

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: Physical activity:</b>					
[ ]	Walks alone fast	[ ]	3 block tower	[ ]	Developmental screen
[ ]	Indicates wants by pointing and pulling (not crying)	[ ]	Dada, Mama specific	[ ]	Autism screen (18 months)
[ ]	7-20 word vocabulary	[ ]	Cup, little spillage	[ ]	Climbs
<b>PARENTAL CONCERNS:</b>					
<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	Female	[ ]	Testes in scrotum	
Ears	[ ] Canals clear, TMs normal	Hips	[ ]	No lesions, nl external appearances	
	[ ] Appears to hear	Femoral pulses	[ ]	Good abduction	
Nose	[ ] Passages patent	Extremities	[ ]	Present and equal	
Mouth & pharynx	[ ] Normal color, no lesions	Skin	[ ]	No deformities, full ROM	
Neck	[ ] Supple, no masses palpated	Neurologic	[ ]	Clear, no significant lesions	
				Alert, moves extremities well	
<b>ASSESSMENT:</b>					
<b>PLAN:</b>					
<b>ORDERS:</b> [ ] Vaccine reactions, risks and follow-up explained / VIS sheet given.					
[ ] DTaP (if not up to date)	[ ] MMR (if not up to date)	[ ] Hep A (if not up to date)			
[ ] IPV (if not up to date)	[ ] Varicella (if not to date)	[ ] WIC Referral			
[ ] Hib (if not up to date)	[ ] PPD (if not previously done)	[ ] Immunization registry entry			
[ ] Hep B (if not up to date)	[ ] Lead Blood Test (if not in chart)	[ ] Rx for fluoride .25/.50mg QD, refill till age 2			
[ ] Prevnar (if not up to date)	[ ] Influenza vaccine	[ ] Hct (if high risk)			
		[ ] Fluoride varnish application			
<b>ANTICIPATORY GUIDANCE: Circle if discussed</b>					
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 \_\_\_\_\_