

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Actual Age: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Interpreter Name: \_\_\_\_\_

Date: \_\_\_\_\_

**2 YEARS**

**NURSING INTAKE**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ BMI%: \_\_\_\_\_ Temp.: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp.: \_\_\_\_\_

Allergies: \_\_\_\_\_ Growth Charts Completed: [ ]

Abuse: witness or victim: \_\_\_\_\_ Notes: \_\_\_\_\_

Alternate health care provider: \_\_\_\_\_ MA Signature: \_\_\_\_\_

**INTERVAL HISTORY**

Diet: \_\_\_\_\_ Has WIC: Yes / No \_\_\_\_\_ Stools: \_\_\_\_\_

Illnesses: \_\_\_\_\_ Meds/Vits: \_\_\_\_\_ Physical activity: \_\_\_\_\_

Accidents: \_\_\_\_\_ Exposure to tobacco smoke: \_\_\_\_\_ TB Risk Yes / No \_\_\_\_\_

**GROWTH-DEVELOPMENT: Physical activity:**

- |   |  |
|---|--|
| <input type="checkbox"/> Runs well, walks up and down | <input type="checkbox"/> Puts 2-3 words together                 |
| <input type="checkbox"/> Identifies one body part     | <input type="checkbox"/> Handles spoon well                      |
| <input type="checkbox"/> Kicks and throws a ball      | <input type="checkbox"/> Plays hide-and-seek                     |
| <input type="checkbox"/> 7- to 20-word vocabulary     | <input type="checkbox"/> Three-block tower [ ] Autism screen     |
| <input type="checkbox"/> Puts on simple clothes       | <input type="checkbox"/> Helps in house [ ] Developmental screen |

**PARENTAL/PATIENT CONCERNS:**

**PHYSICAL EXAMINATION**

- |   |   |
|---|---|
| General Appearance [ ] Well-nourished and developed       | Teeth [ ] Grossly normal                          |
| [ ] No abuse/neglect evident                              | Heart [ ] No murmurs, regular rhythm              |
| Head [ ] Symmetrical, A.F. closed                         | Lungs [ ] Breath sounds normal bilaterally        |
| Eyes [ ] Conjunctivae, sclerae, pupils normal             | Abdomen [ ] Soft, no masses, liver, spleen normal |
| [ ] Red reflexes present                                  | Genitalia: [ ] Normal appearance,                 |
| [ ] Appears to see [ ] No strabismus                      | Male [ ] Testes in scrotum, circ./uncirc.         |
| 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, no cavities | 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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> DTaP (if not up to date)  | <input type="checkbox"/> Hep A (if not up to date)                 | <input type="checkbox"/> Immunization registry entry                    |
| <input type="checkbox"/> IPV (if not up to date)   | <input type="checkbox"/> Varicella (if no history date)            | <input type="checkbox"/> Rx for fluoride drops/chewable tabs .25/.50 mg |
| <input type="checkbox"/> Hib (if not up to date)   | <input type="checkbox"/> Influenza vaccine (check recommendations) | QD till age 14  |
| <input type="checkbox"/> MMR (if not up to date)   | <input type="checkbox"/> HCT (if high risk)                        | <input type="checkbox"/> WIC Referral                                   |
| <input type="checkbox"/> Hep B (if not up to date) | <input type="checkbox"/> Lead Blood Test (at 24 months)            | <input type="checkbox"/> Lipid profile (if high risk)                   |
| <input type="checkbox"/> MCV4 (high risk groups)   | <input type="checkbox"/> Fluoride varnish application              | <input type="checkbox"/> Dental referral [ ] PPD (if indicated)         |

**ANTICIPATORY GUIDANCE: Circle if discussed**

Diet: Regular meals with snacks, iron-rich foods, sodium, caloric balance, size of food, switch to low fat milk, no bottles.  
 Behavior: Runs but falls easily, loves rough play. Activity education. Education on fluoride varnish treatment.  
 Injury and violence prevention: Street dangers, knives, falls, drowning, poison center number, storage of drugs, toxic chemicals, matches, guns, smoke detector, hot water temp., window guards, pool fence, bike helmet, play equipment, lead poisoning prevention.  
 Guidance: Accept negativism, start toilet training, parallel peer play, monitor TV programs, brush teeth, dentist, effects of passive smoking, protect skin from UV light ,emergency care plan, toddler car seat, childcare plan, sun screen.

[ ] Refer to appropriate agency.

Next appointment [ ] 1 year or \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_