

## McLaren Print System Order

Order No: 55346 Reprint Previous Order No: 9465  
 Order Date: 2020-07-14  
 User: Michele Lubick  
 Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele  
 16700 21 Mile Rd., Suite 101  
 Macomb, MI 48044

### Forms

Quantity: 100  
 Paragon Dept No: 71600  
 Dept Name: McLaren Macomb Family Medicine  
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-34301-J  
 Item Description: Pediatric Physical Examination (Age 2 Years)  
 Revision Date: 3/2020  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

McLaren Medical Group  
**WELL CHILD EXAM-EARLY CHILDHOOD: 24 Months**

DATE: \_\_\_\_\_ Patient Name: \_\_\_\_\_ SEX: \_\_\_\_\_

**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:  
 Yes No  
  Please tell me any concerns about the way your toddler is behaving or developing.  
  My toddler likes to be with me.  
  My toddler is interested in people, places and things.  
  My toddler smiles, laughs, protests and says, "No".  
  My toddler uses 2-3 word phrases.  
  My toddler eats a variety of foods.  
  My toddler can stack 3-4 blocks.  
  My toddler can kick a ball.

Ask the parent to respond to the following statements:  
 Yes No  
  I have people who help me when I get frustrated with my toddler.  
  I am enjoying my time with my toddler.  
  I have time for myself, partner and friends.  
  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. If standardized autism screening tool should be administered at the 24-month visit (Medical required) (see item # \_\_\_\_\_). 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 W-Chat autism screening tool go to: <http://bit.ly/wchat-autism-screening-tool>

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			
Vocabulary of at least 50 words	Yes	No	Positively talks, talks, and responds to toddler	Yes	No
Uses words to communicate with others	Yes	No			
Points to 4 named body parts (nose, eyes, ears, mouth, hands, feet, tummy, hair)	Yes	No	Parent is looking toward toddler.	Yes	No
Identifies eye contact and touch	Yes	No	Uses words to tell toddler what is coming next.	Yes	No
Obey fearful and avoidable	Yes	No			

Please use "Parent Development Milestones" as a reminder when you are not required to bring or document, especially when the screening for continuing observation is not indicated (except for the Guidelines for Health Supervision of Infants, Children, and Adolescents).

Additional Notes from pages 1 and 2:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff Signature: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Parent Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

WELL CHILD EXAM (2 Years)  
MM-34301-J