

# WELL CHILD EXAM-EARLY CHILDHOOD: 24 Months

DATE

PATIENT NAME				DOB		SEX		PARENT NAME			
Allergies						Current Medications					
Prenatal/Family History						Chief Complaints					
Weight	Percentile	Length	Percentile	HC	Percentile	BMI	Temp.	Pulse	Resp.	BP	
	%		%		%						

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

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**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

Lead level \_\_\_\_\_ mcg/dl (required for Medicaid)

Subjective Hearing -Parental observation/ concerns

Subjective Vision -Parental observation/ concerns

**Autism Screening**  Completed

**RESULTS:**  No Risk  At Risk

**Developmental Surveillance**

Social-Emotional  Communicative

Cognitive  Physical Development

**Psychosocial/Behavioral Assessment**

Y  N

**Screening for Abuse**  Y  N

**If Risk:**

IPPD \_\_\_\_\_ (result)

Hct or Hgb \_\_\_\_\_ (result)

Dyslipidemia \_\_\_\_\_ (result)

Labs \_\_\_\_\_

**Immunizations:**

Immunizations Reviewed, Given & Charted  
- if not given, document rationale  
(Refer to AAP Guidelines)

Impactis (OH registry) updated

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/teeth
<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

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( 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
  - WIC  Help Me Grow
  - Children Special Health Care Needs
  - Transportation  Dentist
  - Other \_\_\_\_\_
- Other \_\_\_\_\_

**Anticipatory Guidance/Health Education**  
(√ if discussed)

- Safety**
- Teach child to wash hands, wipe nose w/tissue
  - Limit screen time, watch programs together
  - Appropriate car seat placed in back seat
  - Pool/tub/water safety
  - Use bike helmet
  - Childproof home - (hot liquids/pots, window guards, cleaners, medicines, knives, guns)
  - Supervise near pets, mowers, streets
  - Supervise play, ensure playground safety
  - Parents use of seat belts
- Nutrition/physical activity**
- Eat meals as a family
  - 3 nutritious meals, 2-3 healthy snacks
  - Let toddler decide what/how much to eat
  - 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
  - Begin toilet training when child is ready
  - Hug, talk, read, and play together
  - Model appropriate language
  - Encourage self-expression, choices
  - Praise good behavior and accomplishments
  - Use positive discipline
- Family Support and Relationships**
- Don't expect toddler to share all toys
  - 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:
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Next Well Check: 30 months of age

An autism screening tool should be administered at the 24 month visit.  
For M-Chat autism screening tool, go to:  
<http://www.firstsigns.org/downloads/m-chat.PDF>

Developmental Questions and Observations on Page 2

Provider Signature: \_\_\_\_\_

# WELL CHILD EXAM-EARLY CHILDHOOD: 24 Months

DATE	PATIENT NAME	DOB
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**Developmental Questions and Observations**

An autism screening tool should be administered at the 24 month visit. If a standardized developmental screening was not completed at 18 months or the child is unlikely to return for a 30 month visit, the standardized screen should occur at the 24 month visit.

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

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Please tell me any concerns about the way your toddler is behaving or developing |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler likes to be with me.  |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler is interested in people, places and things.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler smiles, laughs, protests and says, "No".                              |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler uses 2-3 word phrases.  |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler eats a variety of foods.  |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler can stack 5-6 blocks.   |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler can kick a ball.  |

Ask the parent to respond to the following statements:

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have people who help me when I get frustrated with my toddler. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am enjoying my time with my toddler.                           |
| <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 autism screening tool should be administered at the 24 month visit (Medicaid required-Tool Used: \_\_\_\_\_). If a standardized developmental screening was not completed at 18 months or the child is unlikely to return for a 30 month visit, the standardized screen should occur at the 24 month visit. For M-Chat autism screening tool, go to: <http://www.firstsigns.org/downloads/m-chat.PDF>. In addition, the following should be observed:

Toddler Development			Parent Development		
Understands two step verbal commands	Yes	No	Appropriately disciplines toddler	Yes	No
Imitates adults	Yes	No		Positively talks, listens, and responds to toddler	Yes
Vocabulary of at least 50 words	Yes	No	Parent is loving toward toddler.		Yes
Uses words to communicate with others	Yes	No		Uses words to tell toddler what is coming next	Yes
Points to 6 named body parts (nose, eyes, ears, mouth, hands, feet, tummy, hair)	Yes	No			
Avoids eye contact and touch	Yes	No			
Often fearful and irritable	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:**

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Staff Signature: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

## **Your Child's Health at 24 Months**

### Milestones

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

- May not want to do what parent wants; says, "NO" often
- Likes to explore
- Shows feelings and is playful with others
- Jumps in place, kicks a ball
- Uses short 3 – 4 word phrases
- Can point to 6 body parts
- May have fears about unexpected changes
- Begins to play with other children
- Is able to feed and dress self
- 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](http://www.usa.safekids.org)

#### **For help finding childcare:**

Bureau of Child Care and Development -800.886.3537

<http://www.odjfs.state.oh.us/cdc/query.asp>

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

#### **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/](http://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](http://www.ndvh.org)

#### **National Safe Kids Campaign:** 1-202-662-0600 or

[www.safekids.org](http://www.safekids.org).

#### **For information about childhood immunizations:**

Call the National Immunization Program Hotlines at 1 (800) 232-

4636 or online at <http://www.cdc.gov/vaccines>.

### 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. Make sure your child gets a dental checkup once a year.

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

### Parenting Tips:

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

You may want your child to be toilet trained soon, but she may not be ready until about age 3. Your child will show you when she is 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 child when he or she is doing something good. Help children understand how they are 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 up
- Put a life jacket on your child whenever they are near the water or in a boat. Always watch them around the water
- Keep matches and lighters out of reach