

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

- |                       |                       |                        |
|-----------------------|-----------------------|------------------------|
| <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"/> | 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 <sup>2</sup>	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. 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](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:**  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](http://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](http://iafamilysupportnetwork.org)

**5-2-1-0:** Healthy choices framework. For more information: [iowahealthieststate.com/resources/individuals/5210/](http://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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