New Jersey Department of Health
CHILD HEALTH CONFERENCE – HEALTH ASSESSMENT
CHILDHOOD: 15 Months

DATE: ______________________

Child's Name		Date of Birth
Allergies	**Illnesses/Injuries/Problems/Concerns**	**Current Medications**

RN:

SUBJECTIVE

Y N
- ☐ ☐ My child walks well, stoops and climbs stairs
- ☐ ☐ My child understands simple commands
- ☐ ☐ My child feeds self with fingers
- ☐ ☐ My child can say 3 to 6 words

Diet: ______________________

- ☐ Vitamin Supplement with Iron
- ☐ Fluoride Supplement
- ☐ Lead Risk Assessment (verbal)
- ☐ Review Immunization Record
- ☐ TB Test (if high risk factor present)
- ☐ Hgb/Hct
- ☐ WIC Referral
- ☐ Dental Referral

Elimination: ______________________

Sleep: ______________________

Other: ______________________

HEALTH EDUCATION/ANTICIPATORY GUIDANCE: (CHECK ALL COMPLETED)

- ☐ Nutrition/Feeding
- ☐ Weaning
- ☐ Car Seat or Booster Seat
- ☐ Development Benchmarks
- ☐ Safety (general)
- ☐ Lead Poisoning Prevention
- ☐ Discipline/Limits
- ☐ Other: ______________________
- ☐ Toilet Training
- ☐ Passive Smoke
- ☐ Language Development
- ☐ Oral Health Care
- ☐ Crib Mattress Lowered
- ☐ Child Care Issues

OBJECTIVE: SCREENING

WEIGHT KG/LB PERCENTILE:	HEIGHT CM/IN PERCENTILE:	HEAD CIR. PERCENTILE:

	N	A	
Hearing	☐	☐	______
Vision	☐	☐	______
Development	☐	☐	______
Behavior	☐	☐	______
Social/Emotional	☐	☐	______
Gross Motor	☐	☐	______
Fine Motor	☐	☐	______

APN/PA/MD/DO:

SUBJECTIVE

☐ Review of Family History

____

☐ Review of Systems

____

OBJECTIVE: PHYSICAL

	N	A		N	A
General Appearance	☐	☐	Lungs	☐	☐
Skin	☐	☐	Chest	☐	☐
Head/Fontanel	☐	☐	Cardiovascular/Pulses	☐	☐
Eyes	☐	☐	Abdomen	☐	☐
Ears	☐	☐	Genitalia	☐	☐
Nose	☐	☐	Spine	☐	☐
Oropharynx/Teeth	☐	☐	Extremities	☐	☐
Dental Structure/Tongue	☐	☐	Neurological	☐	☐
Mental Health	☐	☐			

ASSESSMENT (Problem List)

____

PLAN

____

REFERRALS

____

APN/PA/MD/DO SIGNATURE:

RN ASSESSMENT:	**RN PLAN:**	**REFERRALS:**
RN SIGNATURE:		

NEXT VISIT: 18 MONTHS OF AGE

IMMUNIZATIONS: ☐ Given ☐ Up to date

Additional notes on reverse side➔

ADDITIONAL NOTES