WELL CHILD ASSESSMENT - 2 YEARS

AGE:	WEIGHT:		LENGTH:			HEAD CIRC:			
TEMP:	PULSE I		RESP	RESP.		ндв/нст:	MA Signature:		
INTERVAL HISTORY DEVELOPME							NORMAL AB	NORMAL	
Diet:								0	
Illness:					☐ Kicks Ball ☐ Handles Spoon Well				
Problems:						Body Part Plays Hide and Seek			
Immunization Reaction:					☐ Simple Household Tasks ☐ Runs Well				
Parental Concerns:						ks Up and Down Stairs			
PHYSICAL EXAMINATION PM 160 Yes No						EDUCATION (Circle Items Discussed)			
	N AB ABNORMALITIES				COMMENTS Nutrition: 3 Meals/Family Time, Snacks, Lowfat Milk				
General Appearance						Optional, No food as Reward Tobacco: Second-Hand Smoke			
Nutrition						Safety: Streets, Cares, Knives, Falls, Burns, Lead			
Skin						Poisoning Behavior: Runs but falls easily, Bumps, Rough &			
Head, Neck & Nodes					Tumble Play,		Tumble Play, Walks	alks Up & Down Stairs	
Eyes/ Eq Reflex						Guidance: Toilet Training, Exercises, Peer Play, Accept Negativism, TV Programs			
ENT/Hearing						Dental: Tooth Brushing, Bottle Carries		Carries	
							Growing Up Healthy Broo		
Mouth/Dental"						TE	B RISK ASSESSMENT]No Risk □Risk	
Heart						A	SSESSMENT:		
Abdomen									
Ext. Genitalia					 				
Back						1			
Extremities/Hips	 			· · · · · · · · ·		1			
Neurological						1			
Fem. Pulses	1			··					
PLAN		<u> </u>	}				TOBACCO ASSESSME	NT	
☐ Blood Lead Test ☐ Hepatitis A # 1							Patient is exposed to Tobacco Smoke.	Passive (second-hand)	
							2. Tobacco Used by Pa	itient. ∐Yes ∐No	
N Mick							3. Counseled about/Re Prevention/Cessation		
Next Visit:									
Patient Name/ID Numbe	er:						Exam Date:		
							Provider Signature		

Well Child Assessment -2 Years 3/30/00 PPMC/AA