

Well Child Exam



Toddler: 3 years

Date									
Patient name			DOB	Sex	Parent name				
Allergies				Current medications					
Prenatal/family history					Ethnicity				
Weight	Percentile	Height	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
 Milk _____ servings per day
 Meat/Beans _____ servings per day
 City water Well water
 Bottled water Fluoride prescribed

Elimination

Normal Abnormal

Exercise Assessment

Physical activity _____ minutes per day

Sleep

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

Screening

Oral health
 Oral health risk assessment

Hearing
 Screening audiometry (optional)
 Responds to noisemaker (optional)
 Parental observation/concerns
 Subjective hearing - Parental observation/concerns

Vision
 Can see small objects Ocular alignment
 Visual acuity ___R ___L ___Both
 Parental observation/concerns

Developmental surveillance
 Social-Emotional Communicative
 Cognitive Physical Development

Psychosocial/behavioral assessment Y N

Screening for abuse Y N

Lead poisoning (if not previously tested)
 Test date _____ Lead level _____ mcg/dl
 (required for Medicaid)
 If Risk: IPPD _____ (result)
 Hct or Hgb _____ (result)
 Cholesterol _____ (result)

Immunizations

Immunizations reviewed, given and charted – if not given, document rationale
 MCIIR checked/updated VIS given
 Flu if high risk Pneumonia if high risk
 Acetaminophen _____ mg. q. 4 hours

WIC Y N

Patient unclothed Y N

Review of symptoms	Physical exam		Systems
	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes/rash
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<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 _____

Developmental questions and observations on page 2

Next Well Check: 4 years of age

Provider signature:

 X

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
 Fires/burns/test smoke alarms
 Appropriate car seat placed in back seat
 Pool/tub/water safety
 Use bike helmet
 Teach stranger safety
 Childproof home (matches, guns, medicines)
 Supervise play, ensure playground safety
 Teach pedestrian safety

Nutrition

Limit sweets
 Serve low-fat dairy products
 Offer variety of healthy foods, let child decide

Oral health

Schedule dental appointment
 Teach child to brush teeth

Sexuality education

Expect normal curiosity
 Explain certain body parts are private

Social competence

Reinforce limits, provide choices
 Encourage talking and reading
 Encourage safe exploration
 Praise good behavior and accomplishments
 Help child cope with fears

Family support and relationships

Show affection, spend time with each child
 Create family time together
 Substance abuse, child abuse, domestic violence prevention
 Handle anger constructively, help siblings resolve conflicts
 Make time for self, partner, friends
 Choose responsible caregivers

Community interaction

Discuss community programs, preschool, Head Start, parenting groups

Physical activity

Assess and counsel on ways to increase activity level
 Physical activity in a safe environment
 Family physical activity
 Limit screen time to 1-2 hours per day

continued >

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 child is able to play by him/herself for short periods of time.
 - My child is able to leave me when in a known place.
 - My child can tell when others are happy, mad or sad.
 - My child copies a circle and a cross.
 - My child eats a variety of foods.
 - My child knows his/her name, age and sex.
 - My child can jump off a step with both feet.

Ask the parent to respond to the following statements:

Yes No

- I have people who assist me when I have questions or need help.
- I am enjoying my time with my child.
- I have time for myself, partner and friends.
- I feel safe with my partner.
- I feel confident in parenting.

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).

Child development			Parent development		
Dresses self	Yes	No	Appropriately disciplines toddler	Yes	No
Rides a tricycle	Yes	No	Parent is loving toward child	Yes	No
My family understands my child's speech	Yes	No	Positively talks, listens and responds to child	Yes	No
Shows little or no preference for parent or caregiver	Yes	No	Parent uses words to tell child what is coming next	Yes	No
Seeks comfort from parent when upset	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)		
Is understandable to others 75% of the time	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:** _____

Patient education:

Toddler: 3 years

Milestones: Ways your child is developing between 3 and 4 years of age

- Can sing a song from memory
- Learning to share
- Talks about what he/she did during the day
- Enjoys playing “pretend” and listening to stories
- Can hop, jump on one foot
- Rides a tricycle or a bicycle with training wheels
- Knows his/her first and last name
- Names 4 colors
- Begins to test limits
- Shows a silly sense of humor
- Throws a ball overhand
- Plays board games or card games
- Tries to draw a person with 3 parts (such as head, body, legs)
- Knows what is real and what is pretend
- Builds towers of 9-10 blocks

Safety tips

- Check your home for dangers often. Your child is not old enough to stay away from things that could harm him/her, like matches, guns, and poisons. Lock them up!
- Continue using a car seat until your child weighs 40 pounds. After that, use a booster seat until your child is 4’9” or age 8. Keep your child in the back seat.
- Make sure your child uses a helmet whenever he/she rides a tricycle, scooter, or other toys with wheels.

Health tips

- Your child still needs about two cups of milk every day. Offer a variety of fruits and vegetables daily. Water is a healthy drink, so offer it instead of sweetened drinks. Talk to your child’s doctor about ways to improve healthy eating.
- Help your child brush his/her teeth every day with a pea-sized amount of fluoride toothpaste. Make sure your child gets a dental checkup once a year.
- Teach your child to wash his/her hands well after playing and using the toilet, and before eating. Use soap and rub hands together for about 20 seconds.
- 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

Children learn best by doing. They need to:

- Play active games (tag, ball, riding wheeled toys, climbing).
- Play imagination games (using dolls, figure toys, story books).
- Play with toys that use their hands (blocks, big puzzles).
- Have limited television and computer time (less than one hour a day).

Help your child feel good about himself and others:

- Praise your child every day.
- Encourage your child's new friendships.
- Be consistent and clear about your child's behaviors that are okay or not okay.
- Use discipline to teach and protect your child, not to punish her or make her feel bad about herself.
- Help your child "use his words" when having a disagreement instead of hitting, kicking, biting, or saying mean things. 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 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), ndvh.org

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), 4woman.gov/breastfeeding

LA LECHE League 800 LALECHE (525-3243),
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
 Project Find 800 252-0052, projectfindmichigan.org

Parenting skills or support

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

Childhood immunizations

National Immunization Program Hotlines
 800 232-2522 (English) or 800 232-0233 (Spanish) or
cdc.gov/vaccines

Childcare

Child Care Licensing Agency, Michigan Department of
 Consumer & Industry Services 866 685-0006 or online at
michigan.gov/michildcare

Lead screening

Michigan Department of Community Health Hotline
 800 648-6942. Visit the Michigan Bridges 4 Kids lead website
 at bridges4kids.org/lead.html or contact the Childhood
 Lead Poisoning Prevention Project at 517 335-8885

Prevention of unintentional childhood injuries:

National Safe Kids Campaign 202 662-0600 or
usa.safekids.org

Car seat and booster safety

Auto Safety Hotline, 888 327-4236 or online at
nhtsa.gov

Poison prevention

Call the Poison Control Center
 800 222-1222 or online at mitoxic.org/pcc