Division of Immigration Health Services

Pediatric Physical Assessment Form
12 months old

DEVELOPMENTAL TASKS

NORMAL	ABNORMAL		NORMAL	ABNORMAL	
☐	☐	Drinks from cup	☐	☐	Imitates actions
☐	☐	Walks with support or few steps alone	☐	☐	Pulls to stand
☐	☐	Has 1-3 new words plus "Dada, Mama"	☐	☐	Precise finger grasp
☐	☐	Looks for dropped or hidden objects	☐	☐	Throws objects
☐	☐	Crawls on hands and knees			

Describe abnormal findings:

DIET/ NUTRITION		IMMUNIZATIONS						LABORATORIES
Breast	☐	DTaP	☐ #1	☐ #2	☐ #3			
Formula_____	☐	IPV	☐ #1	☐ #2	☐ #3			
Fluoride	☐	Hib	☐ #1	☐ #2	☐ #3			
Vitamins	☐	Hep B	☐ #1	☐ #2	☐ #3			
Table food	☐	MMR	☐ #1					
		VAR	☐					

SUBJECTIVE

OBJECTIVE

HEIGHT WEIGHT HEAD CIRCUMFERENCE HR RR

	NORMAL	ABNORMAL		NORMAL	ABNORMAL	Describe Physical findings
General appearance	☐	☐	Lungs	☐	☐	
Skin	☐	☐	Heart	☐	☐	
Head	☐	☐	Abdomen	☐	☐	
Fontanelles	☐	☐	Genitalia	☐	☐	
Eyes	☐	☐	Extremities	☐	☐	
EOM	☐	☐	Back	☐	☐	
ENT	☐	☐	Neuro	☐	☐	
Teeth	☐	☐	Hearing screening	☐	☐	
Chest	☐	☐				

ASSESSMENT

PLAN

Provider's Signature

Provider's Stamp

Date

ANTICIPATORY GUIDANCE

Stop bottle	☐
Sitting position to eat or drink	☐
Re-emphasize safety measures	☐
BBTD counseling	☐
Encourage speech autonomy	☐
Tuberculin skin test	☐
	☐
	☐

Next Appointment

LABS
Hgb/Hct_____
O&P _____
Other: _____

DETAINEE LABEL