WELL CHILD ASSESSMENT 16 TO 23 MONTHS

AGE:	WEIGHT:	LENGTH:	HEAD CIRC:	
TEMP:	PULSE	RESP.		MA Signature:

INTERVAL HISTORY

Diet:

Illness:

Problems:

Immunization Reaction:

Parental Concerns:

DEVELOPMENT ☐ NORMAL ☐ ABNORMAL

- ☐ Mimics Household Chores
- ☐ 4-10 Word Vocabulary
- ☐ Piles 2-3 Blocks
- ☐ Scribbles
- ☐ Walks Well - Climbs
- ☐ Answers Questions with Questions

PHYSICAL EXAMINATION PM 160 ☐Yes ☐No

	N	AB	ABNORMALITIES/COMMENTS
General Appearance			
Nutrition			
Skin			
Head, Neck & Nodes			
Eyes/ Eq Reflex			
ENT/Hearing			
Mouth/Dental"			
Heart			
Abdomen			
Ext. Genitalia			
Back			
Extremities/Hips			
Neurological			
Fem. Pulses			

EDUCATION (Circle Items Discussed)

Nutrition: Three Meals/Day, Snacks, Avoid Junk Food
Tobacco: Second-Hand Smoke
Safety: Street Refrigerator, Freezer, Electrical Outlets, Hot Water, Drowning, Lead Pottery, Folk Remedies, Smoke Detector
Parenting: Play with other Children, Toilet Training, Temper Tantrums, Play, Discipline, Touching Genitals, Fever Control
Dental: Tooth Brushing/Avoid Sweets, Bottle Caries, Fluoride, Importance of Primary Teeth

☐ Growing Up Healthy Brochure given

TB RISK ASSESSMENT ☐No Risk ☐Risk

ASSESSMENT:

PLAN

☐ Hepatitis B #3 ☐ DTaP #4 ☐ IPV #3 ☐ Varicella

☐ Prevnar Late Catch-up #2

Next Visit:

TOBACCO ASSESSMENT

1. Patient is exposed to Passive (second-hand) Tobacco Smoke. ☐Yes ☐No
2. Tobacco Used by Patient. ☐Yes ☐No
3. Counseled about/Referred for Tobacco Use Prevention/Cessation. ☐Yes ☐No

Patient Name/ID Number:

Exam Date: _____

_____
Provider Signature