I. INTERVAL HISTORY/PARENT’S CONCERNS:

- Sleep:
- Activity:
- Child Care:
- Peer Involvement:
- Family High Risk Factors:

Nutrition:
- Encourage all food groups:

Output:
- Urine: ___________________________
- Stools: _________________________

Chronic Illnesses:
- ER/Hospital utilization since last visit
- Triggers reviewed:
- Medications changed/refilled:

- Education
- Consult/Referral

II.UNCLOTHED PHYSICAL EXAM:  

- Check Growth Chart

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<tr>
<th>SYSTEM</th>
<th>NL</th>
<th>ABN</th>
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SIGNATURE

DATE
### Immunizations given today:
- UTD
- Written information given
- Consent signed

(Follow the recommended immunization schedule approved by the ACIP, AAP, and AAFP)

### III. ANTICIPATORY GUIDANCE (Check all that apply)

- Sleeping problems*
- Bed wetting
- Cursing
- Stuttering
- Discipline/Time out*
- Hyperactivity*
- Television/Exercise
- Reading to child
- Pre-kindergarten
- Sun Exposure
- Parental smoking
- Smoke detector

Feeding:
- 3 meals with snacks
- Variety of food
- Proper amounts

### IV: LAB/IMMUNIZATIONS:
- Labs:
  - Blood lead level (if not done previously at 24 months)
  - Other

Immunizations given today:

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<th>Immunization</th>
<th>Date</th>
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<tr>
<th>UTD</th>
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### V. LEAD SCREEN
- Lead Assessment Guide complete
- Negative screen
- Positive screen - draw blood lead level

### VI. DEVELOPMENTAL AND MENTAL HEALTH:
- Parents As Teachers referral

**Minimal Skills**
- Count one block
- Put on T-shirt - R
- Use of two objects
- Wash and dry hands - R
- Appropriate emotional expression

**Emerging Skills**
- Name, age, sex
- Pronouns/plurals
- Discuss activities
- 3 adjectives
- Brush teeth without help
- Awareness of gender
- ≥ 4 colors
- Past tense

### VII. FINE MOTOR/GROSS MOTOR:

**Minimal Skills**
- Thumb wiggle
- Imitates vertical line
- Balances on each foot for 2 seconds

**Emerging Skills**
- Stacks 8 cubes
- Broad jump
- Rides tricycle
- Dress without help
- Copies circle/cross
- Takes longer line

### VIII. HEARING:
- Parental perception of hearing
- Ear exam with pneumatic otoscope
- Observational screening with noisemaker
- ERA/ABR screen for infant in tertiary care > 5 days
- Family history of hearing disorders

**PMHx:**
- NICU admission/
- Ear infection/
- Head injury/
- Congenital anomalies/
- Meningitis/
- Mumps/
- Cerebral palsy

**Tymanometry**
- Identifies familiar pictures
- Names desired objects (candy, juice)

### IX. VISION:
- Parental perception of vision

**Observation for**
- Blinking
- Ocular movements
- Pupillary response
- Tracking
- Objective testing including Snellen E, distance acuity, and light reflex/cover test

**PMHx:**
- NICU admission/
- Prolonged oxygen administration

### X. DENTAL
- Teeth brushing by parents
- Normal tooth eruption times
- Referral for routine preventative dental care every 6 months
- Assess teeth development and oral hygiene - Teeth cleaning
- Fluoride supplements if water fluoridation less that 0.7 ppm

**NOTE:** It is recommended that assessment preventive dental services and oral treatments for children begin at age 6-12 months and be repeated every 6 months or as medically indicated.