

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 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)

## 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:

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?

- |                                                |                                        |                                        |
|------------------------------------------------|----------------------------------------|----------------------------------------|
| <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/m2	Head circumference _____ cm (_____%ile)
<b>VITALS:</b>	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:

ATTACH LABEL

**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](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 \_\_\_\_\_

**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](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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH LABEL

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

**NOTES**

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