

Today's Date: _____

Patient

FMP and Sponsor

Contact Number:

Name:

SSN last four:

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, 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)

Are your child's immunizations up to date? 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"/> Walks unassisted	<input type="checkbox"/> Brings and shows toys
<input type="checkbox"/> Understands and follows simple commands	<input type="checkbox"/> Regularly uses 3 words
<input type="checkbox"/> Drinks from cup with little spilling	
<input type="checkbox"/> Listens to a story	

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

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 with 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 |

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

SCAN TO PRINT
YOUR FORMS AT
HOME!



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)

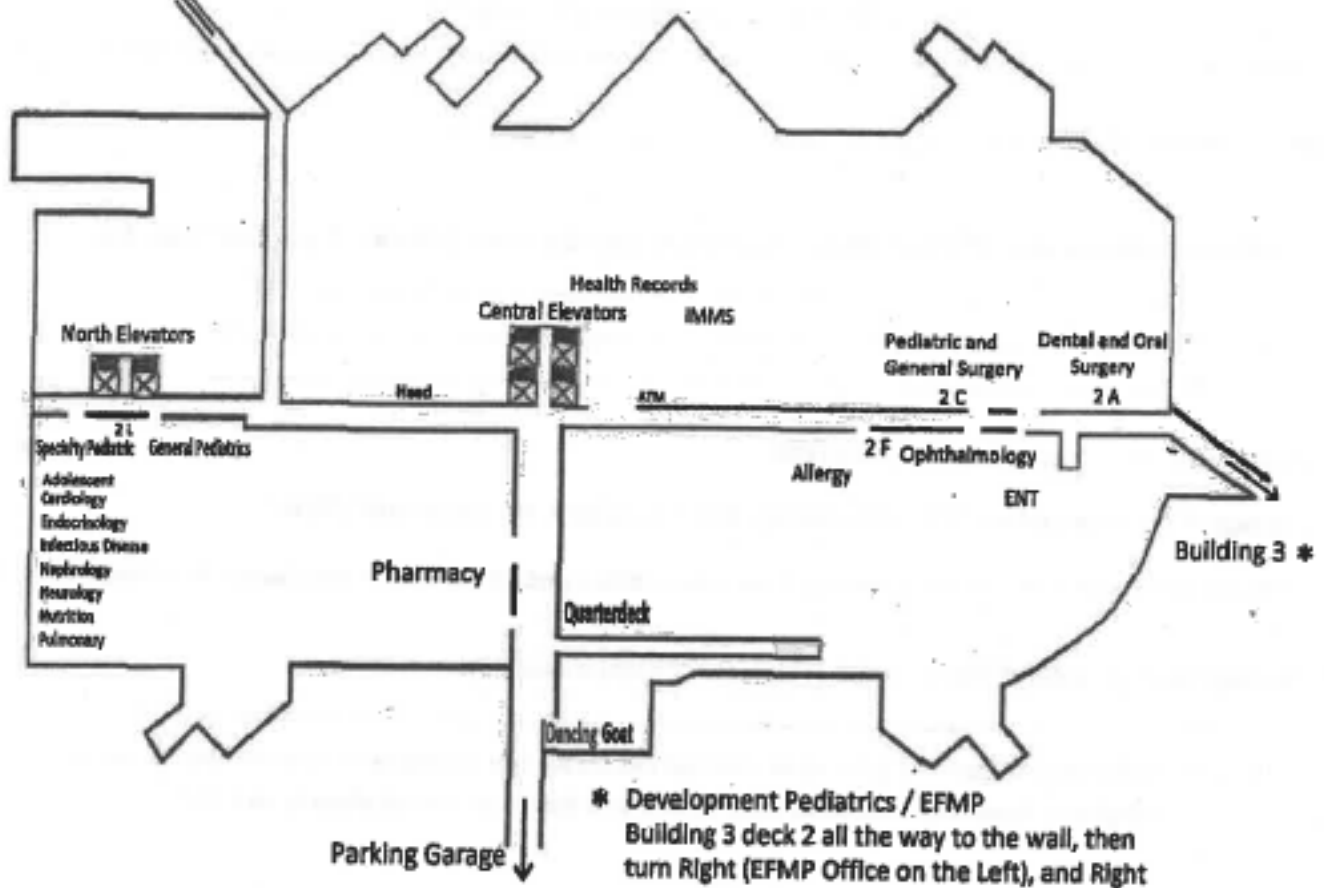
Additional Resources:

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



INTERACTIVE
CUSTOMER
EVALUATION

Building 1 **Building 2 Deck 2**



* Development Pediatrics / EFMP
 Building 3 deck 2 all the way to the wall, then turn Right (EFMP Office on the Left), and Right again at Development Pediatric Office.

Building 2 Deck 1

