**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**

(Circle) Pos / Neg Pos / Neg Pos / Neg

**PHYSICAL EXAMINATION:**

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)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:** *(With Standardized Tool)* **REQUIRED** if not completed at 24 month visit

**ASQ:** **PEDs** **Other:** *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Results:** Wnl **Areas of Concern**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**MCHAT Required** if not completed at 24 month visit

**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

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. Speech referral if delayed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. PPD, if risk assessment is positive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Dental visit advised Date of Last Dental Exam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Testing/counseling, if cholesterol risk assessment is positive\_\_\_\_\_\_
7. Fluoride Varnish Applied? Yes / No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Next preventive appointment at 3 Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Referrals for identified problems? *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_