## WELL CHILD VISIT

**2 ½ Years**

### Name

<table>
<thead>
<tr>
<th>BIRTH DATE</th>
<th>ACCOMPANIED BY/INFORMANT</th>
<th>PREFERRED LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
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</tbody>
</table>

### ID NUMBER

<table>
<thead>
<tr>
<th>CURRENT MEDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>See other side for current medication list</td>
</tr>
</tbody>
</table>

### WEIGHT (%) | HEIGHT (%) | BMI (%) | BMI RANGE: |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>&lt;5% (under)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5-84% (healthy)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>85-94% (over)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>95-99% (obese)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>≥100% (obese)</td>
</tr>
</tbody>
</table>

### HEAD CIRC (%) | TEMPERATURE | DATE/TIME

### BF = Bright Futures Priority Item

## History

- **BF** [ ] Previsit Questionnaire reviewed
- **BF** [ ] Child has a dental home
- **BF** [ ] Child has special health care needs
- **BF** [ ] Concerns/questions raised by
  - None
  - Addressed (see other side)
- **BF** Follow-up on previous concerns
  - None
  - Addressed (see other side)
- **BF** [ ] Medication Record reviewed and updated

## Social/Family History

- **BF** Family situation
  - Single Parent
- **BF** Parents working outside home:
  - Mother
  - Father
- **BF** Child care:
  - Yes
  - No
  - Type
- **BF** Changes since last visit
  - Last visit

### Review of Systems

**= NL**

- Date of last visit
- Changes since last visit

### Nutrition

- Nutrition, balanced, eats with family
  - Source of water
  - Vitamins/Flouride

### Elimination

- In process
  - Toilet Training:
    - Yes
    - NL

### Sleep

- Behavior/Temperament:
  - NL

- Physical activity
  - Playtime (60 min/day)
  - Yes
  - No

### Screen time (<2 hrs/day)

- Yes
  - No

### Development

- [ ] Structured developmental screen

### Developmental Screening Tool

- ASQ score
  - pass
  - refer

### Physical Development

- Jumps up and down in place
- Puts on clothes with help
- Washes and dries hands without help
- Brushes teeth with help

### Cognitive

- Points to 6 body parts
- Knows correct animal sounds (eg. cat meows, dog barks)

### Communicative

- Other people can understand what your child is saying half of the time
- When talking, puts 3 or 4 words together

### Social-Emotional

- Plays pretend
- Plays with other children (eg. tag)

### Physical Examination

- **=** Reviewed w/Findings
- **=** Reviewed/Normal
- **=** NL
- **=** None

- **BF** General Appearance
  - **=** Included
  - **=** None

- **BF** Skin
  - **=** None

- **BF** Head
  - **=** None

- **BF** Eyes (red reflex, cover/uncover test)
  - **=** None

- **BF** Ears
  - **=** None

- **BF** Nose
  - **=** None

- **BF** Mouth and Throat
  - **=** None

- **BF** Teeth (caries, dental injuries)
  - **=** None

- **BF** Neck
  - **=** None

- **BF** Lungs
  - **=** None

- **BF** Heart
  - **=** None

- **BF** Abdomen
  - **=** None

- **BF** Genitalia
  - **=** None

- **BF** Male/Testes down
  - **=** None

- **BF** Female
  - **=** None

### Neurologic (coordination, language, socialization)

- **BF** Neuromotor
  - **=** Included
  - **=** None

- **BF** Language, communication
  - **=** Included
  - **=** None

### Developmental Review

- **=** Included
  - **=** None

- **BF** Anticipatory Guidance

- **BF** Family routines
  - Family meals
  - Family activities

- **BF** Language
  - Promoting and communication
    - Limit TV
    - Daily reading

- **BF** Social development
  - Supervised play with other children
  - Setting limits
  - Emerging independence

- **BF** Playgroup
  - Group activities/ preschool
  - (if possible)

- **BF** Safety
  - Car safety seat
  - Water
  - Appropriate supervision
  - Sun exposure
  - Fire safety
  - Smoke detectors
  - Outdoor safety
  - Playground
  - Dogs

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(see other side for plan, immunizations and follow-up)

- **BF** Well Child

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Anticipatory Guidance

- Family routines
  - Family meals
  - Family activities

- Language
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Current Medications

Plan

**BF** Patient is up to date, based on CDC/ACIP immunization schedule.  □ Yes □ No
If no, immunizations given today. □ Yes □ No
ImmiPac2 record reflects current immunization status: □ Yes □ No

□ Immunization plan/comments

**Oral Health**

□ Oral health risk assessment □ Completed □ Low □ Mod □ High
□ Has a dental home
□ Dental fluoride varnish applied □ Yes □ No
□ Dental Visit in Past Year □ Yes □ No
□ Well water testing □ Yes □ No

**MaineCare Member Support Requested**

□ Transportation to appointments
□ Find dentist
□ Find other provider
□ Make doctor's appointment
□ Public Health Nurse referral
□ Family aware

**Laboratory/Screening results**

**Hearing screen**
□ Previously done Date completed

**PPD / Lead** / **Anemia***

□ PPD done (if exposure risk) / date done_________ / _________ / _________
□ PPD result if done □ Neg □ Pos

□ PPD plan/comments

□ Lead drawn in office
□ Lead test ordered / date done_________ / _________ / _________

□ Lead results
□ Lead range □ <10 □ 10-14 □ 15-19 □ >19

□ Lead plan/comments

□ Hgb/Hct ordered / date done_________ / _________ / _________ □ Hgb/Hct result: Hgb_________ Hct_________
□ Referral at 6 months if still anemic

□ Hgb/Hct plan/comments

**Narrative Notes:**

□ Find dentist
□ Find other provider
□ Make doctor's appointment
□ Public Health Nurse referral
□ Family aware

**BF Referral to**

**BF Follow-up/Next Visit**

**All children enrolled in MaineCare should be lead tested at 1 year old and at 2 years old. All other children should be tested at these ages, unless lead risk assessment indicates they are not at risk for lead exposure.**

**WIC recommends anemia testing at 9-12 months with re-test in 6 months (15 to 18 months). If normal, re-test annually to age 5. If abnormal, re-test every 6 months; convert to annual testing once normal result is obtained. WIC may perform anemia testing.**