Well Child Visit: 30 Months

Name: _____ **DOB:** _____ **Date:** _____

Current Medications	**Drug/Food Allergies**	**Accompanied By**

Age □M □F	**Ht.**	**Wt.**	**BMI**	**BMI %ile**	**Temp.**	**Interpreter: Y / N**

Past Medical History

Recent illness: □ Yes □No
_____
_____
Child has dental home: □ Yes □No _____
F/u previous concern: □ None _____
_____

Interval History

Sleep: □ NL_____
□ bedtime routine
Elimination: □ NL _____
Toilet training: □ Yes □ In process
Behavior: □ NL _____
Play time >60 mins/day □ Yes □No _____
Screen time <2hr/day □ Yes □No _____

Nutrition

□ Milk: _____ # oz/day :_____
Fruits: □Yes □No _____
Vegetables: □Yes □No_____
Meats: □ Yes □No ____ Vitamins:□Yes □No
Healthy snacks: □ Yes □No Juice: □Yes □No
Concerns:_____

Social / Family History

Lives at home with:_____
Parent/ child interaction: □ Yes □No _____
Tobacco smoke exposure: □ Yes □No_____
Parents working outside home: □ Mother □ Father
Child Care: □ Yes □No Type: _____
Family/ Work balance: □ Yes □No_____
Recent family stressors: □ Yes □No_____

Growth-Development

□ Structured developmental screening: □NL Tool_____

Cognitive: □ NL _____
- Answers "where" questions. combines nouns & verbs "mommy go"

Physical: □ NL _____
- Throws ball overhand. Copies a vertical line. Washes & dries hands.

Language: □ NL _____
- Uses 3-4 word phrases. Others can understand 50% of child's language

Social: □ NL _____
- Imaginary play. Plays with other children (tag, tea parties, etc.)

Parental concerns: _____
_____
_____

Physical Exam (checked □ = normal)

□ **General** (Alert, NAD, socialization NL)
□ **Head** (No deformities, symmetric)
□ **Eyes** (PERRL, EOMI, + RR, cover test, lids NL, conjunctivae/sclera clear)
□ **Ears** (Canals clear, TMs normal, orients to sounds, voice)
□ **Nose** (Mucosa NL, patent)
□ **Mouth/Throat** (MMM, palate intact, lips & tongue NL, no oral lesions, no erythema)
□ **Teeth** (Gums NL, dentition NL, no staining, caries or white spots)
□ **Heart** (No murmurs, + femoral pulses)
□ **Lungs** (Clear breath sounds)
□ **Abdomen** (Soft, non-tender)
□ **Skin** (No rashes, no lesions)
□ **Neuro** (Tone, symmetry, strength & gait NL)
□ **Extremities** (Full ROM, strength/tone NL, no hip dysplasia
□ **Genitalia**
Male (Penis NL: circ/uncir, no adhesions)
Female (Labia/clitoris NL, no discharge)

Abnormal Findings

Assessment

□ Well child
□ Normal growth and development

Anticipatory Guidance

□ **Behavior** (Consistent discipline, temper tantrums, encourage play with other children, emerging independence)
□ **Safety** (Bike helmet, car seats, second hand smoke, burns, smoke detectors, drowning, poisoning, supervise, approaching new dogs)
□ **Health Promotion** (Family meals, healthy snacks, limit juice, brush teeth, hand washing, daily physical activity, limit TV/screen time)
□ **Development** (Toilet training, playtime with other children, preschool, language: read every day, model language, listen and respond to child, sing)

Plan

□ Education handout given
□ Immunizations (See immunization record)
□ Lead screen (If not done at 2 year)
□ Dental referral

Next Appointment: _____ **Signature:** _____ **Date:** _____