



# WELL CHILD VISIT

## 2 Year

Name \_\_\_\_\_ Age in Years \_\_\_\_\_ Date of Visit \_\_\_\_\_

### Concerns/Discussion

- Family concerns
- Illnesses/Accidents
- Behavior/Discipline
- Toilet training
- Observe parent/Child interaction
- Other concerns

### Nutrition Guidance

- 3 meals & 2-3 nutritious snacks/day
- Make mealtime pleasant (avoid fighting or forcing)
- Family meals
- Do not "comfort" or "reward" with food
- Appropriate size utensils
- Offer variety of foods
- Can use low-fat dairy products

### Developmental/Behavioral

- 2-3 word phrases; rapidly expanding vocabulary
- Up and down stairs
- Kick a ball
- Stacks 5-6 blocks
- 20 words and 2-word phrases
- Imitates adults
- Temper tantrums
- Throws ball
- Ignores instructions and requests

### Physical Exam

- General
- Wt \_\_\_\_\_ % \_\_\_\_\_
- Ht \_\_\_\_\_ % \_\_\_\_\_
- HC \_\_\_\_\_ % \_\_\_\_\_
- Monitor growth chart
- Temp \_\_\_\_\_
- Skin (Nevi, café au lait spots)
- Nodes
- Head
- Eyes
- Ears
- Nose
- Oropharynx (bottle tooth decay)
- Neck
- Chest/Breast
- Lungs
- Cardiovascular
- Abdomen
- Genitalia
- Hips/Extremities
- Neuro
- Evidence of Neglect/Abuse

### Screening/Immunizations

#### Screening

- Hearing (exam & history)
- Vision (exam & history)
- Lead—Screen high risk (educate all parents)
- Anemia—Screen high risk
- Hyperlipidemia—Screen if high risk

- Tuberculosis—PPD for high risk
- Dental
  - Discuss fluoride
  - Exam and refer if abnormal
  - Educate on care

#### Immunizations

- Per ACIP schedule (Record below)
- Review record & "catch up" as needed

### Anticipatory Guidance

- Injury/Accident prevention (car, outside play, drowning, electrical, poisoning, falls, burns, copy parents)
- Gun safety
- Discuss sleep habits (night waking, fears, nightmares)
- Discipline (Time out)
  - Praise good behavior, reasonable expectations, stress consistency, (avoid hitting, spanking, yelling)
- Ignore temper tantrums
- Toilet training-discuss readiness signs (praise successes, DO NOT PUNISH)
- Normal to play with parts of body
- Let child explore
- Limit TV viewing
- Sibling rivalry
- Care of minor injuries & illnesses

Immunizations given:

\_\_\_\_\_

\_\_\_\_\_

Record all abnormal findings below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assessment and Plan: \_\_\_\_\_

PHN Referral (if indicated) \_\_\_\_\_ WIC Referral (if indicated) \_\_\_\_\_

Physician Signature: \_\_\_\_\_