

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:**  Table food/baby food \_\_\_\_\_  
 Iron-rich food  Yes  No \_\_\_\_\_  
 Eats all food groups including fruits & vegetables  Yes  No  
 Milk \_\_\_\_\_ oz/day (up to 16-24 oz/day)  
 whole  2%  skim  other \_\_\_\_\_  
 Breast feeding: \_\_\_\_\_ times/day  
 Pumped milk \_\_\_\_\_ oz/day  
 Vitamin D (when breastfeeding)  
 Water \_\_\_\_\_ (8-32oz/day)  
 Juice \_\_\_\_\_ (none or limited to 4 oz/day)  
 Other liquids \_\_\_\_\_

**Water Source:**  City tap  Filtered/bottled  
 Well: regularly tested?  Yes  No

**Dental:**  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:** Longest sleep stretch through the night \_\_\_\_ hrs  
 YES NO  
  Safe sleep environment \_\_\_\_\_  
  Put to bed awake at night and naps \_\_\_\_\_

## RISK ASSESSMENT

<b>HIGH</b>	<b>LOW</b>	
<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:

<b>YES</b>	<b>NO</b>	
<input type="radio"/>	<input type="radio"/>	Copies other children while playing
<input type="radio"/>	<input type="radio"/>	Shows you an object she likes
<input type="radio"/>	<input type="radio"/>	Shows you affection
<input type="radio"/>	<input type="radio"/>	Tries to say one or two words besides "mama" or "dada"
<input type="radio"/>	<input type="radio"/>	Follows directions given with both a gesture and words
<input type="radio"/>	<input type="radio"/>	Points to ask for something or to get help
<input type="radio"/>	<input type="radio"/>	Tries to use things the right way, like a phone, cup, or book
<input type="radio"/>	<input type="radio"/>	Stacks at least two small objects, like blocks
<input type="radio"/>	<input type="radio"/>	Takes a few steps on his own
<input type="radio"/>	<input type="radio"/>	Uses fingers to feed herself some food

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)	Head circumference _____ cm ( _____ %ile)
<b>VITALS:</b>	Temp: _____	BP (if high risk) ____/____ ( _____ %ile _____ %ile)
	HR: _____	Resp Rate: _____ SpO <sub>2</sub> _____

**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 or thrush. \_\_\_\_\_

**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:**

- Discuss limits and BE CONSISTENT with all children
- Family meals are important social times
- Limit TV exposure, be aware of programming
- Partner involvement; time for self, partner, each child

**FAMILY NUTRITION/ORAL HEALTH:**

- Iron-rich food including iron fortified cereals, red meat, and vegetables
- Feeds self: expect to be messy! (NO foods easy to choke on)
- Sit when eating; no soft drinks; limit juice
- Obesity prevention
- Dental home established? Ensure family dental health.
- Brush teeth 2 times a day. No bottle!

**BEHAVIOR:**

- Expect NO impulse control this year from toddler
- Emerging independence. Let choose between two options.
- Narrate actions, use simple, clear words and phrases
- Time out/time in for aggressive behavior. No spanking.
- Reward successes. Positive reinforcement.

- Read together every day.
- Remove temptations. Distract with alternatives. Behavior management for teaching/ protecting, not punishing.
- Put to bed awake with comfort object. No bottle in bed. No night feeding.
- Brief reassurance for night waking
- Total sleep hours should be around 11-14 hours including nap times

**SAFETY:**

- "Toddler proof" home: gates across stairways, window guards; check smoke / CO detectors
- Do not store dangerous substances in safe-looking containers
- Hot liquids, matches, poisons out of reach
- Car seat - rear facing as long as possible until exceeding manufacturer weight and height limits
- Lower crib mattress to bottom rung
- Lead exposure, water & gun safety
- 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 \_\_\_\_\_

**PLAN OF CARE** (see Anticipatory Guidance)

**Immunizations:**

- Vaccine Information Statements given
- Vaccine counseling given
- Vaccines due:
  - MMR
  - HepA
  - Pneumococcal
  - Varicella
  - DTaP
  - Hib
  - Influenza
  - COVID-19
- Catch-up vaccinations given \_\_\_\_\_
- High risk:  MenACWY-CRM (Menveo) ≥2 mos
- MenACWY-D (Menactra) ≥9 mos
- Past adverse reactions to immunizations:
- No  Yes \_\_\_\_\_

See *current guidelines*: [www.cdc.gov/vaccines/index.html](http://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:**  other if indicated \_\_\_\_\_

**1st Five Healthy Mental Development Initiative:** In available counties, contact 1st Five for developmental concerns or needs assessment at <https://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: <https://iafamilysupportnetwork.org>

**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 3 months
- Other/referral based on risk assessment \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**NOTES**

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