

DATE

PATIENT NAME	DOB	SEX	PARENT NAME
Allergies		Current Medications	

Prenatal/Family History

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

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

- Nutrition**
- Grains _____ servings per day
 - Vegetables _____ servings per day
 - Fruits _____ servings per day
 - Whole Milk _____ servings per day
 - Meat/Beans _____ servings per day
- City water Well water Bottled 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)
 - Cholesterol _____ (result)

- Immunizations:**
- Immunizations Reviewed, Given & Charted – *if not given, document rationale*
 - DTaP HepB Hib PCV MMR
 - Varicella or Chicken Pox Date: _____
 - Other _____
 - MCIR checked/updated
 - Acetaminophen _____ mg. q. 4 hours

Next Well Check: 3 years of age

Developmental Questions and Observations on Page 2

Provider Signature:

Patient Unclothed Y N

Review of Systems	Physical Exam		Systems
	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<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**
- Teach child to wash hands, wipe nose w/tissue
 - Limit TV, watch programs together
 - Reinforce bedtime routine

- Injury and Illness Prevention**
- Keep Poison Control number handy
 - Appropriate car seat placed in back seat
 - Pool/tub/water safety
 - Use bike helmet
 - Use stair gates, safety locks, window guards
 - Childproof home - (hot liquids/pots, window guards, cleaners, medicines, knives, guns)
 - Supervise near pets, mowers, streets
 - Supervise play, ensure playground safety
 - Limit time in sun-use hat/sunscreen
 - Check home for lead poisoning hazards

- Nutrition**
- Eat meals as a family
 - Offer variety of healthy foods
 - 3 nutritious meals, 2-3 healthy snacks
 - Let toddler decide what/how much to eat

- Oral Health**
- Schedule Dental appointment
 - Brush teeth w/fluoridated toothpaste

- Sexuality Education**
- Expect curiosity about genitals
 - Use correct terms

- Social Competence**
- Reinforce limits, be consistent
 - Begin toilet training when child is ready
 - Hug, talk, read, and play together
 - Encourage self-expression, choices
 - Praise good behavior and accomplishments
 - Use positive discipline
 - Help toddler with fears and nightmares

- Family Support and Relationships**
- Don't expect toddler to share all toys
 - Help child express emotions
 - Substance Abuse, Domestic Violence, Depression
 - Help siblings resolve conflicts
 - Spend time alone with your partner

- Community Interaction**
- Discuss child care, play groups, preschool, early intervention programs, parenting

WELL CHILD EXAM-EARLY CHILDHOOD: 2 Years

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

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler likes to be with me. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler is interested in people, places and things. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler smiles, laughs, protests and says, "No". |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler uses 2-3 word phrases. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler eats a variety of foods. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler can stack 5-6 blocks. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler can kick a ball. |

Ask the parent to respond to the following statements:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have people who help me when I get frustrated with my toddler. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am enjoying my time with my toddler. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have time for myself, partner and friends. |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel safe with my partner. |

Provider to follow up as necessary

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 two step verbal commands	Yes	No	Appropriately disciplines toddler	Yes	No
Imitates adults	Yes	No			
Vocabulary of at least 20 words	Yes	No	Positively talks, listens, and responds to toddler	Yes	No
Uses words to communicate with others	Yes	No			
Points to 6 named body parts (nose, eyes, ears, mouth, hands, feet, tummy, hair)	Yes	No	Parent is loving toward toddler.	Yes	No
Avoids eye contact and touch	Yes	No	Uses words to tell toddler what is coming next	Yes	No
Often fearful and irritable	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 2 Years

Milestones

Ways your toddler is developing between 2 and 3 years of age.

May not want to do what parent wants; says, "NO" often.

Likes to explore.

Shows feelings and is playful with others.

Jumps in place, kicks a ball.

Rides a tricycle.

Knows name, age, and sex.

Able to leave parent or caregiver when in a known place.

Begins to play with other children.

Feeds and dresses self.

Can draw a cross and a circle.

Plays "make believe" games with dolls and stuffed animals.

For Help or More Information:

Safe Gun Storage Information:

Call 1-202-662-0600 or go to www.safekids.org.

Child Care:

For help finding childcare: Child Care Licensing Agency, Michigan Department of Consumer & Industry Services, 1-517-373-8300.

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.

Domestic Violence hotline:

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

Health Tips:

Are your child's "shots" up to date? If they are, your child won't need any more until just before he/she enters kindergarten.

Offer your child a variety of healthy foods every day. Limit junk foods. Eat meals together as a family as often as possible. Turn off the TV while eating together.

Brush your child's teeth at least once a day with a pea-sized amount of fluoride toothpaste. Make sure your child gets a dental checkup once a year.

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:

Take your child outside to play and help him/her enjoy active games like catch, tag, and hide-and-seek. Give your child simple toys to play with, like blocks, crayons and paper, and stuffed animals.

You may want your child to be toilet trained soon, but he/she may not be ready until about age 3. Your child will show you when he/she is ready by being dry after sleep and telling you when he/she wants to use the toilet.

Don't spank or yell at your child. Calmly, give your child something different to do. Use words to tell child when he or she is doing something good. Help children understand how they are feeling by naming the feeling.

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 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

- Keep cleaning supplies and medicine locked up and out of reach.
- Always hold your child's hand while walking near traffic, including in parking lots. Check behind your car before backing up, in case a child is behind it.
- If you have guns at home, keep them unloaded and locked up.
- Put a life jacket on your child whenever they are near the water or in a boat. Always watch them around the water.
- Keep matches and lighters out of reach.