

Name				Accompanied by	
Date	MRN	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Preferred Language	

ATTACH LABEL

CAREGIVER CONCERNS/INTERVAL HISTORY: None

- PAST MEDICAL HISTORY** Reviewed and updated
- SURGICAL HISTORY** Reviewed and updated
- FAMILY HISTORY** Reviewed and updated
- MEDICATIONS** None
 Reviewed and updated
- ALLERGIES** No known drug allergies

RISK ASSESSMENT

HIGH	LOW	
<input type="radio"/>	<input type="radio"/>	Vision Concerns _____
<input type="radio"/>	<input type="radio"/>	Hearing Concerns _____
<input type="radio"/>	<input type="radio"/>	Anemia _____
<input type="radio"/>	<input type="radio"/>	Lead Exposure _____

DEVELOPMENT:

Universal developmental screening recommended at 9, 18, and 30 months or when caregivers have concerns, using ASQ 3, SWYQ, or other standardized tool. Universal autism screening recommended at 18 and 24 months or when caregivers have concerns.

- YES NO**
- Plays next to other children; sometimes plays with them
 - Shows you what she can do by saying, "Look at me!"
 - Follows simple routines when told "
 - Says about 50 words
 - Says two or more words, with one action word
 - Names things when you point and ask, "What is this?"
 - Says words like "I," "me," or "we"
 - Uses things to pretend
 - Follows two-step instructions
 - Shows he knows at least one color
 - Uses hands to twist things
 - Takes some clothes off by himself
 - Jumps off the ground with both feet
 - Turns book pages, one at a time, when you read to her

Caregiver concerns about development and behavior:

SOCIAL HISTORY:

Reviewed and updated

Lives with: 1 parent 2 parents Other caregiver

Others (including siblings):

FAMILY RISK FACTORS:

Changes in family since last visit:

Caregiver job status:

Do you need additional assistance with any of the following?

- Getting enough to eat
- Relationships
- Drug abuse
- Violence/Abuse
- Financial
- Alcohol abuse
- Health Insurance
- Child care
- Other _____

- Nutrition:** Varied diet, including fruits & vegetables
- _____
- Iron-rich food Yes No _____
- Milk _____ oz/day (up to 16 oz/day)
- whole 2% skim other _____
- Water in a cup _____ (8-32oz/day)
- Juice _____ oz/day (4 oz/day)
- Other liquids _____
- Water Source:** City tap Filtered/bottled
- Well: regularly tested? Yes No
- Dental:** Twice daily oral health care _____
- Has had a dental visit _____
- Fluoride in water at home _____
- Fluoride varnish in the last 3 mos. Yes No
- Elimination:** YES NO
- Soft, easy to pass BMs _____
 - Issues with constipation _____
 - Normal urine stream _____
- Sleep:** YES NO
- Total sleep hours including nap time _____
 - Put to bed awake at night and naps _____
 - Snoring
 - occasional
 - more than three days/week (high risk for sleep apnea)

PHYSICAL EXAMINATION

Length _____ cm (_____%ile)	Weight _____ Kg (_____%ile)	BMI _____ kg/m2	Head circumference _____ cm (_____%ile)
VITALS:	Temp: _____	BP (if high risk) ____/____ (____%ile ____%ile)	HR: _____ Resp Rate: _____ SpO2 _____

Normal examination findings below. Describe other findings in the area provided.

General: Well appearing, active, and alert. _____

Head: Normocephalic and atraumatic. Anterior fontanelle open and flat. _____

Eyes: Red reflex, present bilaterally. Pupils equal, round, and reactive to light. No discharge. _____

ENT: No ear deformities. Normal external canals. Tympanic membranes clear bilaterally. Nares patent. _____

Mouth: No oral lesions. Normal dentition. _____

Neck: Supple, with full range of motion. _____

Cardiovascular: Regular rate and rhythm. Heart sounds S1, S2 normal. No murmur. _____

Chest: No increased work of breathing. Clear and symmetric breath sounds bilaterally. _____

Abdomen: Soft, non-distended, no masses, no hepatosplenomegaly. _____

Genitourinary:

Normal female external genitalia. _____

Normal male external genitalia. Testes descended bilaterally, no scrotal swelling, no inguinal hernia. _____

Musculoskeletal: Spine normal. Moves all extremities symmetrically. _____

Neurological: Normal strength and tone. _____

Skin: Normal color. No lesions. _____

Birthmarks (if applicable) _____

Other comments:

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ANTICIPATORY GUIDANCE:

FAMILY WELL-BEING:

- Family exercise. Visit museums, zoos, etc.
- Daily sit-down meals with family. Family routines.
- Help children resolve conflicts, express emotions

FAMILY NUTRITION/ORAL HEALTH:

- Offer variety foods, let child decide quantity
- Structure 3 nutritious meals and 2 snacks per day
- Daily sit-down meals with family
- Brush with small (smear) amount of fluoride toothpaste
- Dental home, fluoride application
- Avoid night feeding, and frequent snacking or grazing

BEHAVIOR:

- Set consistent limits. Brief timeouts, simple statements, no discussion.
- Playgroups & socialization, but should not expect to share toys
- Read. Ask questions. Visit library.
- Limit "screen time," watch with them and talk about it
- Listen patiently, repeat using correct grammar
- Encourage limited choices between 2 acceptable options
- Toilet training and readiness. Be patient. No punishing or shaming.
- Expect curiosity about genitals

SAFETY:

- Car seat - rear facing as long as possible until exceeding manufacturer weight and height limits
- Review car restraints. Model safe car behaviors.
- Constant supervision in home and car, near water. Keep away from lawn mowers, overhead garage doors, driveways, streets, etc. Water safety near tubs, pools, buckets.
- Climbing precautions. Fire/smoke/CO detectors. Fire escape plan.
- Protect from hot liquids, surfaces (space heaters, irons, curling irons, grills), matches, guns
- Keep medicines and cleaning products high and locked. Poison Control 1-800-222-1222.
- If smoking in home: discuss quitting, limiting exposure
- Review gun safety
- Seasonal safety: sunscreen, hats, bug spray, wading pools; frostbite, emergency kit in car. Encourage swim lessons.

ASSESSMENT

Well Child Exam

- Normal findings (normal interval growth, age appropriate development)
- Abnormal findings _____

PLAN OF CARE (see Anticipatory Guidance)

Immunizations:

- Vaccine Information Statements given
- Vaccine counseling given
- Vaccines due: Influenza COVID-19
- Catch-up vaccinations given
 - HepA Pneumococcal
 - HepB Varicella
 - MMR DTaP
 - Polio Hib

- High risk: MenACWY-CRM (Menveo) ≥2 mos
 MenACWY-D (Menactra) ≥9 mos
 PPSV23 ≥2 yrs

Past adverse reactions to immunizations:

- No Yes _____

See current guidelines: www.cdc.gov/vaccines/index.html

Fluoride Varnish

- If teeth are erupted, apply fluoride in the office if not done elsewhere in the last 3 months _____

LAB if indicated: Lead Hb or Hct
 other _____

Developmental Screening Results and Follow-up:

- No delays Follow-up in office Referral
- ASQ (Normal, borderline, below cut-off)
- SWYC (Above average, below average)

1st Five Healthy Mental Development Initiative: In available counties, contact 1st Five for developmental concerns or needs assessment at idph.iowa.gov/1stfive

Early ACCESS Line: For referral of children birth to age 3 with developmental delay to local Early Access providers, call (888) 425-4371 or go to: iafamilysupportnetwork.org

5-2-1-0: Healthy choices framework. For more information: iowahealthieststate.com/resources/individuals/5210/

Healthy Families Line: For assistance with care coordination, transportation, or health information for children birth through age 21, call (800) 369-2229

Return appointment:

- Follow-up in 6 months _____
- Other/referral based on risk assessment _____

ATTACH LABEL

Signature _____ Date _____

NOTES

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