



Name: _____ DOB: _____ Actual Age: _____
Language Spoken _____ Interpreter Name _____
Date: _____

2 YEARS

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BMI%: _____ Temp.: _____ Pulse: _____ Resp.: _____
Allergies: _____ Growth Charts Completed: []
Abuse: witness or victim: _____ Notes: _____
Alternate health care provider: _____ MA Signature _____

INTERVAL HISTORY

Diet: _____ Has WIC: Yes / No _____ Stools: _____
Illnesses: _____ Meds/Vits: _____ Physical Activity: _____
Accidents: _____ Exposure to tobacco smoke: _____ TB Risk Yes / No _____

GROWTH-DEVELOPMENT: Physical activity: _____

- [] 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

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed [] No abuse/neglect evident
Head [] Symmetrical, A.F. closed
Eyes [] Conjunctivae, sclerae, pupils normal [] Red reflexes present [] Appears to see [] No strabismus
Ears [] Canals clear, TMs normal [] Appears to hear
Nose [] Passages patent
Mouth & pharynx [] Normal color, no lesions, no cavities
Neck [] Supple, no masses palpated
Teeth [] Grossly normal
Heart [] No murmurs, regular rhythm
Lungs [] Breath sounds normal bilaterally
Abdomen [] Soft, no masses, liver, spleen normal
Genitalia: [] Normal appearance,
Male [] Testes in scrotum, circ./uncirc.
Female [] No lesions, nl external appearances
Hips [] Good abduction
Femoral pulses [] Present and equal
Extremities [] No deformities, full ROM
Skin [] Clear, no significant lesions
Neurologic [] Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS:

- [] 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 QD till age 14
[] Hib (if not up to date) [] Influenza vaccine (check recommendations) [] WIC Referral
[] MMR (if not up to date) [] HCT (if high risk) [] Lipid profile (if high risk)
[] Hep B (if not up to date) [] Lead Blood Test (at 24 months) [] Dental referral [] PPD (if indicated)
[] MCV4 (high risk groups) [] Fluoride varnish application

ANTICIPATORY GUIDANCE: Circle if discussed

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 _____