

PEDIATRIC VISIT 2 YEARS

DATE OF SERVICE _____

NAME _____ M / F DATE OF BIRTH _____ AGE _____

WEIGHT _____ / _____ % HEIGHT _____ / _____ % BMI _____ 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: 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 Eat with family
Child sized portions Avoid struggles over eating

DEVELOPMENTAL SCREENING: *(With Standardized Tool)*

ASQ: PEDs Other: *(specify)* _____

Results: Wnl Areas of Concern: _____

Referred: Yes / No Where? _____

DEVELOPMENTAL SURVEILLANCE: *(Observed or Reported)*

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 temp 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 _____
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. Next preventive appointment at 3 Years
8. Referrals for identified problems: Yes / No *(specify)*

Signatures: _____