FLINT
FAMILY HEALTHCARE
4 N. MAIN STREET
MAYSVILLE, GA 30558

Dr. Gary Kinsey, M.D. & Joshua F. Gastley FNP-C
Phone: 706-652-2252 Fax: 706-652-3444
Email: flinthealthcare.maysville@gmail.com

Well Checkup - 10-24 months

Patient Name:

_____DOB:_____Appt. Date: _____

Feeding: ☐ Breast Fed ☐ Bottle Fed ☐ Both	Milk: ☐ Whole ☐ 2 % ☐ Other: _____	
Solid Foods: (Circle what your child eats currently.) ☐ Cereals - Oat ☐ Cereals - Rice ☐ Cereals - Wheat ☐ Jar Baby Food ☐ Purees ☐ Table Food	Water: ☐ Bottled water ☐ Filtered Water ☐ Spring water ☐ Tap water ☐ Well water	
Eating Habits: ☐ Good ☐ Fair ☐ Poor ☐ Prefers Breads ☐ Prefers Fruit ☐ Prefers Meat ☐ Prefers Vegetables	Bedtime Drinks: ☐ Juice ☐ Milk ☐ Water	
Any discipline concerns:	Any parental concerns?	
Sleeping Through the Night: ☐ Yes ☐ No	Toilet Trained: ☐ Yes ☐ No	Bowel Movement Concerns:

FLINT
FAMILY HEALTHCARE
4 N. MAIN STREET
MAYSVILLE, GA 30558

Dr. Gary Kinsey, M.D. & Joshua F. Gastley FNP-C
Phone: 706-652-2252 Fax: 706-652-3444
Email: flinthealthcare.maysville@gmail.com

Nutritional Issues

Please circle *yes* or *no* in response to each of the categories below

Anemia ☐ Yes ☐ No	Weight concerns ☐ Yes ☐ No	Daily Vitamins ☐ Yes ☐ No	Chronic GI Problems: ☐ Yes ☐ No	Special Diet ☐ Yes ☐ No	Food Allergies: ☐ Yes ☐ No

Diet (Number of servings per day)

Dairy	Protein	Vegetables	Fruits	Carbohydrates

Nutritional Concerns:

Developmental Tasks

Please circle *yes* or *no* in response to each of the categories below

Communication	Bring toys to show	Yes No	**Fine Motor**	Bangs objects together	Yes No
	Coos and vocalizes	Yes No		Bring hands together	Yes No
	Different cries for different needs	Yes No		Drinks from a cup	Yes No
	Imitates Sounds	Yes No		Eats with a spoon	Yes No
	Laughs	Yes No		Feeds self, Finger feeds	Yes No
	Points to the eyes, ears, and body parts	Yes No		Helps with dressing	Yes No
				Holds objects in 2 hands	Yes No
	Points to pictures in books	Yes No		Kicks balls	Yes No
	Points to show what is wanted	Yes No		Stacks 2 blocks	Yes No
	Responds to name	Yes No		Throws objects	Yes No
	Says 2 words	Yes No		Transfers from hand to hand	Yes No
	Says 3 words or more	Yes No			
	Understands “no”	Yes No			
	Understands simple commands	Yes No			
	Vocabulary 7-20 words	Yes No			
	Vocalizing “Mama” Or “Dada”	Yes No			
Gross Motor Skills	Bears bear weight on their legs	Yes No	**Sensory**	Follows objects	Yes No
	Bends down without falling	Yes No		Responds to sounds	Yes No
	Climbs into an adult chair	Yes No		Responds to touch	Yes No
	Climbs up the stairs	Yes No			
	Pulls to stand	Yes No			
	Stis well	Yes No			
	Stands alone	Yes No			
	Walks alone	Yes No			
	Walks backwards	Yes No			
	Walks quickly	Yes No			
	Walks with hands held	Yes No			

FLINT
FAMILY HEALTHCARE
4 N. MAIN STREET
MAYSVILLE, GA 30558

Dr. Gary Kinsey, M.D. & Joshua F. Gastley FNP-C
Phone: 706-652-2252 Fax: 706-652-3444
Email: flinthealthcare.maysville@gmail.com

Social	Bring a book to read	Yes No	Plays peek-a-boo	Yes No
	Comes when called	Yes No	Plays with other children	Yes No
	Explores with parents close by	Yes No	Separation anxiety	Yes No
	Follows one-step commands	Yes No	Shows pleasure in interacting with others	Yes No
	Gives and takes objects	Yes No		
	Helps around the house	Yes No	Smthe iles in mirror	Yes No
	Helps with dressing	Yes No	Sometimes shows fear	Yes No
	Imitates parents	Yes No	Stranger anxiety	Yes No
	Laughs	Yes No	Temper Tantrum	Yes No
	Plays ball	Yes No	Waves bye-bye	Yes No