La Loma
12 Month Well Child **Date: _____**

Name:_____ DOB:_____

Medications:		
Is your child on any medications?	YES ☐	NO ☐
If Yes, Please List:		
Allergies:		
Does your child have any allergies to medications? If yes, please list:	YES ☐	NO ☐
Sensory:		
Vision:		
Does your child appear to be able to see well?	YES ☐	NO ☐
Hearing/Speech:		
Does your child appear to be able to hear?	YES ☐	NO ☐
Development:		
Does your child cruise (walk, holding furniture)?	YES ☐	NO ☐
Can your child take a few steps alone?	YES ☐	NO ☐
Can your child walk with support?	YES ☐	NO ☐
Does your child say “mama” and “dada” correctly and 3 other words?	YES ☐	NO ☐
Can your child play social games (Peek-a-Boo, Patty-Cake)?	YES ☐	NO ☐
Can your child pick up things precisely with index finger and thumb?	YES ☐	NO ☐
Can your child drink from a cup?	YES ☐	NO ☐
Nutrition: Is your child breastfeeding, on formula or on whole milk?		
☐ Breastmilk ☐ Formula ☐ Whole Milk		
Is your child eating table food, baby food, or both? ☐ Table Food ☐ Baby Food ☐ Both		
Is your child on any supplements? E.g. Fluoride, Vitamins, or Iron	YES ☐	NO ☐

Do you have any concerns regarding your child? ☐ NO ☐ YES (Explain Below)

Signed_____ Printed Name_____
Relationship to Patient? _____ Date_____

La Loma Internal Medicine and Pediatrics

Child COMPREHENSIVE REVIEW OF SYSTEMS

Instructions: Answer yes if the following problems are CURRENT, FREQUENT or BOTHERSOME for your child. Explain all yes answers at the end of the last page.

Name: _____ DOB: _____

GENERAL:

When was your child's last Well Child Check?	Date	
Has your child had a recent UNEXPLAINED loss of weight?	YES ☐	NO ☐
Does your child have a fever?	YES ☐	NO ☐
Does your child have excessive fatigue?	YES ☐	NO ☐
Does your child have an acceptable appetite?	YES ☐	NO ☐

EARS, EYES, NOSE, THROAT:

Does your child have any drainage from eyes?	YES ☐	NO ☐
Does your child have any redness or irritation in eyes?	YES ☐	NO ☐
Does your child complain of itchy watery eyes?	YES ☐	NO ☐
Does your child have Nasal Congestion?	YES ☐	NO ☐
Does your child have frequent runny noses?	YES ☐	NO ☐
Does your child suffer from frequent bloody noses? If so, how many per week?	YES ☐	NO ☐

PULMONARY/ LUNGS:

Is your child frequently short of breath? (If yes, AT REST or WITH ACTIVITY)	YES ☐	NO ☐
Does your child cough <u>most days?</u>	YES ☐	NO ☐
Does your child cough up blood?	YES ☐	NO ☐
Has your child had a continuous cough for longer than two to three months?	YES ☐	NO ☐
Does your child Wheeze?	YES ☐	NO ☐

CARDIOVASCULAR/HEART:

Does your child seem to have a racing heart?	YES ☐	NO ☐
Does your child's extremities swell?	YES ☐	NO ☐
Does your child have trouble breathing while lying flat?	YES ☐	NO ☐
Does your child sweat excessively during feedings?	YES ☐	NO ☐
Does your child turn blue around the mouth or have rapid breathing during feedings?	YES ☐	NO ☐

Name: _____ DOB: _____

GASTROINTESTINAL/STOMACH, INTESTINES, LIVER GALLBLADDER:

Does your child complain OFTEN of stomach pains?	YES ☐	NO ☐
Does your child have frequent vomiting?	YES ☐	NO ☐
Does your child have frequent diarrhea?	YES ☐	NO ☐
Does your child have bright red blood in stools?	YES ☐	NO ☐
Does your child have black tarry stools?	YES ☐	NO ☐
Does your child have frequent constipation?	YES ☐	NO ☐
Does your child have difficulty swallowing?	YES ☐	NO ☐

GENITOURINARY/ GENITALS, KIDNEY, BLADDER, URINATION:

Does your child have several wet diapers in a 24-hour period?	YES ☐	NO ☐
Does your child have any blood in urine?	YES ☐	NO ☐
Does your child urinate more frequently than normal?	YES ☐	NO ☐
Does your child have sores / lesions on genitals?	YES ☐	NO ☐

HEMATOLOGIC (BLOOD)

Does your child have problems with bleeding or a history of hemophilia? (Circle which one)	YES ☐	NO ☐
Does your child have a history of anemia?	YES ☐	NO ☐
Does your child have swollen glands that do not resolve?	YES ☐	NO ☐

ENDOCRINE (GLANDS)

Does your child have problems with excessive thirst?	YES ☐	NO ☐
Does your child have dry brittle hair and nails?	YES ☐	NO ☐

MUSCULOSKELETAL / SKIN

Does your child complain often of joint pain?	YES ☐	NO ☐
Does your child have joints that swell or get red? (Circle which one or both)	YES ☐	NO ☐
Does your child often have a rash?	YES ☐	NO ☐

NEUROPSYCHIATRIC (NERVES, BRAINS)

Does your child appear to move arms and legs normally?	YES ☐	NO ☐

🧸 Your Child's Checkup & What It Covers

Making the Most of Your Child's Annual Physical — With Clear Info About Billing

We want your child's yearly checkup to be helpful, healthy, and happy! Here's what's included—and what might come with extra costs—so there are no surprises.

🩺 What's Included in a Regular Checkup (Preventive Visit):

Your child's annual physical is all about keeping them growing strong! It includes:

- ✅ A full physical exam
- ✅ Tracking growth, development, and overall health
- ✅ Sports physical paperwork if needed
- ✅ Routine vaccines to keep your child protected
- ✅ Preventive lab orders (Lab benefit coverage is determined by your insurance company)

⚠️ What's *Not* Included — May Have Extra Charges:

Sometimes, other health concerns come up during the visit. If we treat or discuss things like:

- 🧠 Ongoing conditions (like ADHD, asthma, depression etc)
- 🤒 New symptoms (like a sore throat, rash, or injury etc)
- 💊 Medication changes or refills for chronic issues
- 💉 Tests for illness (like strep tests, X-rays, or extra lab work)
- 🗣️ Longer discussions about complex concerns

These are considered *separate* services by insurance and may come with a co-pay, deductible or other charges.

📋 Why Things Are Different Now:

In the past, we could sometimes include extra care in the checkup without extra billing. But, in an effort to follow current billing and insurance requirements, we now have to bill separately for non-preventive care even if it happens during the same visit.

💙 Our Promise to You:

We follow these rules to make sure everything is billed correctly and fairly. Our goal is to care for your child in one visit whenever possible—so you don't have to come back again and again.

If you ever have questions about your child's visit or the bill, our team is here to help. We want you to feel confident and informed every step of the way!