

Name: _____ DOB: _____ Actual age: _____

Language spoken _____ Interpreter name _____

Date: _____

16 - 23 MONTHS

NURSING INTAKE

Height:	Weight:	H.C.:	Temp.:	Pulse:	Resp.:
Allergies:			Growth charts completed: []		
Abuse: Witness or victim:			Notes:		
Alternate health care provider:			MA Signature		

INTERVAL HISTORY

Diet:	Breastfeed or bottle Has WIC: Yes / No	Stools:
Illnesses:		Meds./Vits.:
Accidents:		Sleep pattern:
		Exposure to tobacco smoke:
		TB risk: Yes / No

GROWTH-DEVELOPMENT: Physical activity: [] 3 block tower [] Developmental screen
 [] Walks alone fast [] Dada, Mama specific [] Autism screen (18 months)
 [] Indicates wants by pointing and pulling (not crying) [] Cup, little spillage
 [] 7-20 word vocabulary [] Climbs

PARENTAL CONCERNS:

PHYSICAL EXAMINATION

General appearance [] Well-nourished and developed	Teeth [] Grossly normal, no cavities
[] No abuse/neglect evident	Heart [] No murmurs, regular rhythm
Head [] Symmetrical, A.F. open _____ cm	Lungs [] Breath sounds normal bilaterally
Eyes [] Conjunctivae, sclerae, pupils normal	Abdomen [] Soft, no masses, liver & spleen normal
[] Red reflexes present	Genitalia: Male [] Normal appearance, circ./uncirc.
[] Appears to see [] No strabismus	[] Testes in scrotum
Ears [] Canals clear, TMs normal	Female [] No lesions, nl external appearances
[] Appears to hear	Hips [] Good abduction
Nose [] Passages patent	Femoral pulses [] Present and equal
Mouth & pharynx [] Normal color, no lesions	Extremities [] No deformities, full ROM
Neck [] Supple, no masses palpated	Skin [] Clear, no significant lesions
	Neurologic [] Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given. [] Hep A (if not up to date)
 [] DTaP (if not up to date) [] MMR (if not up to date) [] WIC Referral
 [] IPV (if not up to date) [] Varicella (if not to date) [] Immunization registry entry
 [] Hib (if not up to date) [] PPD (if not previously done) [] Rx for fluoride .25/.50mg QD, refill till age 2
 [] Hep B (if not up to date) [] Lead Blood Test (if not in chart) [] Hct (if high risk)
 [] Prevnar (if not up to date) [] Influenza vaccine [] Fluoride varnish application

ANTICIPATORY GUIDANCE: Circle if discussed

Dietary: Regular meals with snacks, cup only: no bottle (12-15 mos), junk food
 Education on Fluoride varnish treatment and dental referral
 Injury & violence prevention: Toddler car seat, emergency care plan, no hard objects or food the size of baby's pinky, smoke detector, drug and toxic chemical storage, ipecac, poison center phone no., childproofing: safety gates, window guards, pool fence, hot liquid temp and surfaces, drowning, street safety, falls from play equipment, tables & chairs, gun in home, protect from UV light, lead poisoning prevention
 Guidance: Accept negativism, reading to child, toilet awareness not training, toothbrush use, parent smoking, childcare plan, sunscreen.

[] Refer to appropriate agency.

Next appointment [] 6 months or _____ Signature _____ Date _____