Well Child Visit: 30 Months

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

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

Age □ **M** □ **F**	**Ht.**	**Wt.**	**BMI and %ile**	**HR**	**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 □ No
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_____
WIC: □ Yes □ No _____

Growth-Development

□ Structured developmental screening: □ NL Tool_____

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

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

Physical: □ NL _____
- Throws ball overhand; copies a vertical line; washes & dries hands.

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
□ IMMS UTD
□ IMMs due _____

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

□ Dental fluoride varnish every 3-6 mos. either primary care or dental office
□ Fluoride supplementation risk assessment
□ Lead screening #2 (If Lead screening #2 not completed at 24 mos. visit)
□ Iron Deficiency Anemia risk assessment
□ Immunizations (See immunization record)
□ Education handout given

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

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

Notes:

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