



Name: _____ DOB: _____ Actual Age: _____
Language Spoken _____ Interpreter Name _____
Date: _____

2 YEARS

NURSING INTAKE						
Height:	Weight:	BMI:	BMI%:	Temp.:	Pulse:	Resp.:
Allergies:				Growth Charts Completed: []		
Abuse: witness or victim:				Notes:		
Alternate health care provider:				MA Signature		

INTERVAL HISTORY			Stools:
Diet:	Has WIC: Yes / No		Physical Activity:
Illnesses:	Meds/Vits:		Sleep Pattern:
Accidents:		Exposure to tobacco smoke:	TB Risk Yes / No

GROWTH-DEVELOPMENT: Physical activity: _____

[] Runs well, walks up and down	[] Puts 2-3 words together
[] Identifies 1 body part	[] Handles spoon well
[] Kicks and throws a ball	[] Plays hide and seek
[] 7-20 word vocabulary	[] 3 block tower [] Autism screen
[] Puts on simple clothes	[] Helps in house [] Developmental screen

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION		Teeth [] Grossly normal
General Appearance [] Well nourished and developed		Heart [] No murmurs, regular rhythm
[] No abuse/neglect evident		Lungs [] Breath sounds normal bilaterally
Head [] Symmetrical, A.F. closed		Abdomen [] Soft, no masses, liver, spleen normal
Eyes [] Conjunctivae, sclerae, pupils normal		Genitalia: [] Normal appearance,
[] Red reflexes present		Male [] Testes in scrotum, circ./uncirc.
[] Appears to see [] No strabismus		Female [] No lesions, nl external appearances
Ears [] Canals clear, TMs normal		Hips [] Good abduction
[] Appears to hear		Femoral pulses [] Present and equal
Nose [] Passages patent		Extremities [] No deformities, full ROM
Mouth & pharynx [] Normal color, no lesions, no cavities		Skin [] Clear, no significant lesions
Neck [] Supple, no masses palpated		Neurologic [] Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given

[] DTaP (if not up to date)	[] Hep A (if not up to date)	[] Immunization registry entry
[] IPV (if not up to date)	[] Varicella (if no history date)	[] Rx for fluoride drops/chewable tabs .25/.50 mg
[] Hib (if not up to date)	[] Influenza vaccine (check recommendations)	QD till age 14
[] MMR (if not up to date)	[] HCT (if high risk)	[] WIC Referral
[] Hep B (if not up to date)	[] Lead Blood Test (at 24 months)	[] Lipid profile (if high risk)
[] MCV4 (high risk groups)	[] Fluoride varnish application	[] Dental referral [] PPD (if indicated)

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Regular meals with snacks, iron-rich foods, sodium, caloric balance, size of food, switch to low fat milk, no bottles.

Behavior: Runs but falls easily, loves rough play . Activity education. Education on Fluoride varnish treatment .

Injury & Violence prevention: Street dangers, knives, falls, drowning, poison center number, storage of drugs, toxic chemicals, matches, guns, smoke detector, hot water temp., window guards, pool fence, bike helmet, play equipment, lead poisoning prevention

Guidance: Accept negativism, start toilet training, parallel peer play, monitor TV programs, brush teeth, dentist, effects of passive smoking, protect skin from UV light ,emergency care plan, toddler car seat, childcare plan, sun screen.

[] Refer to appropriate agency.

Next appointment [] 1 year or _____ Signature _____ Date _____