PEDIATRIC VISIT 18 to 23 MONTHS

DATE OF SERVICE_______________

NAME____ DATE OF BIRTH______________ AGE_____________

WEIGHT__________/______% HEIGHT__________/______% HC___________/_____% TEMP______________

HISTORY REVIEW/UPDATE: *(note changes)*

Medical history updated?______________________________

Family health history updated?__________________________

Reactions to immunizations? Yes / No____________________

Concerns: ______________________________________

PSYCHOSOCIAL ASSESSMENT:

Sleep: **Child care:**

Recent changes in family: *(circle all that apply)*
New members, separation, chronic illness, death, recent move, loss of job, other___________________________

Environment: Smokers in home? Yes / No

Violence Assessment:
History of injuries, accidents? Yes / No
Evidence of neglect or abuse? Yes / No

RISK ASSESSMENT:

	TB	LEAD
(Circle)	Pos / Neg	Pos / Neg

PHYSICAL EXAMINATION:

Wnl	Abn	*(describe abnormalities)*
☐	☐	Appearance/Interaction
☐	☐	Growth
☐	☐	Skin
☐	☐	Head/Face
☐	☐	Eyes/Red reflex/Cover test
☐	☐	Ears
☐	☐	Nose
☐	☐	Mouth/Dentition (# of teeth)
☐	☐	Neck/Nodes
☐	☐	Lungs
☐	☐	Heart/Pulses
☐	☐	Chest/Breasts
☐	☐	Abdomen
☐	☐	Genitals
☐	☐	Extremities/Hips/Feet
☐	☐	Neuro/Reflexes/Tone
☐	☐	Vision *(gross assessment)*
☐	☐	Hearing *(gross assessment)*

NUTRITIONAL ASSESSMENT:

Typical diet:

Education: Prolonged mealtime with playing ☐
Likes and dislikes change often ☐ Food jags okay ☐
Allow self-feeding ☐ Eat with family ☐

DEVELOPMENTAL SCREENING: *(With Standardized Tool)*

REQUIRED

ASQ: ☐ **PEDs** ☐ **Other:** ☐ *(specify)* ________________________

Results: Wnl ☐ **Areas of Concern:**________________________

Referred: Yes / No **Where?** ___________________________

MCHAT Required ☐

DEVELOPMENTAL SURVEILLANCE: *(Observed or Reported)*

Social: Removes clothes ☐ Helps with simple tasks ☐
Imitates housework ☐

Fine Motor: Scribbles ☐ Tower of 3-4 cubes ☐ Turns pages ☐

Language: Combines 2 words ☐ Points to 2-4 named body parts ☐
Follows directions ☐ Names picture (cat, bird, horse, dog, person) ☐
Uses 10-15 words ☐

Gross Motor: Kicks ball ☐ Throws ball ☐ Walks up steps ☐
Walks backward ☐

ANTICIPATORY GUIDANCE:

Social: Needs to be independent ☐ Stubbornness is normal ☐
Does not share well ☐

Parenting: Daily routines meet security needs ☐
Child constantly tests parent, self, siblings, environment ☐
"Time out" for hitting/biting ☐ Avoid spanking, slapping ☐
Forgets rules quickly, needs reminding ☐ Give choices ☐

Play and communication: Uses objects for imaginary play ☐
Manipulative toys (play dough, sand, paint) ☐ Read stories ☐
Thumb sucking and masturbation common ☐
Favorite toy, transitional object ☐

Health: May be toilet ready ☐ Brush teeth ☐ Fluoride if well water ☐
Second hand smoke ☐ Use sunscreen ☐

Injury prevention: Infant car seat ☐ Rear riding seat ☐
Hot liquids ☐ Hot water set at 120º ☐ Water safety (tub, pool) ☐
Poison control no. ☐ Choking/suffocation ☐ Baby proof home ☐
Firearms (owner risk/safe storage) ☐ Fall prevention (heights) ☐
Don't leave unattended ☐ Smoke detector/escape plan ☐

PLANS/ORDERS/REFERRALS:

1. Immunizations ordered ☐ ______________________________
2. Review Lead and HCT results ☐ Refer for testing if none ☐_______
3. PPD, if risk assessment positive ☐ ________________________
4. Fluoride Varnish Applied? Yes / No
5. Dental visit advised ☐ or date of last dental visit _____________
6. Next preventive appointment at 2 Years ☐____________________
7. Referrals for identified problems: (specify)____________________

Signatures:____