

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

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

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

**2 YEARS**

<b>NURSING INTAKE</b>						
Height:	Weight:	BMI:	BMI%:	Temp.:	Pulse:	Resp.:
Allergies:				Growth Charts Completed: [ ]		
Abuse: witness or victim:				Notes:		
Alternate health care provider:				MA Signature		
<b>INTERVAL HISTORY</b>				Stools:		
Diet:			Has WIC: Yes / No		Physical Activity:	
Illnesses:			Meds/Vits:		Sleep Pattern:	
Accidents:				Exposure to tobacco smoke:		TB Risk Yes / No
<b>GROWTH-DEVELOPMENT: Physical activity:</b>						
[ ]	Runs well, walks up and down			[ ]	Puts 2-3 words together	
[ ]	Identifies 1 body part			[ ]	Handles spoon well	
[ ]	Kicks and throws a ball			[ ]	Plays hide and seek	
[ ]	7-20 word vocabulary			[ ]	3 block tower [ ] Autism screen	
[ ]	Puts on simple clothes			[ ]	Helps in house [ ] Developmental screen	
<b>PARENTAL/PATIENT CONCERNS:</b>						
<b>PHYSICAL EXAMINATION</b>						
General Appearance [ ] Well nourished and developed			Teeth [ ]		Grossly normal	
[ ] No abuse/neglect evident			Heart [ ]		No murmurs, regular rhythm	
Head [ ]		Symmetrical, A.F. closed		Lungs [ ]		Breath sounds normal bilaterally
Eyes [ ]		Conjunctivae, sclerae, pupils normal		Abdomen [ ]		Soft, no masses, liver, spleen normal
[ ] Red reflexes present			Genitalia: [ ]		Normal appearance,	
[ ] Appears to see [ ] No strabismus			Male [ ]		Testes in scrotum, circ./uncirc.	
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, no cavities		Extremities [ ]		No deformities, full ROM
Neck [ ]		Supple, no masses palpated		Skin [ ]		Clear, no significant lesions
			Neurologic [ ]		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)	[ ] Hep A (if not up to date)	[ ] Immunization registry entry				
[ ] IPV (if not up to date)	[ ] Varicella (if no history date)	[ ] Rx for fluoride drops/chewable tabs .25/.50 mg				
[ ] Hib (if not up to date)	[ ] Influenza vaccine (check recommendations)	QD till age 14				
[ ] MMR (if not up to date)	[ ] HCT (if high risk)	[ ] WIC Referral				
[ ] Hep B (if not up to date)	[ ] Lead Blood Test (at 24 months)	[ ] Lipid profile (if high risk)				
[ ] MCV4 (high risk groups)	[ ] Fluoride varnish application	[ ] Dental referral [ ] PPD (if indicated)				
<b>ANTICIPATORY GUIDANCE: Circle if discussed</b>						
Diet: Regular meals with snacks, iron-rich foods, sodium, caloric balance, size of food, switch to low fat milk, no bottles.						
Behavior: Runs but falls easily, loves rough play . Activity education.				Education on Fluoride varnish treatment .		
Injury & Violence prevention: Street dangers, knives, falls, drowning, poison center number, storage of drugs, toxic chemicals, matches, guns, smoke detector, hot water temp., window guards, pool fence, bike helmet, play equipment, lead poisoning prevention						
Guidance: Accept negativism, start toilet training, parallel peer play, monitor TV programs, brush teeth, dentist, effects of passive smoking, protect skin from UV light ,emergency care plan, toddler car seat, childcare plan, sun screen.						
[ ] Refer to appropriate agency.						

Next appointment [ ] 1 year or \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_