

WELL CHILD EXAM-EARLY CHILDHOOD: 30 Months

DATE _____

PATIENT NAME			DOB		SEX		PARENT NAME		
Allergies					Current Medications				
Prenatal/Family History					Chief Complaint(s)				
Weight	Percentile	Length	Percentile	BMI	Percentile	BP	Temp.	Pulse	Resp.
	%		%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition

Grains _____ servings per day

Fruit/Vegetables _____ servings per day

Whole Milk _____ servings per day

Meat/Beans _____ servings per day

City water Well water Bottled water

WIC Y N

Elimination Normal Abnormal

Sleep

Normal (8 – 12 hours) Abnormal

Additional area for comments on page 2

Screening and Procedures:

Oral Health Risk Assessment

Subjective Hearing -Parental observation/ concerns

Subjective Vision -Parental observation/ concerns

Labs _____

Standardized Developmental Screening

Completed

Tool Used _____

RESULTS: No Risk At Risk

Psychosocial/Behavioral Assessment

Y N

Screening for Abuse Y N

Immunizations:

Immunizations Reviewed, Given & Charted
- if not given, document rationale

Impactsis (OH registry) updated

Influenza Other _____

Acetaminophen _____ mg. q. 4 hours

Patient Unclothed Y N

Review of Systems		Physical Exam		Systems
N	A	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

Abnormal Findings and Comments

(see additional note area on next page)

Results of visit discussed with parent Y N

Plan

History/Problem List/Meds Updated

Fluoride Varnish Applied

Referrals Help Me Grow WIC

Children Special Health Care Needs

Transportation Dentist

Other _____

Other _____

Anticipatory Guidance/Health Education
(√ if discussed)

- Safety**
- Working smoke detectors/fire escape plan
 - Appropriate car seat placed in back seat
 - Pool/tub/water safety
 - Use bike helmet
 - Animal and Pet Safety
 - Childproof home - (hot liquids/pots, window guards, cleaners, medicines, knives, guns)
 - Supervise near pets, mowers, streets
 - Supervise play, ensure playground safety
 - Limit time in sun-use hat/sunscreen
- Nutrition/physical activity**
- Eat meals as a family
 - Family physical activity
 - Physical activity in a safe environment
- Oral Health**
- Dental appointment
 - Brush teeth w/fluoridated toothpaste
- Child Development and Behavior**
- Listen to and respect your child
 - Reinforce limits, be consistent
 - Daily/Bedtime Routine
 - Begin toilet training when child is ready
 - Hug, talk, read, and play together
 - Encourage self-expression, choices
 - Praise good behavior and accomplishments
 - Limit television/screen time
- Family Support and Relationships**
- Encourage supervised play with other children – don't expect toddler to share
 - Help child express emotions
 - Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
 - Discuss child care, play groups, preschool, early intervention programs, parenting

Other Anticipatory Guidance Discussed:

Next Well Check: 3 years of age

A standardized developmental screening test should be administered (Medicaid required and AAP recommended) at the 30 month visit.

Provider Signature:

WELL CHILD EXAM-EARLY CHILDHOOD: 30 Months

DATE	PATIENT NAME	DOB
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Developmental Questions and Observations

A standardized developmental screening test should be administered (Medicaid required and AAP recommended) at the 30 month visit.

Ask the parent to respond to the following statements about the child:

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Please tell me any concerns about the way your child is behaving or developing |
| <input type="checkbox"/> | <input type="checkbox"/> | My child likes to be with me. |
| <input type="checkbox"/> | <input type="checkbox"/> | My child is interested in and is beginning to play with other children. |
| <input type="checkbox"/> | <input type="checkbox"/> | My child smiles, laughs, protests and says, "No". |
| <input type="checkbox"/> | <input type="checkbox"/> | My child uses 3-4 word phrases. |
| <input type="checkbox"/> | <input type="checkbox"/> | My child eats a variety of foods. |
| <input type="checkbox"/> | <input type="checkbox"/> | My child can throw a ball overhand. |
| <input type="checkbox"/> | <input type="checkbox"/> | My child can jump up and down in place. |

Ask the parent to respond to the following statements:

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | I have people who help me when I get frustrated with my child. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am enjoying my time with my child. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have time for myself, partner and friends. |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel safe with my partner. |

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. A standardized developmental screening test should be administered at the 30 month visit (Medicaid required and AAP recommended; Tool Used: _____). In addition, the following should be observed:

Child Development			Parent Development		
Understands two step verbal commands	Yes	No	Appropriately disciplines child	Yes	No
Imitates adults	Yes	No		Positively talks, listens, and responds to child	Yes
Is understandable to others 50% of the time	Yes	No	Parent is loving toward child		Yes
Uses words to communicate with others	Yes	No		Uses words to tell child what is coming next	Yes
Points to 6 named body parts (nose, eyes, ears, mouth, hands, feet, tummy, hair)	Yes	No	Often fearful and irritable		Yes
Avoids eye contact and touch	Yes	No			

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature: _____ Provider Signature: _____

Your Child's Health at 30 Months

Milestones

Ways your child is developing between 2 ½ and 3 years of age.

- May not want to do what parent wants; says, "NO" often
- Toilet trained during the daytime
- Shows feelings and is playful with others
- Throws a ball overhand
- Rides a tricycle
- Knows name, age, and gender
- Able to leave parent or caregiver when in a known place
- Plays with other children
- Is able to feed and dress self
- Can draw a cross and a circle
- Plays "make believe" games with dolls and stuffed animals

For Help or More Information:

Safe Gun Storage Information:

Call 1-202-662-0600 or go to www.usa.safekids.org

Social Support Services: Contact the local county Department of Job and Family Services Healthchek Coordinator

For help finding childcare:

Bureau of Child Care and Development -800.886.3537
<http://www.odjfs.state.oh.us/cdc/query.asp>

For information about lead screening:

Medicaid Consumer Hotline-800.324.8680

Poison Prevention:

Call the Poison Control Center at 1-800-222-1222

If you're concerned about your child's development:

Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

Parenting skills or support:

Call Cooperative Extension for classes-614. 688.5378

Support for families of children with special health care needs:

Bureau for Children with Medical Handicaps, ODH
1-800-755-4769 (Parents). Visit the Website at:
<http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx>

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

Health Tips:

Are your child's shots up to date? Ask your child's doctor or nurse about a flu shot for your child.

Offer your child a variety of healthy foods every day. Limit junk foods. Eat meals together as a family as often as possible. Turn off the TV while eating together.

Brush your child's teeth at least once a day with a pea-sized amount of fluoride toothpaste.

Each child develops in his own way, but you know your child best. If you think he is not developing well, you can get a free screening. Call your child's doctor or nurse with questions.

Parenting Tips:

Take your child outside to play and help her play active games like catch, tag, and hide-and-seek. Give her simple toys to play with, like blocks, crayons, paper, and stuffed animals.

Read to your child everyday. He may like books that tell about daily activities like playing, eating, and getting dressed. Your child may like the same book to be read over and over.

Encourage your child's decision to use the potty, but don't force or punish her if she isn't ready. She may not be ready until about age 3. She'll show you she's ready by being dry after sleep and telling you when she wants to use the toilet.

Don't spank or yell at your child. Calmly, give your child something different to do. Use words to tell your child when he is doing something good. Help your child understand how he's feeling by naming the feeling.

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (<http://www.parenting.org/hotline/index.asp>) They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

- Keep cleaning supplies and medicine locked up and out of reach
- Always hold your child's hand while walking near traffic, including in parking lots. Check behind your car before backing up in case a child is behind it.
- If you have guns at home, keep them unloaded and locked
- Put a life jacket on your child whenever she is near the water or in a boat. Always watch her around the water
- Keep matches and lighters out of reach