

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

- Nutrition:** Varied diet, including fruits & vegetables

- Iron-rich food Yes No _____
- Milk _____ oz/day (up to 16-24 oz/day)
 whole 2% skim other _____
- Water in a cup _____ (8-32oz/day)
- Juice _____ oz/day (limit to 4oz/day or none)
- 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)

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"/> | Dyslipidemia _____ |
| <input type="radio"/> | <input type="radio"/> | TB _____ |
| <input type="radio"/> | <input type="radio"/> | Anemia _____ |

DEVELOPMENT: **Universal autism screening recommended at 18 and 24 months or when caregivers have concerns.**

- YES NO**
- Notices when others are hurt or upset
- Looks at your face to see how to react in a new situation
- Points to things in a book when you ask, like "Where is the bear?"
- Says at least two words together, like "More milk."
- Points to at least two body parts when you ask her to show you
- Tries to use switches, knobs, or buttons on a toy
- Plays with more than one toy at the same time
- Runs
- Walks (not climbs) up a few stairs with or without help
- Eats with a spoon

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?

- | | | |
|--|--|--|
| <input type="checkbox"/> Getting enough to eat | <input type="checkbox"/> Relationships | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Violence/Abuse | <input type="checkbox"/> Financial | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Child care | <input type="checkbox"/> Other _____ |

PHYSICAL EXAMINATION

Length _____ cm (_____ %ile)	Weight _____ Kg (_____ %ile)	BMI _____ kg/m ²	Head circumference _____ cm (_____ %ile)
VITALS:	Temp: _____	BP (if high risk) ____/____ (_____ %ile _____ %ile)	HR: _____ Resp Rate: _____ SpO ₂ _____

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:

ATTACH LABEL

ANTICIPATORY GUIDANCE:

FAMILY WELL-BEING:

- Participate in parent learning / support groups
- Family physical activities
- Acknowledge sibling conflict, do not take sides
- Monitor TV time and programming, limit to 1 hour per day

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
- Talk/sing/read to child. Ask child questions. No TV, videos.
- No TV/screen in room
- Support bilingual language usage
- Offer choices between 2 acceptable options
- Toilet training - Start only when child is ready (dry for 2 hrs, knows wet and dry, pulls pants up and down.) Patience. Use same routine each day.
- Expect curiosity about genitals

SAFETY:

- Car seat - rear facing as long as possible until exceeding manufacturer weight and height limits
- 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.
- Child will climb, pull cords and tablecloths, and get into unsecured cabinets/bags
- 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
- 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 _____

MCHAT-R score _____

Low risk (0-2) below established cut-of, not at risk for developing autism

Moderate (3-7) above established cut-off, at risk for developing autism (refer or follow up with MCHAT-R/F)

High risk (8-20) above established cut-off, at risk for developing autism (refer for autism evaluation)

Signature _____ Date _____

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 _____

Developmental Follow-up:

- No delays Follow-up in office Referral

LAB: Lead Hb or Hct

- Lipid panel if indicated
 other if indicated _____

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 _____

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NOTES

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