**PEDIATRIC VISIT 2 YEARS** DATE OF SERVICE

NAME

M / F DATE OF BIRTH

AGE

WEIGHT / % HEIGHT / % BMI / %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: CHOL TB LEAD

(By questionnaire) Pos / Neg Pos / Neg Pos / Neg Testing/counseling, if risk assessment is positive

# NUTRITIONAL ASSESSMENT:

**Typical diet:** *(specify foods)***:**

**Education:** Offer variety of nutritious foods **** 5 fruits/vegetables daily ****

Child sized portions **** Avoid struggles over eating **** Eat with family ****

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

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

**** **Areas of Concern**: **Referred:** Yes / No **Where**? **DEVELOPMENTAL SURVEILLANCE:** *(****O****bserved or* ***R****eported)*

**Social:** Helps with simple tasks **** Puts on clothing **** Brushes teeth ****

Washes and dries hands **** Plays interactive games ****

Separates from mother ****

**Fine Motor:** Scribbles **** Tower of 4-6 cubes **** Copies vertical line ****

Uses spoon well ****

 **Language:** Combines 2 words **** Knows 3-5 named body parts ****

Follows 2 part directions **** Understands cold, tired, hungry ****

## PHYSICAL EXAMINATION:(unclothed)

Wnl Abn *(describe abnormalities)*

**** **** Appearance/Interaction

**** **** Growth

**** **** Skin

**** **** Head/Face

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

**** **** Ears

**** **** Nose

**** **** Mouth/Gums/Dentition

**** **** Neck/Nodes

**** **** Lungs

**** **** Heart/Pulses

**** **** Chest/Breasts

**** **** Abdomen

**** **** Genitals

**** **** Extremities/Hips/Feet

**** **** Neuro/Reflexes/Tone

**** **** Vision *(gross assessment)*

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

Gives first and last name **** Picks longer line ****

Names 1 picture (cat, bird, horse, dog, person) ****

**Gross Motor:** Kicks ball **** Runs well **** Walks up steps **** Jumps ****

Balances on 1foot-1 second **** Pedals tricycle ****

Throws ball overhand ****

**ANTICIPATORY GUIDANCE:** *(Check all that were discussed)* **Social:** Aware of self/different from others **** Needs peer contact **** Dawdling is normal **** Resolving negativism ****

Power struggles occur ****

**Parenting:** Toilet training (relaxed, praise success) **** Sexuality **** Help teach self-control **** Offer choice, give simple tasks **** Tantrums (ignore, distract, sympathize) ****

**Play and communication:** Small table and chairs ****

Stories and music **** Building materials ****

**Health:** Avoid bubble baths **** Night fears **** Brush teeth **** Fluoride if well water **** Biting, kicking stage **** Use sunscreen **** Physical activity **** Second hand smoke **** Tick prevention ****

**Injury prevention:** Car seat **** Rear riding seat **** Poison control # **** Hot water at 120º **** Water safety (tub, pool) **** Toddler proof home **** Smoke detector/escape plan **** Hot liquids **** Choking/suffocation **** Firearms (owner risk/safe storage) **** Fall prevention (heights) ****

# PLANS

1. Review immunizations and bring up to date ****
2. Second Lead/HCT test required **** if not completed at 24 month visit
3. Dental visit advised **** Date of Last Dental Exam
4. Fluoride Varnish Applied? Yes / No
5. Next preventive appointment at 3 Years ****
6. Referrals for identified problems? *(specify)*

**Signatures:**

[*https://mmcp.dhmh.maryland.gov/epsdt*](https://mmcp.dhmh.maryland.gov/epsdt)***Maryland Healthy Kids Program*** 2020