**PEDIATRIC VISIT 18 to 23 MONTHS** DATE OF SERVICE

NAME

DATE OF BIRTH

AGE

WEIGHT / % HEIGHT / % HC / % TEMP

**HISTORY REVIEW/UPDATE:** *(note changes)*

Medical history updated? Family health history updated? Reactions to immunizations? Yes / No Concerns:

# PSYCHOSOCIAL ASSESSMENT:

## Sleep: Child care:

**Recent changes in family:** *(circle all that apply)*

New members, separation, chronic illness, death, recent move, loss of job, other

**Environment:** Smokers in home? Yes / No

## Violence Assessment:

History of injuries, accidents? Yes / No Evidence of neglect or abuse? Yes / No

## RISK ASSESSMENT: (by questionnaire) TB LEAD

Pos / Neg Pos / Neg

## PHYSICAL EXAMINATION: (unclothed)

Wnl Abn *(describe abnormalities)*

**** **** Appearance/Interaction

**** **** Growth

# NUTRITIONAL ASSESSMENT:

## Typical diet:

**Education**: Prolonged mealtime with playing **** Likes and dislikes change often **** Food jags okay **** Allow self-feeding **** Eat with family ****

**DEVELOPMENTAL SCREENING:** *( Standardized Tool Required))* **ASQ: ** **PEDs ** **Other: ** *(specify)* **Results: Pass/Fail**

##  Areas of Concern:

**Referred:** Yes / No **Where**?

## MCHAT : (Required)  Pass /Fail Referred? Where

**DEVELOPMENTAL SURVEILLANCE:***(****O****bserved or* ***R****eported)*

**Social**: Removes clothes **** Helps with simple tasks ****

Imitates housework ****

**Fine Motor**: Scribbles **** Tower of 3-4 cubes **** Turns pages ****

**Language**: Combines 2 words **** Points to 2-4 named body parts **** Follows directions **** Names picture (cat, bird, horse, dog, person) **** Uses 10-15 words ****

**Gross Motor**: Kicks ball **** Throws ball **** Walks up steps ****

Walks backward ****

# ANTICIPATORY GUIDANCE:

**Social:** Needs to be independent **** Stubbornness is normal ****

**** **** Skin

Does not share well ****

**** ****  **Parenting:** Daily routines meet security needs ****

Head/Face

**** **** Eyes/Red reflex/Cover test

**** **** Ears

**** **** Nose

**** **** Mouth/Dentition (# of teeth)

**** **** Neck/Nodes

**** **** Lungs

**** **** Heart/Pulses

**** **** Chest/Breasts

Child constantly tests parent, self, siblings, environment **** “Time out” for hitting/biting **** Avoid spanking, slapping **** Forgets rules quickly, needs reminding **** Give choices ****

**Play and communication:** Uses objects for imaginary play **** Manipulative toys (play dough, sand, paint) **** Read stories **** Thumb sucking and masturbation common ****

Favorite toy, transitional object ****

**Health:** May be toilet ready **** Brush teeth **** Fluoride if well water ****

Second hand smoke **** Use sunscreen ****

**Injury prevention:** Infant car seat **** Rear riding seat ****

Hot liquids **** Hot water set at 120º **** Water safety (tub, pool) ****

**** **** Abdomen

**** **** Genitals

Poison control no. **** Choking/suffocation **** Baby proof home ****

Firearms (owner risk/safe storage) **** Fall prevention (heights) ****

Don’t leave unattended **** Smoke detector/escape plan ****

**** **** Extremities/Hips/Feet

**** **** Neuro/Reflexes/Tone

# PLANS/ORDERS/REFERRALS:

1. Immunizations ordered ****

**** **** 2. Review Lead and HCT results **** Refer for testing if none ****

Vision *(gross assessment)*

**** **** Hearing *(gross assessment)*

1. PPD/Other ****
2. Fluoride Varnish Applied? Yes / No
3. Dental visit advised  or date of last dental visit
4. Next preventive appointment at 2 Years ****
5. Referrals for identified problems: (specify)

## Signatures:

<https://mmcp.health.maryland.gov/epsdt/Pages/Home.aspx> **Maryland Healthy Kids Program 2020**