

If no label:

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Date of Encounter \_\_\_\_\_

# C&TC/Well-Child Exam

## 15 Month Visit

= C&TC  
Mandatory  
Components

This is a C&TC:  
Yes  No

Ht. \_\_\_\_\_ Primary MD \_\_\_\_\_

Wt. \_\_\_\_\_ Allergies \_\_\_\_\_

Head Circumference \_\_\_\_\_ Medications \_\_\_\_\_

Temperature \_\_\_\_\_

Recent injury/illness/surgery/hospitalization \_\_\_\_\_

Staff Signature \_\_\_\_\_

### Health History

Parent concerns: \_\_\_\_\_

### Family Social History/Medical History:

#### Caregivers:

Who brought baby in? \_\_\_\_\_

Who lives with baby? \_\_\_\_\_

Caregiver working/in school? Yes  No

Who cares for baby during work/school day?

Parent/Relative  Day Care

Stresses for caregivers \_\_\_\_\_

#### Environment: *Check areas discussed*

Housing  Drug use  Alcohol

Domestic Violence  Guns

Exposure to secondhand smoke  TB exposure

Lead risk  Other risks \_\_\_\_\_

No environmental problems identified

#### Nutrition: *Check those that apply*

Breast  frequency \_\_\_\_\_

Whole milk  amount \_\_\_\_\_ Juice  (oz/day) \_\_\_\_\_

Solids  Iron  Vitamins  Fluoride

Sleep: Arrangements/patterns \_\_\_\_\_

Hygiene: Bathing frequency \_\_\_\_\_

### Dental

Brushing \_\_\_\_\_

Dental Varnish  D-1206

### Anticipatory Guidance *Circle areas discussed*

**Nutrition:** Balanced diet/nutritious snacks; no bottles; iron, calcium sources; avoid food conflict; family meals; choking prevention-no popcorn, nuts, gum, raisins, etc.

**Safety:** Car seat; smoke detectors; window guards; poisonous plants; lock up cleaning products and medications; Ipecac/poison control number; never leave unattended, esp. in water, near stove, fan, machinery, in car; socket plugs; plastic bags, balloons, sharps, toys with small parts; no walkers; stairway gates; sun protection; hot water temp <125°; no smoking around baby; rescue of choking baby; eliminate lead risks.

**Parenting:** Talk, sing, play with baby; autonomy/dependency needs; consistent scheduling; tantrums; hitting, biting, aggressive behavior; never punish, jerk or shake; model healthy habits; media violence; safe child care; discuss use of OTC meds; teeth brushing; minor illness care; infection risk reduction.

Pamphlet/Information Sheet Given

99401 - 15min

Requires additional Health Education

99402 - 30min

### Mental Health

No Concerns  Concerns  Explain: \_\_\_\_\_

### Development

*Give developmental screening results or complete chart.*

Screening Tool (name) \_\_\_\_\_

Normal  Abnormal

Age \_\_\_\_\_

Developmental Screening Test or equivalent 96110

by Hx observed

Drinks from cup

Waves bye-bye

	by Hx	observed
Imitates activities		
Begins scribbling		
Can put object into cup		
Has two words		
Dada/Mama specific		
Walks well		
Stoops and recovers		
Stands alone		
Walks backwards		

### Physical Exam

(✓) N=normal A=abnormal

N A

<b>General appearance</b>		
<b>Skin:</b> color • character • birthmarks		
<b>Nodes:</b> cervical • axillary • inguinal		
<b>Head:</b> shape • AF size • scalp • hair		
<b>Eyes:</b> red reflex • corneal light reflex • strabismus PERL • EOM • lids		
<b>Vision:</b> follows objects		
<b>Ears:</b> pinna • canals • TMs		
<b>Hearing:</b> localization of sound		
<b>Nose:</b> patency • nares		
<b>Mouth:</b> gums • mucosa • throat • teeth		
<b>Neck:</b> position • ROM • thyroid		
<b>Chest:</b> shape • symmetry • lungs • respiration rate		
<b>CV:</b> rate • rhythm • S 1 • S 2 • murmur • femoral pulses		
<b>Abd:</b> liver • spleen • masses • bowel sounds • anus		
<b>GU:</b> ♀ labia • vaginal mucosa ♂ penis • testes • hydrocele • hernia		
<b>MS:</b> ROM • hips • spine		
<b>Neuro:</b> posture • DTRs • tone • Babinski • Clonus		

Physical Exam  
(Health History included)

Billing Codes: 99381-99385  
99391-99395  
99431-99432

With Dx codes  
V20-V20.2 and/or  
V70.0 and/or  
V70.3-V70.9  
99201-99205  
99211-99215

### Parent-Child Interaction

No concerns  Concerns  (Explain) \_\_\_\_\_

### Vision/Hearing

Yes No

Vision concerns?

Hearing concerns?

### Immunizations

Immunizations: Reviewed  On schedule

Deferred  - reason: \_\_\_\_\_

Parent refused

Previous reaction?  Yes  No

Given:  Hepatitis B  PCV  DTaP  IPV

Hib  MMR  Varicella  Other \_\_\_\_\_

Has had Chicken Pox infection

MNVFC: 90471 or 90472.

List actual immunization given with an SL modifier and a \$0.01 charge.

### Labs

Lead: 83655  
Hgb: 85018

Hemoglobin  
(mandatory once between 9&15 months)

Other labs ordered: \_\_\_\_\_

### Assessment and Plan See dictation

Child and Teen Checkup Completed, child well

Other: \_\_\_\_\_

Referral \_\_\_\_\_

Encourage smoking cessation-parent

IPECAC prescription

Poison Control number

WIC enrolled, if eligible

18 month visit scheduled

MD Signature \_\_\_\_\_

C&TC Referral Codes  
(Box 24H-CMS 1500):  
Check One

NU	No referral was made	
ST	Referral	
S2	Patient is currently under treatment	
AV	Patient refused referral	