

PATIENT NAME	DOB	SEX	PARENT NAME
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Allergies	Current Medications
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Prenatal/Family History

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP
	%		%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition

Whole milk, cup only

Solids _____ servings per day

City water Well water

Elimination

Normal Abnormal

Sleep

Normal (8 – 12 hours) Abnormal

Abnormal Findings and Comments

If yes, see additional note area on next page

WIC Y N

Screening:

Hearing

Responds to voice & noise (parent report)

Responds to noisemaker (optional)

Parental observation/concerns

Vision

Can see small objects

Parental observation/concerns

Procedures

Lead level _____ mcg/dl (required for Medicaid)

If Risk:

IPPD _____ (result)

Hct or Hgb _____ (result)

Immunizations:

Immunizations Reviewed, Given & Charted – *if not given, document rationale*

DTaP IPV HepB Hib PCV

MMR Varicella or

Chicken Pox Date: _____

MCIR checked/updated

Acetaminophen _____ mg. q. 4 hours

Next Well Check: 24 months of age

Developmental Questions and Observations on Page 2

Provider Signature:

Patient Unclothed Y N

Review of Systems		Physical Exam		Systems
N	A	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

Abnormal Findings and Comments

If yes, see additional note area on next page

Results of visit discussed with parent Y N

Plan

History/Problem List/Meds Updated

Referrals

WIC Early On

Children Special Health Care Needs

Transportation

Other _____

Other _____

Anticipatory Guidance/Health Education
(✓ if discussed)

Healthy and Safe Habits

Injury and Illness Prevention

Keep Poison Control number handy

Appropriate car seat placed in back seat

Pool/tub/water safety

Use stair gates, safety locks, window guards

Childproof home - (window guards, cleaners, medicines, outlets, guns, dangling cords)

Supervise near mowers, driveways, streets

Never leave child alone in home or car

Turn pot handles to back of stove

Limit time in sun-use hat/sunscreen

Check home for lead poisoning hazards

Avoid or limit TV viewing

Nutrition

Encourage child to feed self- drink from cup

Eat meals as a family

Avoid choke foods, limit sugar

Let toddler decide what/how much to eat

Don't use food to comfort or reward

Oral Health

Don't put toddler to bed with bottle

Brush toddler's teeth w/soft toothbrush/water

Social Competence

Set specific limits, be consistent

Delay Toilet Training

Interactive talking, singing, and reading

Expect curiosity about genitals

Daily and Bedtime Routine

Encourage self-expression, choices

Praise good behavior and accomplishments

Use discipline to teach, not punish

Develop strategies for nightmares

Family Support and Relationships

Keep family outings short and simple

Allow older children their own space/ toys

Listen to, show interest in, respect toddler

Help child express emotions

Substance Abuse, Domestic Violence, Depression

Hold and cuddle child, show family affection

Community Interaction

Early intervention programs if needed

Discuss community programs

Discuss child care arrangements

WELL CHILD EXAM-EARLY CHILDHOOD: 15-18 Months

DATE	PATIENT NAME	DOB
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Developmental Questions and Observations

Ask the parent to respond to the following statements about the toddler:

Yes No

- Please tell me any concerns about the way your toddler is behaving or developing:
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- My toddler likes to be with me.
- My toddler is interested in people, places and things.
- My toddler shows different feelings.
- My toddler feeds self with fingers/spoon and drinks from a cup.
- My toddler can stack 2 – 3 blocks.

Ask the parent to respond to the following statements:

Yes No

- I am sad more often than I am happy.
- I have people who help me when I get frustrated with my toddler.
- I am enjoying my time with my toddler.
- I have time for myself, partner and friends.
- I feel safe with my partner.

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool).

Toddler Development			Parent Development		
Understands simple commands	Yes	No	Appropriately disciplines toddler	Yes	No
Walks well, stoops	Yes	No	Positively talks, listens, and responds to toddler	Yes	No
Says 3 – 10 words	Yes	No	Parent is loving toward toddler	Yes	No
Indicates wants by pointing or gestures.	Yes	No	Uses words to tell toddler what is coming next	Yes	No
Is able to transition from one activity to another throughout the day	Yes	No			
Appears to have a secure and attached relationship with parent	Yes	No			

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature: _____ Provider Signature: _____

Your Toddler's Health at 15 - 18 Months

Milestones

Ways your toddler is developing between 18 and 24 months of age.

Says phrases of at least two words.

Stacks five or six blocks.

Plays beside other children.

Is curious and likes to explore people, places and things.

Protests and says, "NO!"

Kicks and throws a ball.

Imitates adults.

Kisses and shows affection.

Follows two-step directions.

Tries to make straight lines and circles with a crayon.

For Help or More Information:

Car seat safety:

Contact the Auto Safety Hotline at 1-888-327-4236

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1-800-232-2522 (English) or 1-800-232-0233 (Spanish).

For information about lead screening:

Contact the Michigan Department of Community Health Hotline at 1-800-648-6942.

Poison Prevention:

Call the Poison Control Center at 1-800-222-1222.

For information about childhood development:

Contact EarlyOn Michigan at 1-800-327-5966 or the Michigan Head Start Associations at 1-517-374-6472.

Parenting skills or support:

Call the Parents Hotline at 1-800-942-4357 or the Family Support Network of Michigan at 1-800-359-3722.

Support for parents of children with special health care needs and their families call:

Children Special Health Care Services, MDCH Family phone line at 1-800-359-3722.

Prevention of Unintentional childhood injuries:

National Safe Kids Campaign 1-202-662-0600 or www.safekids.org.

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233).

Health Tips:

Your child's check-ups will be spaced farther apart as your baby gets older. If you have concerns between checkups, be sure to call the doctor or nurse and ask questions.

Check to make sure your toddler has had all the "shots" he/she needs. If your child has missed some "shots", make an appointment to get them soon. Your child needs all of the required "shots" to have the best protection against serious diseases.

Your child's appetite may be less than in the past. Offer them a variety of healthy foods. Let him/her decide how much of each food to eat. Do not force him/her to finish food.

Your child needs two cups of milk or yogurt, or three slices of cheese each day. Avoid low-fat foods until age 2.

Each child develops in his or her own way, but you know your child best. If you think he/she is not developing well, you can get a free screening. Call your child's doctor or nurse if you have questions.

Parenting Tips:

Name toddler's feelings out loud – happy, sad or mad. Use words to tell toddler what is coming next. Your toddler can understand more words than he/she can say. Give toddler simple choices. Example "squash or peas?"

Calmly, set limits to keep toddler safe by giving your toddler something different to do. Praise your toddler when he/she does things that you like.

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call the free Parent Helpline at 1 800 942-4357 (in Michigan). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

Safety Tips

Falls often cause young children to get hurt. Take your child to a safe playground. Find one that has padding, sand, or wood chips under the toys. Look for small toys that fit a toddler. Stay close to your child while they are playing.

Your child may try to get out of their car seat. Avoid letting him/her get out, because then he/she will try again and again.

- If he/she tries, be firm, stop the car, and refuse to move until he/she stays buckled in.
- Take soft toys, picture books, and music to entertain your child in the car.
- Wear your own seat belt, too.