

WELL CHILD EXAM-EARLY CHILDHOOD: 30 Months

DATE

PATIENT NAME		DOB		SEX		PARENT/GUARDIAN NAME			
Allergies				Current Medications					
Prenatal/Family History									
Weight	Percentile	Length/Height	Percentile	BMI	Percentile	BP (if risk)	Temp.	Pulse	Resp.
	%		%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition

☐ Grains _____ servings per day

☐ Fruit/Vegetables _____ servings per day

☐ Whole Milk _____ servings per day

☐ Meat/Beans _____ servings per day

☐ City water ☐ Well water ☐ Bottled water

WIC ☐ Y ☐ N

Elimination ☐ Normal ☐ Abnormal

Sleep

☐ Normal (8 – 12 hours) ☐ Abnormal

Additional area for comments on page 2

Screening and Procedures:

☐ Oral Health Risk Assessment

☐ Subjective Hearing -Parental observation/ concerns

☐ Subjective Vision -Parental observation/ concerns

Standardized Developmental Screening

☐ Completed

Tool Used _____

RESULTS: ☐ No Risk ☐ At Risk

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

Immunizations:

☐ Immunizations Reviewed, Given & Charted
– if not given, document rationale

☐ Influenza ☐ Other _____

☐ Acetaminophen ____ mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

Review of Systems		Physical Exam		Systems
N	A	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

☐ Abnormal Findings and Comments
If yes, see additional note area on next page

Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated

☐ Fluoride Varnish Applied

☐ Referrals

☐ WIC ☐ Early On

☐ Children Special Health Care Needs

☐ Transportation ☐ Dentist

☐ Other _____

☐ Other _____

Anticipatory Guidance/Health Education
(✓ if discussed)

Safety

☐ Working smoke detectors/fire escape plan

☐ Appropriate car seat placed in back seat

☐ Pool/tub/water safety

☐ Use bike helmet

☐ Animal and Pet Safety

☐ Childproof home - (hot liquids/pots, window guards, cleaners, medicines, knives, guns)

☐ Supervise near pets, mowers, streets

☐ Supervise play, ensure playground safety

☐ Limit time in sun-use hat/sunscreen

Nutrition/physical activity

☐ Eat meals as a family

☐ Family physical activity

☐ Physical activity in a safe environment

Oral Health

☐ Dental appointment

☐ Brush teeth w/fluoridated toothpaste

Child Development and Behavior

☐ Listen to and respect your child

☐ Reinforce limits, be consistent

☐ Daily/Bedtime Routine

☐ Begin toilet training when child is ready

☐ Hug, talk, read, and play together

☐ Encourage self-expression, choices

☐ Praise good behavior and accomplishments

☐ Limit television/screen time

Family Support and Relationships

☐ Encourage supervised play with other children – don't expect toddler to share

☐ Help child express emotions

☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

☐ Discuss child care, play groups, preschool, early intervention programs, parenting

Other Anticipatory Guidance Discussed:

Next Well Check: 3 years of age

A standardized developmental screening tool to be administered – see page 2.
Page 3 required for Foster Care Children.

Provider Signature: _____

Page 2 - WELL CHILD EXAM- EARLY CHILDHOOD: 30 Months – Developmental Screening

A standardized developmental screening tool should be administered (Medicaid required and AAP recommended) at the 30 month visit.

Please record findings on this page.

Developmental, Social/Emotional and Behavioral Health Screenings

Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Developmental Screening completed: Date_____

Screener Used: ☐ ASQ ☐ ASQSE ☐ PEDS ☐ PEDSDM ☐ Other tool:_____ **Score:** _____

Referral Needed: ☐ No ☐ Yes **Agency:** _____

Referral Made: ☐ No ☐ Yes **Date of Referral:**_____ **Agency:** _____

Current or Past Mental Health Services Received: ☐ No ☐ Yes (if yes please provide name of provider)

Name of Mental Health Provider:_____

EPSDT Abnormal results:

Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc):

Signature of Staff who gave/scored screener if applicable:_____

Provider Signature: _____

Provider Name_____

Please print

THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN

PAGE 3 - WELL CHILD EXAM-EARLY CHILDHOOD: 30 Months

DATE	CHILD'S NAME	DOB
Name and phone number of person who accompanied child to appointment: Name: _____ Phone Number: _____		<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative Caregiver (specify relationship) _____ <input type="checkbox"/> Caseworker

Physical completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements

☐ **Yes** Please attach completed physical form utilized at this visit

☐ **No** If no, please state reason physical exam was not completed _____

Developmental, Social/Emotional and Behavioral Health Screenings

Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Developmental Screening completed: Date _____

Screeners Used: ☐ ASQ ☐ ASQSE ☐ PEDS ☐ PEDSDM ☐ Other tool: _____ **Score:** _____

Referral Needed: ☐ No ☐ Yes

Referral Made: ☐ No ☐ Yes **Date of Referral:** _____ **Agency:** _____

Current or Past Mental Health Services Received: ☐ No ☐ Yes (if yes please provide name of provider)

Name of Mental Health Provider: _____

EPSDT Abnormal results:

Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc):

Provider Signature: _____

Provider Name _____

Please print

PARENT HANDOUT

Your Child's Health at 30 Months

Milestones

Ways your child is developing between 2 ½ and 3 years of age.

- May not want to do what parent wants; says, "NO" often
- Toilet trained during the daytime
- Shows feelings and is playful with others
- Throws a ball overhand
- Rides a tricycle
- Knows name, age, and gender
- Able to leave parent or caregiver when in a known place
- Plays with other children
- Is able to feed and dress self
- Can draw a cross and a circle
- Plays "make believe" games with dolls and stuffed animals

For Help or More Information:

Age Specific Safety Information:

Call 1-202-662-0600 or go to <http://www.safekids.org/safety-basics/>

For help finding childcare:

Child Care Licensing Agency, Michigan Department of Consumer & Industry Services, 1-866-685-0006 or online at:
<http://www.michigan.gov/michildcare>

For information about lead screening:

visit the Michigan Bridges 4 Kids lead website at www.bridges4kids.org/lead.html or contact the Childhood Lead Poisoning Prevention Project at (517) 335-8885

Poison Prevention:

Call the Poison Control Center at 1-800-222-1222 or online at www.mitoxic.org/pcc

If you're concerned about your child's development:

Contact Early On Michigan at 1-800-327-5966 or Project Find at <http://www.projectfindmichigan.org/> or call 1-800-252-0052

Parenting skills or support:

Call the Parents HELPLine at 1-800-942-4357 or the Family Support Network of Michigan at 1-800-359-3722.

Support for families of children with special health care needs:

Children Special Health Care Services, Family phone line at 1-800-359-3722 or www.mdch.state.mi.us/msa/mdch_msa/cshcs.htm

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

Health Tips:

Are your child's shots up to date? Ask your child's doctor or nurse about a flu shot for your child.

Offer your child a variety of healthy foods every day. Limit junk foods. Eat meals together as a family as often as possible. Turn off the TV while eating together.

Brush your child's teeth at least once a day with a pea-sized amount of fluoride toothpaste.

Each child develops in his own way, but you know your child best. If you think he is not developing well, you can get a free screening. Call your child's doctor or nurse with questions.

Parenting Tips:

Take your child outside to play and help her play active games like catch, tag, and hide-and-seek. Give her simple toys to play with, like blocks, crayons, paper, and stuffed animals.

Read to your child everyday. He may like books that tell about daily activities like playing, eating, and getting dressed. Your child may like the same book to be read over and over.

Encourage your child's decision to use the potty, but don't force or punish her if she isn't ready. She may not be ready until about age 3. She'll show you she's ready by being dry after sleep and telling you when she wants to use the toilet.

Don't spank or yell at your child. Calmly, give your child something different to do. Use words to tell your child when he is doing something good. Help your child understand how he's feeling by naming the feeling.

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call the free Parent Helpline at 1 800 942-4357 (in Michigan). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

Safety Tips

- Keep cleaning supplies and medicine locked up and out of reach
- Always hold your child's hand while walking near traffic, including in parking lots. Check behind your car before backing up in case a child is behind it.
- If you have guns at home, keep them unloaded and locked
- Put a life jacket on your child whenever she is near the water or in a boat. Always watch her around the water
- Keep matches and lighters out of reach