NAME:	MEDICAID ID:
DOB:	PRIMARY CARE GIVER:
GENDER: ○ MALE ○ FEMALE	PHONE:
DATE OF SERVICE:	INFORMANT:

Texas Health Steps

CHILD HEALTH RECORD

30 MONTH CHECKUP

HISTORY

☐ See new patient history form

INTERVAL HISTORY:
☐ NKDA Allergies:

Current Medications:

Visits to other health-care providers, facilities:

Parental concerns/changes/stressors in family or home:

Psychosocial/Behavioral Health Issues: Y ○ N ○
Findings:

☐ **DEVELOPMENTAL SURVEILLANCE:**
- Gross and fine motor development
- Communication skills/language development
- Self-help/care skills
- Social, emotional development
- Cognitive development
- Mental health

NUTRITION*:
Problems: Y ○ N ○
Assessment:

**See Bright Futures Nutrition Book if needed*

IMMUNIZATIONS

○ Up-to-date
○ Deferred - Reason:

Given today: ☐ DTaP ☐ Hep A ☐ Hep B ☐ Hib ☐ IPV
☐ MMR ☐ Pneumococcal* ☐ Meningococcal*
☐ Varicella ☐ MMRV ☐ DTaP-IPV-Hep B
☐ DTaP-IPV/Hib ☐ Influenza
**Special populations: See ACIP*

LABORATORY

Tests ordered today:

UNCLOTHED PHYSICAL EXAM

☐ See growth graph

Weight: _____ (_____%) Length: _____ (_____%)
BMI: _____ (_____%) Heart Rate: _____
Respiratory Rate: _____ Temperature (optional): _____

☐ Normal (Mark here if all items are WNL)

Abnormal (Mark all that apply and describe):

☐ Appearance	☐ Mouth/throat	☐ Genitalia
☐ Head/fontanels	☐ Teeth	☐ Extremities
☐ Skin	☐ Neck	☐ Back
☐ Eyes	☐ Heart/pulses	☐ Musculoskeletal
☐ Ears	☐ Lungs	☐ Hips
☐ Nose	☐ Abdomen	☐ Neurological

Abnormal findings:

Subjective Vision Screening: P ○ F ○
Subjective Hearing Screening: P ○ F ○

HEALTH EDUCATION/ANTICIPATORY GUIDANCE *(See back for useful topics)*

☐ Selected health topics addressed in any of the following areas*:
- Communication
- Social Interactions
- Development
- Nutrition
- Safety

**See Bright Futures for assistance*

ASSESSMENT

PLAN/REFERRALS

Dental Referral: Y ☐
Other Referral(s)

Return to office:

Signature/title

Signature/title

Texas Health Steps

CHILD HEALTH RECORD

30 MONTH CHECKUP

Name: | Medicaid ID:

Typical Developmentally Appropriate Health Education Topics

30 Month Checkup

- Lead risk assessment*
- Read books and talk about pictures/story using simple words
- Remain aware of language used, child will imitate
- Begin self-dressing with T-shirt
- Discipline constructively using time out for 1 minute/year of age
- Establish consistent bedtime routine
- Establish consistent limits/rules and consistent consequences
- Establish routine and assist with tooth brushing with soft brush twice a day
- Limit TV/computer time to 1-2 hours/day
- Maintain consistent family routine
- Provide age-appropriate toys to develop imagination/self-expression
- Provide nutritious 3 meals and 2 snacks; limit sweets/high-fat foods
- Lock up guns
- No shaking baby (Shaken Baby Syndrome)
- Provide home safety for fire/carbon monoxide poisoning
- Provide safe/quality day care, if needed
- Supervise when near or in water even if child knows how to swim
- Teach how to answer the telephone
- Use of front-facing car seat until 4 y/o and 40 pounds
- Encourage supervised outdoor exercise
- Use of "No" for self-opinion/frustration/expression of anger

HEARING CHECKLIST FOR PARENTS (OPTIONAL)

	Yes	No	
	○	○	Understands negative statements ("no more," "not now")
	○	○	Selects objects according to size (big, little)
24 to 30 months	○	○	Follows simple directions ("Get your shoes and socks")
	○	○	Answers questions ("What do you do when you are sleepy?")
	○	○	Uses plural words (2 books, dogs)
	○	○	Speaks 100 to 200 words

*LEAD RISK FACTORS

Perform a blood lead test if parent/caretaker answers "Yes/Don't Know" to any of the questions below.	**Yes**	**Don't know**	**No**
• Child lives in or visits a home, day care, or other building built before 1978 or undergoing repair	○	○	○
• Pica (Eats non-food items)	○	○	○
• Family member with an elevated blood lead level	○	○	○
• Child is a newly arrived refugee or foreign adoptee	○	○	○
• Exposure to an adult with hobbies or jobs that may have risk of lead contamination (See Pb-110 for a list)	○	○	○
• Food sources (including candy) or remedies (See Pb-110 for a list)	○	○	○
• Imported or glazed pottery	○	○	○
• Cosmetics that may contain lead (See Pb-110 for a list)	○	○	○

The use of the Form Pb-110, Lead Risk Questionnaire is optional. It is available at www.dshs.state.tx.us/thsteps/forms.shtm. If completed, return the form to the Texas Childhood Lead Poisoning Prevention Program as directed on the form.

EARLY CHILDHOOD INTERVENTION (ECI)

The ECI referral form is available at:
http://txpeds.org/sites/txpeds.org/files/documents/ECI-Referral-Form.pdf