

Naval Hospital Oak Harbor Prime Health Center
Twelve Month Well Child Visit

Date:

Time:

Provider Note

Interval History:

Past Medical History:

Medications:

Allergies:

Immunizations:

Family/Social History Update:

Development: Cruises Mature pincer grasp Mama, dada (specific) plus 2 other words
 Feeds self Stoops and recovers Follows 1 step command (i.e. comes when called)

Physical Exam

Weight: _____ kg _____ lb _____ %ile
Length: _____ cm _____ in _____ %ile
OFC: _____ cm _____ in _____ %ile

Vital Signs N/A

Temp: _____ HR: _____
RR: _____ O2 Sat: _____

Pain: _____ (0-10)

Nl Abn
 General Appearance:
 Head:
 Eyes:
 ENT:
 Neck:
 Chest:
 Heart:
 Abdomen:
 Genitals:
 Musculoskeletal:
 Skin:
 Neuro:

Assessment

Plan

Anticipatory Guidance

Immunizations: MMR, Varivax, Comvax, Prevnar, Influenza

Labs: Microhematocrit, Lead, PPD

Other:

Follow-up: 18 months of age other: _____

Addressograph

Examiner's Signature/Name Stamp

