Infant Well-care Assessment
Birth to 15 months

Amerigroup RealSolutions in healthcare

Name: **Date:**

DOB: **Sex:**

Wt: **Ht:** **Head cir.:**

Interval history

Medications:

Allergies:

Illnesses/accidents/problems/concerns:

Diet: **Sleep:**

Elimination: **Other:**

Review immunization record ❒ WIC referral ❒ Vitamins ❒

Review of systems ❒ Review of family and birth history ❒ Lead-risk assessment ❒

Screening	Normal/abnormal			Normal/abnormal			Normal/abnormal	
Hearing	❒	❒	Vision	❒	❒	Development	❒	❒
Behavior	❒	❒	Gross motor	❒	❒	Fine motor	❒	❒

Physical exam	Normal/abnormal			Normal/abnormal			Normal/abnormal	
General appearance	❒	❒	Lungs	❒	❒	Skin	❒	❒
Reflexes	❒	❒	Chest	❒	❒	Head/fontanel	❒	❒
Ears	❒	❒	Nose/throat	❒	❒	Eyes	❒	❒
Teeth	❒	❒	Neurological	❒	❒	Abdomen	❒	❒
Spine	❒	❒	Extremities	❒	❒	Genitalia	❒	❒

If abnormal, explain:

Health education/anticipatory guidance

❒	No bottle in bed	❒	Sleeping on back	❒	Passive smoke
❒	Appropriate car seat	❒	Language development	❒	Oral health
❒	Developmental benchmarks	❒	Fever protocols	❒	Child care issues
				❒	Safety
❒	Bedtime rituals	❒	Lead-poisoning prevention	❒	Other _____

Notes/plans:

Next visit: **Provider signature:**