

Well Child Care 2 yrs

Name :

DOB:

Date:

Do you have any concerns today ? No Yes _____

Nutrition/Review of systems	yes	no	Review of systems/symptoms	yes	no
Appetite good ?			Any Vision Problems?		
Eats carbs, vegetables ,fruits, meat, fish ,fast foods, candy? (circle)			Any hearing problems?		
Breast feeding?			Any breathing problems ?		
Drinks Milk? _____oz/day			Any heart problems ?		
Drinks soda ? _____oz/day			Any skin problems?		
Drinks juice ? _____oz/day			Any sleep concerns?		
Bowel movements normal ?			Any past bad reactions from immunizations ?		
Stool hard ? Cries with bowel movements ?			Any lead poisoning risks ?		
Urination normal?			Any TB Exposure?		
Immunizations up to date?					
Oral Health risk Assessment :					
Mother or primary caregiver has a dentist ?			Mother/primary caregiver had active tooth decay in past 12 mo		
Frequent snacking ?			Bottle/ sippy cup use with fluids other than water ?		
Special health care needs?			Medicaid eligible ?		
Child has a dentist ?			Water supply <input type="checkbox"/> city <input type="checkbox"/> well <input type="checkbox"/> drink bottled water		
Has teeth brushed twice daily?			Any dental Concerns?		
Developmental Questions : Can your child					
Say at least 50 words ?			Say things like "all gone" "go bye bye" or other 2 word sentences?		
Tell you what she want?			Build tower of 7 blocks?		
Pretend to read to you?			Take off her own clothes ? (diapers, hats, socks do not count)		
Like to play with or around other children ?			Show increasing independence, wanting to do things her way?		
Walk up and down steps without help?			Run without falling ? (occasional falls do not count)		
Safety/anticipatory guidance issues :					
Car seat rear facing?			Family violence & substance abuse? circle		
Fall, Fire and burn precaution in place?			Exposed to passive smoking?		
Home swimming pool ?			Medication , personal hygiene products, alcohol ,cleaning supplies , trash containers out of reach?		
Family history :					
High cholesterol ,Triglycerides			Obesity		
Diabetes			Early Heart disease ,Hypertension		

Anticipatory guidance: discussed and /or handout given

Development & Behavior: model appropriate language daily reading use 1-2 step commands listen and respond to child Praise, respect Help express feelings, self-expression, playing with other children.

Diet & Nutrition: food variety including carbs, protein, fat ,fibers Limit fast foods and eating out Limit milk intake to 16 oz/day or less for children 1-5 yrs. Limit juice and other sweetened drinks 4-6 oz/day if still using wean from bottle and drink from non-covered cup (avoid sippy cups) .

Safety : Use rear facing car seat until age 2 and weight 35 lbs. Choking hazards: foods (hot dogs, hard candy, nuts, popcorn, chunks of meat, vegetables etc) and small objects (coins, balloons, button batteries, marbles, small toys or parts etc) Bike helmet Closely supervise, do not leave unattended.

Toilet training & readiness: wait until child is ready plan for frequent toilet breaks personal hygiene. **Media time:** No more than 1-2 hrs/day of screen time TV alternatives: reading, singing, active play.

For Providers: fasting lipid age 2-10 if any of above risk factors. **2-5 yrs** Wt gain 4.5 lbs/yr ,Ht gain 2.5 inch/yr.

Signature of parent/guardian:

Provider Signature: