

BRIGHT FUTURES EXAM: 18 MONTH OLD

NAME:			VISIT DATE: ____/____/____			DOB: ____/____/____		
MaineCare I.D. #:			<input type="checkbox"/> NO SHOW			Actual Age: _____ Months		
Examiner's Last Name:			Examiner's NPI #:			Pay To NPI #:		
KEY: Mark NI if normal, Ab if abnormal, or Y if yes, N if no, or \checkmark , if item done								
(1) CHILD HISTORY			(2) PHYSICAL EXAM			(3) IMMUNIZATIONS GIVEN		
1. General health	NI	Ab		NI	Ab		Y	N
2. Illness free	Y	N	15. WT _____ lbs, _____ %			Up to date?		
3. Injury free	Y	N	16. HT _____ in, _____ %			36. HepB # 3		
4. Vision	Y	N	17. HC _____ in, _____ %			37. HepA #1/#2		
5. Hearing	Y	N	18. Skin			38. Varicella		
6. Sleeping patterns	Y	N	19. Head			39. DTaP # 4		
7. Feeding	NI	Ab	20. Eyes			<i>Document vaccine brand below and record in Immpact2</i>		
breastfeeding _____ x/day	Y	N	21. Hearing					
milk _____ /day (24oz /day)			22. Ears			(6) KEY ANTICIPATORY GUIDANCE		
8. Balanced diet	Y	N	23. Nose					
9. Vitamin D/Supplements	Y	N	24. Throat			\checkmark * = key items		
10. Fluoride (water/Rx)	Y	N	25. Teeth			*62. Child oriented routines		
11. Stools/Urine	NI	Ab	26. Neck/Nodes			*63. Supervise child at all times		
12. Single Parent	Y	N	27. Lungs			64. Smoke/Carbon monoxide detectors		
13. Dental visit in past year	Y	N	28. Heart, pulses			65. Keep home/car smoke-free		
14. Cigarette / Wood Smoke	Y	N	29. Abdomen			66. Child car seat in back		
(5) DEVELOPMENTAL MILESTONES			30. Genitalia			67. Ensure water/playground safety		
				Y	N	31. Musculoskeletal		
49. Confident walk			32. Gait			69. Cautions about animals		
50. Walk backwards			33. Neuro			70. Sun exposure/sunscreen		
51. Throw ball			34. Extremities			71. Child proof home: poisons, matches, meds, alcohol, outlets, stairway gates, window guards		
52. Vocab 15-20 words			(4) SCREENING			72. Poison Control Give #		
53. Imitates words			Blood lead test, Federal requirement second mandatory test done between 18 - 35 months old.			73. Encourage cup drinking/self feeding		
54. 2-word phrases			40. Ordered	Y	N	74. Avoid choking risk foods		
55. Stacks 3 or 4 blocks			Drawn in office	Y	N	75. Eat with family, highchair/booster		
56. Uses spoon and cup			Lead Results: _____	NI	Ab	76. Snacks low in sugar		
57. Shows affection			Date done / /			77. Brush teeth with little or no toothpaste 2x		
58. Follows simple directions			41. Do PPD (if exposure risk)	Y	N	78. Read, sing, play together everyday		
			If done, result	Neg	Pos			
59. Scribbles			42. Oral Health Risk Assessment	NI	Ab	79. Help them express feelings		
60. Points to some body parts			ASQ Score _____	Pass	Refer	80. Model appropriate language		
61. Can remove clothing			Peds	Pass	Refer	81. Anger/temper tantrums		
			43. CBC/Hgb/HCT ordered	Y	N	82. Nightmares, night awakenings, fears		
			44. Result: Hgb ____ HCT ____			83. Set limits, limit # of rules		
			45. Share Hgb/HCT results with WIC	Y	N	84. Ask about WIC		
			46. Dental Fluoride Varnish applied	Y	N	85. Child care plans		
			47. MCHAT: Part I	Pass	Refer			
			48. Part II (if part I does not pass)	Pass	Refer			
MaineCare Member Services follow-up needed: [circle as appropriate] arrange transportation/find dentist/ find other provider/make appointment/Public Health Nurse visit/ other								
ASSESSMENT/ABNORMALS PLAN [refer to line item number]								
EXAMINER'S SIGNATURE: _____			DATE: ____/____/____			RTC in _____ months		