

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? Yes / No _____

Family health history updated? Yes / No _____

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:

TB

LEAD

(Circle)

Pos / Neg

Pos / Neg

PHYSICAL EXAMINATION:

Wnl Abn *(describe abnormalities)*

Appearance/Interaction

Growth

Skin

Head/Face

Eyes/Red reflex/Cover test

Ears

Nose

Mouth/Dentition (# of teeth)

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:

Education: Prolonged mealtime with playing

Likes and dislikes change often Food jags okay

Allow self-feeding Eat with family

DEVELOPMENTAL SCREENING: *(With Standardized Tool)*

ASQ: PEDs Other: *(specify)* _____

Results: Wnl Areas of Concern: _____

Referred: Yes / No Where? _____

DEVELOPMENTAL SURVEILLANCE: *(Observed or Reported)*

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

Does not share well

Parenting: Daily routines meet security needs

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

Thumbsucking 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 temp. Water safety (tub, pool)

Poison control no. Choking/suffocation Baby proof home

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

Don't leave unattended Smoke detector/escape plan

PLANS/ORDERS/REFERRALS:

1. Immunizations ordered _____

2. Lead test, if risk assessment positive or if previous results are not available _____

3. PPD, if risk assessment positive _____

4. Next preventive appointment at 2 Years

5. Referrals for identified problems: Yes / No *(specify)*

Signatures: _____