PEDIATRIC VISIT 30 MONTHS

NAME

WEIGHT / % HEIGHT / % BMI / % TEMP

HISTORY REVIEW/UPDATE: (note changes)
Medical history updated?__________________________
Family health history updated?____________________
Reactions to immunizations? Yes / No___________
Concerns: ______________________________________

PSYCHOSOCIAL ASSESSMENT:
Sleep: ____________ Child care:
Recent changes in family: (circle all that apply)
New members, separation, chronic illness, death, recent move, loss of job, other________________________
Environment: Smokers in home? Yes / No________
Violence Assessment:
History of injuries, accidents? Yes / No________
Evidence of neglect or abuse? Yes / No________

RISK ASSESSMENT: CHOL   TB   LEAD
(Circle) Pos / Neg Pos / Neg Pos / Neg

PHYSICAL EXAMINATION:
Wnl  Abn  (describe abnormalities)
□□ □ Appearance/Interaction
□□ □ Growth
□□ □ Skin
□□ □ Head/Face
□□ □ Eyes/Red reflex/Cover test
□□ □ Ears
□□ □ Nose
□□ □ Mouth/Gums/Dentition
□□ □ Neck/Nodes
□□ □ Lungs
□□ □ Heart/Pulses
□□ □ Chest/Breasts
□□ □ Abdomen
□□ □ Genitals
□□ □ Extremities/Hips/Feet
□□ □ Neuro/Reflexes/Tone
□□ □ Vision (gross assessment)
□□ □ Hearing (gross assessment)

NUTRITIONAL ASSESSMENT:

Typical diet: (specify foods):
Education: Offer variety of nutritious foods □ 5 fruits/vegetables daily □
Child sized portions □ Avoid struggles over eating □ Eat with family □

DEVELOPMENTAL SCREENING: (With Standardized Tool)
REQUIfed if not completed at 24 month visit
ASQ: □ PEDs □ Other: (specify)________
Results: Wnl □ Areas of Concern:
Referral: Yes / No Where?

DEVELOPMENTAL SURVEILLANCE: (Observed or Reported)
Social: Helps with simple tasks □ Puts on clothing □ Brushes teeth □
Washes and dries hands □ Plays interactive games □
Separates from mother □

Fine Motor: Scribbles □ Tower of 4-6 cubes □ Copies vertical line □
Uses spoon well □

Language: Combines 2 words □ Knows 3-5 named body parts □
Follows 2 part directions □ Understands cold, tired, hungry □
Gives first and last name □ Picks longer line □
Names 1 picture (cat, bird, horse, dog, person) □

Gross Motor: Kicks ball □ Runs well □ Walks up steps □ Jumps □
Balances on 1 foot-1 second □ Pedals tricycle □
Throws ball overhand □

ANCIPATORY GUIDANCE: (Check all that were discussed)
Social: Aware of self/different from others □ Needs peer contact □
Dawdling is normal □ Resolving negativism □
Power struggles occur □
Parenting: Toilet training (relaxed, praise success) □ Sexuality □
Help teach self-control □ Offer choice, give simple tasks □
Tantrums (ignore, distract, sympathize) □

Play and communication: Small table and chairs □
Stories and music □ Building materials □

Health: Avoid bubble baths □ Night fears □ Brush teeth □
Fluoride if well water □ Biting, kicking stage □ Use sunscreen □
Physical activity □ Second hand smoke □ Tick prevention □

Injury prevention: Car seat □ Rear riding seat □ Poison control # □
Hot water at 120° □ Water safety (tub, pool) □ Toddler proof home □
Smoke detector/escape plan □ Hot liquids □ Choking/suffocation □
Firearms (owner risk/safe storage) □ Fall prevention (heights) □

PLANS
1. Review immunizations and bring up to date □
2. Second Lead/HCT test required □ if not completed at 24 month visit
3. Speech referral if delayed □
4. PPD, if risk assessment is positive □
5. Dental visit advised □ Date of Last Dental Exam
6. Testing/counseling, if cholesterol risk assessment is positive □
7. Fluoride Varnish Applied? Yes / No
8. Next preventive appointment at 3 Years □
9. Referrals for identified problems? (specify)________

Signatures:

Maryland Healthy Kids Program 2014

https://mmcp.dhmh.maryland.gov/epsdt