2 Years

WELL CHILD VISIT

Revised August 2020

Name	BIRTH DATE	AGE ❑M ❑F	ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE

ID NUMBER	CURRENT MEDICATIONS	DRUG ALLERGIES
	See other side for current medication list	

WEIGHT (%)	HEIGHT (%)	BMI (%)	BMI RANGE: ❑<5% (under) ❑5-84% (healthy) ❑85-94% (over) ❑95-98% (obese) ❑≥99% (obese)	HEAD CIRC (%)	TEMPERATURE	DATE/TIME

See growth chart.

BF = Bright Futures Priority Item

History

BF ❑ Previsit Questionnaire reviewed
BF ❑ Child has a dental home
❑ 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 _____

Heat source _____

BF ❑ Tobacco Exposure

Review of Systems

BRIGHT FUTURES

☑ = NL Date of last visit _____
Changes since last visit _____
Nutrition _____
❑ Off bottle ❑ Nutrition, balanced, eats with family
Source of water _____ Vitamins/Fluoride _____
Elimination: ❑ NL ____
_____ Toilet Training: ❑ Yes
❑ In process _____
Sleep: ❑ NL _____
_____ Behavior/Temperament:
❑ NL _____
_____ Physical activity Playtime (60 min/day) ❑ Yes ❑ No
Screen time (<2 hrs/day) ❑ Yes ❑ No

Development (if not reviewed in Previsit Questionnaire)

❑ **Structured developmental screen ❑ NL**

Developmental Screening Tool

ASQ score _____ ❑ pass ❑ refer
PEDS score _____ ❑ pass ❑ refer

❑ **Autism-specific screen ❑ NL**

MCHAT Part I score _____ ❑ pass ❑ refer
MCHAT Part II (only if part I fails) score _____ ❑ pass ❑ refer

❑ PHYSICAL DEVELOPMENT
*Stacks small blocks (5-6)
*Kicks a ball
*Walks up and down stairs one step at a time alone while holding wall or railing
*Throws a ball overhand
*Jumps up
*Turns book pages 1 at a time

❑ COMMUNICATIVE
*When talking, puts 2 words together (eg, "my book")

❑ SOCIAL-EMOTIONAL
*Copies things that you do
*Plays pretend
*Plays alongside other children

❑ COGNITIVE
*Names 1 picture (eg, cat, dog, ball)
*Follows 2-step commands

Physical Examination

☑ = Reviewed w/Findings **OR** ☑ NL = Reviewed/Normal

❑ GENERAL APPEARANCE _____ ❑NL
❑ SKIN _____ ❑NL
❑ HEAD / FONTANELLE _____ ❑NL
BF ❑ **EYES (red reflex, cover/uncover test)** _____ ❑NL
❑ EARS/APPEARS TO HEAR _____ ❑NL
❑ NOSE _____ ❑NL
❑ MOUTH AND THROAT _____ ❑NL
BF ❑ **TEETH (caries, white spots, staining)** _____ ❑NL
❑ NECK _____ ❑NL
❑ LUNGS _____ ❑NL
❑ HEART _____ ❑NL
❑ FEMORAL PULSES _____ ❑NL
❑ ABDOMEN _____ ❑NL
❑ GENITALIA _____ ❑NL
❑ Male/Testes down _____ ❑NL
❑ Female _____ ❑NL
BF ❑ **NEUROLOGIC (coordination, language, socialization)** _____ ❑NL
❑ EXTREMITIES/HIPS _____ ❑NL
❑ MUSCULOSKELETAL _____ ❑NL
❑ HYGIENE _____ ❑NL
❑ BACK _____ ❑NL

BF Comments _____

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

BF ❑ Well Child

Anticipatory Guidance

☑ = Discussed and/or handout given

❑ Identified at least one child and parent strength
❑ Raising Readers book given
❑ Counseled on nutrition and exercise
❑ Discuss 5-2-1-0, fast food, avoid juice/soda/candy
❑ Keep home/car smoke free

BRIGHT FUTURES

❑ ASSESSMENT OF LANGUAGE DEVELOPMENT
Model appropriate language
- Daily reading
- Following 1-2 step commands
- Listen and respond to child

❑ TEMPERAMENT AND BEHAVIOR
Praise, respect
Help express feelings
Self-expression
Playing with other children
- Your child's behavior

❑ TOILET TRAINING
When child is ready
- Plan for frequent toilet breaks

Personal hygiene

❑ TV VIEWING
Limit TV viewing to no more than 1-2 hours/day
- TV alternatives: reading, games, singing
- Encourage physical activity

❑ SAFETY
Car safety
- seat

Bike helmet
- Supervise
- outside

Guns

WELL CHILD VISIT

NAME	Male Female	Medical Record Number	DOB Actual age (months): O 23 O 24 O 25 O 26

Current Medications _____

_____

_____

Plan

BF Patient is up to date, based on CDC/ACIP immunization schedule. ❑Yes ❑No
If no, immunizations given today. ❑Yes ❑No
ImmPact2 record reflects current immunization status: ❑Yes ❑No

_____

❑ Immunization plan/comments _____

_____

❑ Ask about WIC

BF 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 _____
❑ Hgb/Hct results shared with WIC

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.*

Oral Health

Oral health risk assessment	❑Completed	❑Low ❑Mod ❑High
Has a dental home		❑Yes ❑No
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

_____

_____

_____

_____

_____

_____

BF Referral to _____

_____

BF Follow-up/Next Visit _____

_____

Narrative Notes:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

EXAMINER'S SIGNATURE	DATE

STATE OF MAINE
Department of
Health and Human Services