

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ WGT \_\_\_\_\_ HGT \_\_\_\_\_ SCREEN DATE \_\_\_\_\_

ALLERGIES \_\_\_\_\_ CURRENT MEDS \_\_\_\_\_

**HISTORY**

Concerns and questions \_\_\_\_\_  
 \_\_\_\_\_  
 Follow up on previous concerns \_\_\_\_\_  
 \_\_\_\_\_  
 See Initial History     No change \_\_\_\_\_  
 Interval History Change \_\_\_\_\_

**SOCIAL/FAMILY HISTORY**

See Initial History     No change \_\_\_\_\_  
 Interval History Change \_\_\_\_\_  
 Family Situation     No change \_\_\_\_\_  
 Parents working outside home     Mother     Father  
 Child care     Yes     No     Type \_\_\_\_\_  
 Changes since last visit     Yes     No \_\_\_\_\_  
 \_\_\_\_\_

**CURRENT HEALTH INDICATORS**

See Initial History     No change  
 Interval History Change \_\_\_\_\_  
 Nutrition     Breast     Bottle     Cup  
                    Milk     Ounces/day \_\_\_\_\_  
 Ounces/day \_\_\_\_\_  
 Table/Safe foods \_\_\_\_\_  
 Juice \_\_\_\_\_  
 Vitamins/Fluoride \_\_\_\_\_  
 Source of Water \_\_\_\_\_  
 Elimination     NL \_\_\_\_\_  
 Sleep     NL \_\_\_\_\_  
 Behavior     NL \_\_\_\_\_

Toxic Exposure  
 Passive Smoking     Yes     No  
 Lead Risk     High Risk     Low Risk  
 Lives in or regularly visits a house/ child care facility built before 1970 or that has been recently remodeled?  
 Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?  
 Has a sibling or playmate who has or did have lead poisoning?  
 Tuberculosis Risk     High Risk     Low Risk  
 Exposure to TB  
 Radiographic or clinical findings  
 Immigrant from areas with high prevalence  
 Residence/travel in area with high prevalence  
 Homelessness  
 HIV infection or living with person who has HIV  
 Other medical risk factors

**CURRENT HEALTH INDICATORS (CONTINUED)**

Development  
 Growth     Plotted on growth chart  
 Gross Motor:  
 Runs  
 Walks up and down stairs  
 Kicks ball  
 Throws ball  
 Fine Motor:  
 Uses spoon and fork  
 Opens a door  
 Stacks 5 or 6 blocks  
 Makes or imitates horizontal and circular strokes with crayon  
 Communication:  
 Uses 2 word phrases  
 >20 word vocabulary  
 Uses pronouns  
 Follows two-step commands  
 Listens to stories  
 Cognitive:  
 Hides and finds objects  
 Pretend play  
 Problem solve  
 Social:  
 Parallel play with other children  
 Imitates adults

**PHYSICAL EXAMINATION**

✓=NL  
 General Appearance     Skin  
 Head     Fontanelle  
 Eyes     Red Reflex     Strabismus     Appears to see  
 Ears     External     Internal     Appears to hear  
 Mouth     Throat     Nose  
 Lungs  
 Heart  
 Abdomen  
 Genitalia     Male - testes down, hernia     Female  
 Extremities     Hips     Back  
 Femoral pulses    Right \_\_\_\_\_ Left \_\_\_\_\_  
 Neurological  
 Abnormal findings/comments:

**ANTICIPATORY GUIDANCE/HEALTH EDUCATION**

Discussed     Handouts given  
 Nutrition::     Milk  
                    Discontinue bottle  
                    Maximum amount  
 Cup     Juice

**ANTICIPATORY GUIDANCE/HEALTH EDUCATION (CONT)**

Table/safe foods  
 Feeds self  
 Variable appetite  
 Dental/oral care  
 Elimination  
 Sleep  
 Development/Behavior:  
 Social     Motor skills  
 Communication     Set limits  
 Physical     Discipline/time out  
 Cognitive skills     Family relationship  
 Injury Prevention:  
 Auto/car seat     No shaking  
 Poisons     Burns  
 Falls     Smoke detector  
 Hanging cords     Water heater  
 Electrical outlets     Fire retardant clothes  
 Choking     Sharp objects  
 Water     Sun  
 Guns

**PLAN**

Immunizations (see Vaccine Administration Record)     UTD  
 Labs  
 Hgb/Hct     Blood Lead Level     PPD if 1 or more risk factors      
 Other \_\_\_\_\_

**REFERRALS**

Development  
 One delay - rescreen at next visit  
 Two or more delays - **Referred to:**  
 Dentist \_\_\_\_\_  
 Blood lead level 10>  
 Further Medical Treatment/Diagnosis - **Referred to:**

**FOLLOW UP /NEXT VISIT:**

\_\_\_\_\_  
**Please Print Facility or Clinician Name**

\_\_\_\_\_  
**Signature of Clinician**



\* The 2½ Year Screen is Optional but Recommended