

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

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:

YES	NO	
<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)
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:

- 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

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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