Optimum Internal Medicine and Pediatrics

10044 Hwy 46, Bon Aqua, TN 37025 | (931) 996-4247

18 Month Visit

Parent and staff instructions - keep with the clinical sheet

Parents / guardians: Complete only the identification, allergies, medicines, and the upper-left Nutrition and Problems / Interval History sections. You may type in the available identification fields, then print. Leave measurements, risk-assessment results, screening scores, examinations, orders, vaccine entries, billing and signatures for staff. Bring **both pages** to the appointment. Do not send completed forms through the website.

Do not give medicine based on this form alone. Printed doses and vaccine sequence numbers on the clinical sheet are preserved workflow entries, not patient-specific orders.

Staff medication verification: Before any dose, verify current weight in kg, age, indication, allergies, product concentration, dose in mg **and** mL, interval, maximum daily dose and contraindications. Document clinician-approved instructions. Preserved numbers do not replace this check.

Age-specific clinical checks

RSV: verify age, season, prior antibody and maternal vaccination **in this pregnancy**. Use current AAP 2026-27 criteria: nirsevimab or clesrovimab for eligible infants under 8 months; nirsevimab only for eligible high-risk children 8-19 months entering their second season.

Before age 2, do not impose a routine low-fat or cholesterol-restricted diet. Use varied age-appropriate foods and individualized growth/nutrition counseling.

Car seats: rear-facing until the seat height OR weight limit, then a forward-facing harness to its limit, then a booster until the adult belt fits correctly (often age 8-12). Keep children younger than 13 in the rear seat.

Staff screening check: Use validated age-appropriate tools, not checkboxes alone: developmental screens at 9, 18 and 30 months; autism at 18 and 24 months; mental/emotional/behavioral screening per current AAP schedule.

Staff vaccine and billing check: Reconcile actual records, age, product, prior doses, minimum intervals and contraindications against current AAP guidance. Verify preserved protocol numbers, including combination-vaccine components. Billing presets are not orders: code actual services and payer rules; COVID-19 administration uses 90480, not 90460/90472. Do not automatically apply modifiers or unit counts.

Sources and version

Clinic revision based on AAP 2026 immunization guidance, current AAP preventive-care guidance and age-specific safety references. Original TNAAP 07/2025 attribution and intentional workflow marks are retained. This clinic revision does not imply TNAAP endorsement.

AAP preventive care | AAP 2026 immunizations | AAP current RSV guidance

18 Month Visit

Date _____

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Tennessee Chapter
INCORPORATED IN TENNESSEE
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
Form revised 07/2025

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____kgs. Length _____cm W/L _____%tile Head circ. _____cm Temp. _____AX REC

B/P if high risk _____ / _____

Nutrition
Whole milk ☐ Yes ☐ No
Weaned from bottle ☐ Yes ☐ No
Appetite ☐ good ☐ variable ☐ picky
fruits _____
vegetables _____
meats _____
Water: ☐ city ☐ well ☐ spring ☐ bottled ☐ fluoridated
WIC ☐ Yes ☐ No

Interval History/New Problems
Change in family history? ☐ Yes ☐ No
Change in social history? ☐ Yes ☐ No
If Yes, what? _____
_____
Are there new problems or illnesses since the last visit? ☐ Yes ☐ No
If Yes, what? _____
_____

Speech/Hearing Risk Assessment
Hears well ☐ Yes ☐ No
Says 15-20 words ☐ Yes ☐ No

Vision Risk Assessment
Notices small objects ☐ Yes ☐ No

Hepatitis B Risk Assessment
☐ **Yes** ☐ **No**
Dental Risk Assessment — +
Anemia Risk Assessment — +
poverty ___ poor diet ____ chronic illness _____

Lead Risk Assessment — +

Developmental Surveillance
☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____

Developmental Screening
☐ Normal ☐ Abnormal

Autism Screening
☐ Normal ☐ Abnormal

Safety
☐ Rear-facing to seat height OR weight limit Then forward-facing harness; rear seat
☐ Smoke detectors in home
☐ No smoking in home
☐ Hot water < 120 degrees

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ nl	☐ abnl
Neck	☐ nl	☐ abnl
Eyes	☐ nl	☐ abnl
Red reflex	☐ nl	☐ abnl
Alignment	☐ nl	☐ abnl
Ears	☐ nl	☐ abnl
Nose	☐ nl	☐ abnl
Throat/Mouth	☐ nl	☐ abnl
Lungs	☐ nl	☐ abnl
Heart	☐ nl	☐ abnl
Abdomen	☐ nl	☐ abnl
Femoral Pulses	☐ nl	☐ abnl
Spine	☐ nl	☐ abnl
Extremities	☐ nl	☐ abnl
Hips/Gait	☐ nl	☐ abnl
Skin	☐ nl	☐ abnl
Neuro	☐ nl	☐ abnl
Genitalia		
Female	☐ nl	☐ abnl
Male	☐ nl	☐ abnl
Testes	☐ nl	☐ abnl

EPSDT CPT/ICD 10 Coding:
99382-25 if New or 99392-25 if Est.
Z00.129 Normal or Z00.121 Abnorm
90460-59 (2 units w flu, 3units with flu +Covid19) Z23
96110-59, 2 units Z13.40, Z13.41
96160-2 units, -59 Z11.1, Z13.88, Z13.84
99188 Z29.3
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Circle Vaccine Given: Havrix (Hep A #2)

_____
_____

Safety *(continued)*
☐ Water safety, supervise bath
☐ Close supervision
☐ Child proof home
☐ Poison Control Number
☐ Sunburn prevention

Health
☐ Weaning
☐ Whole milk until age 2
☐ Limit juice, milk intake
☐ Picky appetites, self feeding
☐ Offer varitety of foods
☐ Choking prevention
☐ Age-appropriate fats; see companion
☐ Individualize dietary counseling
☐ Balanced diet; see companion
☐ Physical activity
☐ Brushing teeth

Social/Behavioral
☐ Set consistent limits, discipline☐
Praise good behavior
☐ Time out, tantrums
☐ Talk, read to child
☐ Family
☐ Imitative/parallel play
☐ No TV

Impression
☐ Well Child
☐ Normal Growth
☐ Normal Development
☐ _____
☐ _____

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ Hep B, MMR, Varicella, Hep A, DTaP, Hib, PCV , IPV
☐ Influenza vaccine [ ] Covid 19
☐ Counseling
☒ Ibuprofen 100_ mg. q. 6-8 hours
☒ Acetaminophen___80_____mg. q. 4-6 hrs
☐ Dental referral
☒ Fluoride Varnish
☐ Supplementation if deficient in fluoride
☐ Hgb if at risk
☐ Lead level if at risk
☒ 18 month Handout sheet
☒ RTC at 2 years
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____
☐ _____

_____ M.D. / P.N.P. / DO / PA