707 23434	LOUISa		23707		23434	
20022									

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Virginia Department of Health, Revised June 2003

U.S.Census. View http://www.vahealth.org/leadsafe for updates and information on childhood lead poisoning in Virginia and access to publications available to medical professionals, parents and others. Toil free phone (877) 668-7987.

NAVAL MEDICAL CENTER PORTSOUTH PATIENT CLINICAL SUMMARY /CHECKOUT FORM CLINIC PHONE NUMBER: (757)-953-7716



Follow up with your PCM in_____weeks / months or sooner if you have any further concerns.

Prescriptions provided today:

- New Prescriptions call 757-953-0258
- Medication Refills call 757-953-6337 or send request to pharmacy via Secure Messaging
- □ 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)

(1st 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 Tricare Online-Patient Portal

□ Immunizations due today:

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

□ Additional Instructions:

Important Phone Numbers:

- 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:

- Military Onesource
 - o <u>https://www.militaryonesource.mil/</u>
 - Counseling Services 12 sessions without referral; 24 hour hotline (800)-342-9647
 - Optometry
 - Other:
- Secure Messaging: https://app.tolsecuremessaging.com/
- Humana Military: <u>https://www.humana.com</u>
- Fleet and Family: <u>https://www.navymwrmidlant.com/</u>

