McLaren Medical Group
PEDIATRIC PHYSICAL EXAMINATION

AGE 2 Years

Date: _____ Age: _____ Accompanied By: _____

INTERVAL HISTORY / REVIEW OF SYSTEMS

See Pediatric/Adolescent History Form/Problem List/Med. List

Concerns/Additional History: _____

Nutrition: ☐ Fluoride Source _____
☐ Diet for Age
Amt/feeding _____ Frequency _____

Elimination: ☐ WNL _____

Sleep: ☐ WNL _____

Behavior: ☐ WNL _____

Hearing: _____

Vision: _____

DEVELOPMENT

KEY: ☑ = Has achieved ☐ = Has not achieved

- ☐ Walks Up and Down Stairs
- ☐ Stacks 7 Blocks
- ☐ Removes Clothing
- ☐ Interested in Toilet Training
- ☐ Knows Animal Sounds
- ☐ Uses Pronouns
- ☐ Parallel Play
- ☐ 2-3 Word Sentences

EDUCATION

Discussed and/or handout given:

- ☐ Nutrition
  - ☐ Diet for Age
  - ☐ Milk/Juice
- ☐ Elimination
- ☐ Sleep
  - ☐ Regular Bedtime
- ☐ Dental Care
- ☐ Behavior/Development
  - ☐ Social
  - ☐ Communication Skills - Read Regularly
  - ☐ Physical
  - ☐ Toilet Training
  - ☐ Discipline Issues
- ☐ Injury Prevention
  - ☐ Activity Supervision
  - ☐ Auto/Car Seat
  - ☐ Falls/Poison Control
  - ☐ Burns
    - ☐ Water Heaters
    - ☐ Smoke Detectors
    - ☐ Carbon Monoxide Detectors
  - ☐ Childproof Environment
  - ☐ Drowning
  - ☐ Firearm Hazards
- ☐ Passive Smoke Exposure
- ☐ Child Care/Preschool Issues
- ☐ Other: _____

PHYSICAL EXAMINATION

Weight _____ Height _____ Head Circumference _____

See Growth Chart

T: _____ P: _____ R: _____

KEY: ☑ WNL
☐ Not addressed or exceptions/abnormalities must be documented

- ☐ Gen. Appearance _____
- ☐ Head/Fontanel _____
- ☐ Eyes _____
- ☐ Ears _____
- ☐ Nose _____
- ☐ Mouth/Throat _____
- ☐ Lungs _____
- ☐ Heart _____
- ☐ Femoral Pulses _____
- ☐ Abdomen _____
- ☐ Genitalia _____
  - ☐ Male/Testes Down _____
  - ☐ Female _____
- ☐ Extremities _____
- ☐ Back _____
- ☐ Skin _____
- ☐ Neurologic _____

Comments: _____

ASSESSMENT

☐ Well child

PLANS/FOLLOW-UP

☐ Next well child at age 3 years

IMMUNIZATIONS

Immunizations UTD? ☐ Yes ☐ No

- ☐ Influenza Vaccine
- ☐ MCIR Updated
- ☐ Physician provided face-to-face counseling with the parent/guardian at the time of administration of (list number) _____ vaccine(s) at this visit.

SCREENINGS

- ☐ Lead Screening Date: _____
- ☐ Lead Level Date: _____
- PPD: ☐ Yes Date: _____ ☐ No

☐ Parent/guardian verbalized understanding of education/instructions
☐ See Progress Notes for additional documentation

Clinical Staff Signature: _____

Provider Signature: _____

Patient Name:

Date of Birth:

McLaren Medical Group

WELL CHILD EXAM-EARLY CHILDHOOD: 24 Months

DATE	PATIENT NAME	DOB

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 5-6 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. 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			
Vocabulary of at least 50 words	Yes	No	Positively talks, listens, and responds to toddler	Yes	No
Uses words to communicate with others	Yes	No			
Points to 6 named body parts (nose, eyes, ears, mouth, hands, feet, tummy, hair)	Yes	No	Parent is loving toward toddler.	Yes	No
Avoids eye contact and touch	Yes	No	Uses words to tell toddler what is coming next	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:

Staff Signature: _____

Provider Signature: _____

Date: _____ **Time:** _____

Patient Name:

Date of Birth: