



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

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

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

**16 - 23 MONTHS**

<b>NURSING INTAKE</b>					
Height:	Weight:	H.C.:	Temp.:	Pulse:	Resp.:
Allergies:			Growth Charts Completed: [ ]		
Abuse: Witness or Victim:			Notes:		
Alternate health care provider:			MA Signature		

<b>INTERVAL HISTORY</b>		Breastfeed or Bottle	Stools:
Diet:	Has WIC: Yes / No		Meds./Vits.:
Illnesses:			Sleep Pattern:
Accidents:		Exposure to tobacco smoke:	TB Risk: Yes / No

<b>GROWTH-DEVELOPMENT:</b> 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:**

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<b>PHYSICAL EXAMINATION</b>			
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:**

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**PLAN:**

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<b>ORDERS:</b> [ ] 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)
[ ] IPV (if not up to date)	[ ] WIC Referral
[ ] Hib (if not up to date)	[ ] Varicella (if not to date)
[ ] Hep B (if not up to date)	[ ] Immunization registry entry
[ ] Prevnar (if not up to date)	[ ] PPD (if not previously done)
	[ ] Rx for fluoride .25/.50mg QD, refill till age 2
	[ ] Lead Blood Test (if not in chart)
	[ ] Hct (if high risk)
	[ ] 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 \_\_\_\_\_