

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: Eats all food groups including fruits & vegetables Yes No
 Iron-rich food 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 _____ oz/day (limit to 4 oz/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: Longest sleep stretch through the night _____ hrs
YES NO
 Safe sleep environment _____
 Put to bed awake at night and naps _____

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 | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Points to show you something interesting |
| <input type="radio"/> | <input type="radio"/> | Looks at a few pages in a book with you |
| <input type="radio"/> | <input type="radio"/> | Helps you dress him by pushing arm through sleeve or lifting up foot |
| <input type="radio"/> | <input type="radio"/> | Tries to say three or more words besides "mama" or "dada" |
| <input type="radio"/> | <input type="radio"/> | Follows one-step directions without any gestures |
| <input type="radio"/> | <input type="radio"/> | Copies you doing chores, like sweeping with a broom |
| <input type="radio"/> | <input type="radio"/> | Plays with toys in a simple way, like pushing a toy car |
| <input type="radio"/> | <input type="radio"/> | Walks without holding on to anyone or anything |
| <input type="radio"/> | <input type="radio"/> | Scribbles |
| <input type="radio"/> | <input type="radio"/> | Tries to use a spoon |
| <input type="radio"/> | <input type="radio"/> | Climbs on and off a couch or chair without help |

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)
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:

- Short family outings. Caregivers spend time w/ each child.
- Monitor TV time and programming, limit to 1 hour per day
- Acknowledge sibling conflict, do not take sides

FAMILY NUTRITION/ORAL HEALTH:

- Encourage feeding self and using cup- expect to be messy! Sit when eating
- May become picky in food preferences—repeatedly offer new healthy foods, let child choose
- No soft drinks; limit juice
- No bottle, especially in bed
- Brush with small (< pea) amount of fluoride toothpaste

BEHAVIOR:

- Set consistent limits. Brief timeouts, simple statements, no discussion.
- Praise good behavior
- Talk/sing/read to child. Ask child questions. No TV, videos.
- Support bilingual language usage
- Toilet training - Start only when child is ready (dry for 2 hrs, knows wet and dry, pulls pants up and down.) Key is patience and child comfort—must have soft BMs; use same routine each day.
- Enjoys playing with other kids

SAFETY:

- Car seat - rear facing as long as possible until exceeding manufacturer weight and height limits
- Constant supervision in home and car, near water
- Child will climb, pull cords and tablecloths, and get into unsecured cabinets/bags. Keep medicines and cleaning products high and locked
- Protect from hot liquids, surfaces (space heaters, irons, curling irons, grills), matches, guns
- Poison Control 1-800-222-1222
- If smoking in home: discuss quitting, limiting exposure
- Frostbite, emergency kit in car
- 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)

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: <https://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: other if indicated _____

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

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 _____

Signature _____ Date _____

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NOTES

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