

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:** Breast feeding: _____ times/day
 Pumped breast milk _____ oz/day
 Formula _____ oz/day
 Vitamin D (When breastfeeding)
 Multivitamin with iron (for premature infants)
 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 _____
- Juice _____ (none or limited to 4 oz/day)

- 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

- | | | |
|-----------------------|-----------------------|------------------------|
| HIGH | LOW | |
| <input type="radio"/> | <input type="radio"/> | Vision Concerns _____ |
| <input type="radio"/> | <input type="radio"/> | Hearing Concerns _____ |
| <input type="radio"/> | <input type="radio"/> | TB Risk _____ |

DEVELOPMENT:

- | | | |
|-----------------------|-----------------------|---|
| YES | NO | |
| <input type="radio"/> | <input type="radio"/> | Plays games with you, like pat-a-cake |
| <input type="radio"/> | <input type="radio"/> | Waves "bye-bye" |
| <input type="radio"/> | <input type="radio"/> | Calls a parent "mama" or "dada" or another special name |
| <input type="radio"/> | <input type="radio"/> | Understands "no" |
| <input type="radio"/> | <input type="radio"/> | Puts something in a container, like a block in a cup |
| <input type="radio"/> | <input type="radio"/> | Looks for things he sees you hide, like a toy under a blanket |
| <input type="radio"/> | <input type="radio"/> | Pulls up to stand |
| <input type="radio"/> | <input type="radio"/> | Walks, holding on to furniture |
| <input type="radio"/> | <input type="radio"/> | Picks things up between her thumb and pointer finger |

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 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:

ATTACH LABEL

ANTICIPATORY GUIDANCE:

FAMILY WELL-BEING:

- Time for self and partner. Family–work balance. Support.
- “Tell me about your family traditions”
- Family meals, bedtime routine - include reading

FAMILY NUTRITION/ORAL HEALTH:

- Transition to soft table food, wean from bottle
- Eating with family at table (secure seating). 3 meals and 2 snacks - no grazing or carrying cup around.
- Offer healthy food, child decides amount; encourage feeding self
- Choose a dentist and first visit by 12 months or 1st tooth
- Brush teeth 2 times a day with smear of fluoride toothpaste

BEHAVIOR:

- Establish daily routine with meals, snacks, naps, bedtime
- Continue to read, sing, and play with child (No TV, videos)
- Consistent behavior management: distraction, positive reinforcement, “time outs”
- Ignore temper tantrums

SAFETY:

- As mobility increases, safety concern also increases
- Car seat - rear facing as long as possible until exceeding manufacturer weight and height limits
- 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 12-15 months:
 - 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 _____

Risk Assessment:

- If high risk, TB testing with tuberculin skin test

Fluoride Varnish

- If teeth are erupted, apply fluoride in the office if not done elsewhere in the last 3 months _____

See current guidelines: www.cdc.gov/vaccines/index.html

Developmental Follow-up:

- No delays
- Follow-up in office
- Referral

LAB: Lead Hb or Hct

- 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
- Follow-up hearing screen if at risk _____
- Other/referral based on risk assessment _____

Signature _____ Date _____

ATTACH LABEL

NOTES

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