SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 24 MONTHS

Name: _____ DOB: _____

Date of Visit _____ Age _____

Parental Language Barrier: ☐ N ☐ Y _____

PARENTAL CONCERNS/ONGOING & INTERIM PROBLEMS

☐ No Concerns

_____

_____

_____

PAST MEDICAL HISTORY

Allergies _____ Immunization Reactions _____

Other _____

_____

_____

PRESENT HISTORY

Meds: _____

Diet

Low-fat Milk _____

Food Groups _____

Elimination/Toilet Learning _____

Sleep/Naps _____

Dental _____

DEVELOPMENT

Speech>20 words/2 word phrases _____

Stacks/Scribbles _____

Runs/Stairs one at a time _____

Undresses/Washes hands/ Imitates Adults _____

SOCIAL

Preschool,Mother's Day Out/Day Care _____

Behavior/Discipline _____

_____

TV _____

FAMILY

Smoke Exposure ☐ Yes ☐ No _____

Other _____

_____

_____

Information completed by: _____

Relationship to child: _____

PHYSICAL EXAMINATION

Length _____ Weight _____ BMI _____ BMI% _____

HC _____ Temp _____ Pain _____

N	AB		COMMENTS
☐	☐	Gen. Appearance	_____
☐	☐	Skin	_____
☐	☐	Head/Fontanel	_____
☐	☐	Eyes/RR/Strabismus	_____
☐	☐	Ears/Nose/Oropharynx	_____
☐	☐	Neck/Nodes	_____
☐	☐	Chest/Lungs	_____
☐	☐	Cardiovascular/Pulses	_____
☐	☐	Abdomen	_____
☐	☐	Genitalia	_____
☐	☐	Musculoskeletal/Hips	_____
☐	☐	Neuro/Reflexes	_____
☐	☐	Hearing	_____
☐	☐	Vision(attempt formal)R	_____ L _____

ANTICIPATORY GUIDANCE

Diet
- ☐ Low Fat Milk
- ☐ Balanced meals TID
- ☐ Avoid "struggle" over food
- ☐ Limit juice/Kool-aid/Soda

Development
- ☐ Play with child
- ☐ Encourage learning/Books
- ☐ TV Habits

Injury Prevention
- ☐ Toddler Car Seat
- ☐ Drowning/water safety
- ☐ No unsupervised play
- ☐ Burn prevention: Heat & Electrical

Medical Education
- ☐ No Smoking
- ☐ Acetaminophen Dose
- ☐ Telephone

Dental Education
- ☐ No bottle
- ☐ Brush Teeth

LABS

☐ Hgb/Hct _____ ☐ Lead Risk Factors ☐ Yes ☐ No

☐ Tb Skin Test _____ Risk Factors ☐ Yes ☐ No

IMMUNIZATIONS: ☐ Any Still Needed: _____

_____

ASSESSMENT/RECOMMENDATIONS

☐ Healthy Toddler _____

_____

_____

☐ Return for 3 year checkup

_____, M.D.

SICK VISIT – Mod 25

CC:

HPI:

MDM:

>50% of _____min visit spent counseling