

Well Child Exam



Toddler: 2 years

Date											
Patient name				DOB			Sex		Parent name		
Allergies						Current medications					
Prenatal/Family history									Ethnicity		
Weight	Percentile	Length	Percentile	HC	Percentile	BMI	Percentile	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 Fluoride prescribed

Elimination

Normal Abnormal

Sleep

Normal (8-12 hours) Abnormal
 Abnormal findings and comments
 If yes, see additional note area on next page

Screening

Hearing

Responds to voice & noise (parent report)
 Responds to noisemaker (optional)
 Parental observation/concerns

Vision

Can see small objects
 Parental observation/concerns

Lead poisoning

Test date _____ 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 IPV HepB Hib PCV
 MMR Varicella or chicken pox Date: _____
 Flu if high risk Pneumonia if high risk
 MCIR checked/updated VIS given
 Acetaminophen ____ mg. q. 4 hours

WIC Y N

Developmental questions and observations on page 2

Next Well Check: 3 years of age

Provider signature: _____

Patient unclothed Y N

Review of symptoms		Physical exam		Systems
N	A	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes/rash
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<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 Transportation
 Children Special Health Care Needs
 Priority Health Case Mgmt 800 998-1037
 Other _____

Anticipatory guidance/health education (/ if discussed)

Healthy and safe habits

Injury and illness prevention

Keep home and car smoke-free
 Teach child to wash hands, wipe nose w/tissue
 Limit TV, watch programs together
 Reinforce bedtime routine
 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

Physical activity

Assess and counsel on ways to increase activity level

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:

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

Ask the parent to respond to the following statements:

Yes No

- I have people who help me when I get frustrated with my toddler.
- I am enjoying my time with my toddler.
- I have time for myself, partner, and friends.
- 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	Positively talks, listens, and responds to toddler	Yes	No
Vocabulary of at least 20 words	Yes	No	Parent is loving toward toddler	Yes	No
Uses words to communicate with others	Yes	No	Uses words to tell toddler what is coming next	Yes	No
Points to 6 named body parts (nose, eyes, ears, mouth, hands, feet, tummy, hair)	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)		
Avoids eye contact and touch	Yes	No			
Often fearful and irritable	Yes	No			

Additional notes from pages 1 and 2:

Family history update

Since your last visit, have there been any changes in your family history? Include:

- Deaths: who _____ what age _____
- New medical diagnosis: who _____ what age _____
- Anything else in your family history you have concerns or questions with: (Refer to family history form)

Staff signature: _____ Provider signature: _____

This HME form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Association of Health Plans, and Michigan Association of Local Public Health. Adapted with permission by Priority Health 9/06. Implemented 1997; Last redesign; December 2006.

Patient education:

Toddler: 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, feeds and dresses self
- Able to leave parent or caregiver when in a known place
- Begins to play with other children
- Can draw a cross and a circle
- Plays “make believe” games with dolls and stuffed animals

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 he/she is near the water or in a boat. Always watch him/her around the water.
- Keep matches and lighters out of reach.

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:
 - Make sure your child is in a safe place (like a crib) and walk away.
 - Call a good friend to talk about what you are feeling.
 - Call the Parent Helpline at 800 942-4357 (in Michigan). It's free! 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.

For help or more information

Priority Health

Customer Service 616 942-1221 or 800 446-5674
 Medicaid 888 975-8102
 Behavioral Health 616 464-8500 or 800 673-8043
priorityhealth.com

Domestic violence

National Domestic Violence Hotline
 800 799-SAFE (7233)

Health and nutrition program

Women, Infant, and Children (WIC) Program,
 800 262-4784

The National Women's Health Information Center

Breastfeeding Helpline 800 994-WOMAN (9662)
www.4woman.gov/breastfeeding

LA LECHE League

847 519-7730, www.lalecheleague.org

Special health care needs

Children Special Health Care Services,
 MDCH Family 800 359-3722

Childhood development

Early On Michigan 800 327-5966
 Michigan Head Start Association 517 374-6472

Parenting skills or support

Parents Hotline 800 942-4357
 Family Support Network of Michigan 800 359-3722

Childcare

Child Care Licensing Agency, Michigan Department
 of Consumer & Industry Services
 517 373-8300

Childhood immunizations

National Immunization Program Hotlines
 800 232-2522 (English) or 800 232-0233 (Spanish)

Lead screening

Michigan Department of Community Health Hotline
 800 648-6942

Prevention of unintentional childhood injuries

National Safe Kids Campaign
 202 662-0600, www.safekids.org

Car seat safety

Auto Safety Hotline, 888 327-4236

Poison prevention

Call the Poison Control Center
 800 222-1222