

NAME:
DOB:
GENDER: MALE FEMALE
DATE OF SERVICE:

MEDICAID ID:
PRIMARY CARE GIVER:
PHONE:
INFORMANT:

HISTORY

See new patient history form

INTERVAL HISTORY:

NKDA Allergies:

Current Medications:

Visits to other health-care providers, facilities:

Parental concerns/changes/stressors in family or home:

Psychosocial/Behavioral Health Issues: Y N
Findings:

DEVELOPMENTAL SURVEILLANCE:

- Gross and fine motor development
- Communication skills/language development
- Self-help/care skills
- Social, emotional development
- Cognitive development
- Mental health

Autism screening (If not completed at 24 mos):
M-CHAT™ M-CHAT-R/F™ P F

Findings:

NUTRITION*:

Problems: Y N
Assessment:

** See Bright Futures Nutrition Book if needed*

IMMUNIZATIONS

Up-to-date
Deferred - Reason:

Given today: DTaP Hep A Hep B Hib IPV
 MMR Pneumococcal* Meningococcal*
 Varicella MMRV DTaP-IPV-Hep B
 DTaP-IPV/Hib Influenza

**Special populations: See ACIP*

LABORATORY

Tests ordered today:

UNCLOTHED PHYSICAL EXAM

See growth graph

Weight: _____ (_____ %) Length: _____ (_____ %)
BMI: _____ (_____ %) Heart Rate: _____
Respiratory Rate: _____ Temperature (optional): _____

Normal (Mark here if all items are WNL)

Abnormal (Mark all that apply and describe):

- | | | |
|---------------|--------------|-----------------|
| Appearance | Mouth/throat | Genitalia |
| Head/fontanel | Teeth | Extremities |
| Skin | Neck | Back |
| Eyes | Heart/pulses | Musculoskeletal |
| Ears | Lungs | Hips |
| Nose | Abdomen | Neurological |

Abnormal findings:

Subjective Vision Screening: P F
Subjective Hearing Screening: P F

HEALTH EDUCATION/ANTICIPATORY GUIDANCE (See back for useful topics)

Selected health topics addressed in any of the following areas*:

- Communication
- Social Interactions
- Development
- Nutrition
- Safety

**See Bright Futures for assistance*

ASSESSMENT

PLAN/REFERRALS

Dental Referral: Y
Other Referral(s)

Return to office:

Signature/title

Signature/title

Name:

Medicaid ID:

Typical Developmentally Appropriate Health Education Topics

30 Month Checkup

- Lead risk assessment*
- Read books and talk about pictures/story using simple words
- Remain aware of language used, child will imitate
- Begin self-dressing with T-shirt
- Discipline constructively using time out for 1 minute/year of age
- Establish consistent bedtime routine
- Establish consistent limits/rules and consistent consequences
- Establish routine and assist with tooth brushing with soft brush twice a day
- Limit TV/computer time to 1-2 hours/day
- Maintain consistent family routine
- Provide age-appropriate toys to develop imagination/self-expression
- Provide nutritious 3 meals and 2 snacks; limit sweets/high-fat foods
- Lock up guns
- No shaking baby (Shaken Baby Syndrome)
- Provide home safety for fire/carbon monoxide poisoning
- Provide safe/quality day care, if needed
- Supervise when near or in water even if child knows how to swim
- Teach how to answer the telephone
- Use of front-facing car seat until 4 y/o and 40 pounds
- Encourage supervised outdoor exercise
- Use of "No" for self-opinion/frustration/expression of anger

HEARING CHECKLIST FOR PARENTS (OPTIONAL)

	Yes	No
24 to 30 months		<ul style="list-style-type: none"> Understands negative statements ("no more," "not now") Selects objects according to size (big, little) Follows simple directions ("Get your shoes and socks") Answers questions ("What do you do when you are sleepy?") Uses plural words (2 books, dogs) Speaks 100 to 200 words

*LEAD RISK FACTORS

Perform a blood lead test if parent/caretaker answers "Yes/Don't Know" to any of the questions below.	Yes	Don't know	No
• Child lives in or visits a home, day care, or other building built before 1978 or undergoing repair			
• Pica (Eats non-food items)			
• Family member with an elevated blood lead level			
• Child is a newly arrived refugee or foreign adoptee			
• Exposure to an adult with hobbies or jobs that may have risk of lead contamination (See Pb-110 for a list)			
• Food sources (including candy) or remedies (See Pb-110 for a list)			
• Imported or glazed pottery			
• Cosmetics that may contain lead (See Pb-110 for a list)			

The use of the Form Pb-110, Lead Risk Questionnaire is optional. It is available at www.dshs.state.tx.us/thsteps/forms.shtm. If completed, return the form to the Texas Childhood Lead Poisoning Prevention Program as directed on the form.

EARLY CHILDHOOD INTERVENTION (ECI)

The ECI referral form is available at:
<http://txpeds.org/sites/txpeds.org/files/documents/ECI-Referral-Form.pdf>