

Four Seasons Pediatrics
Physical exam form for 18, 24 and 30 month

Child's Name: _____ Birth Date: _____ Age: _____
Today's Date: _____

Feeding History:

How many ounces of milk does your child drink each day? _____
Does he/she eat most table foods? _____
Does he/she use a spoon and cup okay? _____
Any problems with eating? _____

Behavior:

Any problems with his/her sleeping? _____
Does your child have any difficult behavior you would like to change?

Does your child have to be spanked frequently? _____
Is your family having any serious problems?

Illnesses:

If your child is on medicines, name them: _____
Has your child had any serious illnesses since the last check up? _____

Development:

Please check the boxes to indicate if your 18 month old does the following:

<input type="checkbox"/> Scribbles with a crayon	<input type="checkbox"/> Says about 10 words
<input type="checkbox"/> Walks well	<input type="checkbox"/> Uses a pull toy
<input type="checkbox"/> Runs with legs stiff	<input type="checkbox"/> Turns pages, 2-3 at a time
<input type="checkbox"/> Can hurl a ball	

Please check the boxes to indicate if your 2 year old does the following:

<input type="checkbox"/> Puts 2-3 words together	<input type="checkbox"/> Points to body parts
<input type="checkbox"/> Can walk up stairs	<input type="checkbox"/> Uses words: "I, me, you"
<input type="checkbox"/> Can kick a large ball	<input type="checkbox"/> Imitates you at home
<input type="checkbox"/> Turns pages one at a time	<input type="checkbox"/> Pulls up pants, puts on socks

Please check the boxes to indicate if your 30 month old does the following:

<input type="checkbox"/> Imaginary play is increasing	<input type="checkbox"/> Expressing fearfulness
<input type="checkbox"/> Uses short phrases of 3-4 words	<input type="checkbox"/> Is understandable to others 50% of the time
<input type="checkbox"/> Has friends	<input type="checkbox"/> Throws ball overhand
<input type="checkbox"/> Brushes teeth with help	<input type="checkbox"/> Puts on clothes with help

Social:

Are both parents living at home? _____
Does your child brush his/her teeth every day? _____
Is your child taking fluoride? _____

Screening – Please check the box if any of the following are true:

My child has had exposure to tuberculosis or a person with a positive skin test
 My child spends a significant amount of time in a home built before 1960
 There is a family history of high cholesterol of > 240 in either parent or grandparents
 There is a family history of heart disease before 55 in either parent or grandparents
 There are concerns with family mental health history or substance abuse
 There are barriers to communication of health information, such as vision, hearing or cognition
 The family has concerns about meeting daily needs, income, paying for medications, ect.

PLEASE SEE QUESTIONS ON OPPOSITE SIDE

M-CHAT

Patient Name: _____ DOB: _____ Today's Date: _____

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1. Does your child enjoy being swung, bounced on your knee, etc.? Yes No
2. Does your child take an interest in other children? Yes No
3. Does your child like climbing on things, such as up stairs? Yes No
4. Does your child enjoy playing peek-a-boo/hide-and-seek? Yes No
5. Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things? Yes No
6. Does your child ever use his/her index finger to point, to ask for something? Yes No
7. Does your child ever use his/her index finger to point, to indicate interest in something? Yes No
8. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them? Yes No
9. Does your child ever bring objects over to you (parent) to show you something? Yes No
10. Does your child look you in the eye for more than a second or two? Yes No
- 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)** Yes No
12. Does your child smile in response to your face or your smile? Yes No
13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) Yes No
14. Does your child respond to his/her name when you call? Yes No
15. If you point at a toy across the room, does your child look at it? Yes No
16. Does your child walk? Yes No
17. Does your child look at things you are looking at? Yes No
- 18. Does your child make unusual finger movements near his/her face?** Yes No
19. Does your child try to attract your attention to his/her own activity? Yes No
- 20. Have you ever wondered if your child is deaf?** Yes No
21. Does your child understand what people say? Yes No
- 22. Does your child sometimes stare at nothing or wander with no purpose?** Yes No
23. Does your child look at your face to check your reaction when faced with something unfamiliar? Yes No

M-Chat reviewed and scored by: _____ Date: _____

The Wellness Times – Four Seasons Pediatrics



2 and ½ Year Visit - Today's Weight: _____ Height: _____

Injury Prevention



The most common accidents that occur at this age:

- **Supervision:** Do not expect young brothers and sisters to supervise your toddler
- **Bikes:** Always make sure a properly fitted helmet is on
- **Accidental poisoning:** Do not leave medication available or leave the safety top on loose. Do not use attractive bottles to store poisons.
- **Dogs:** teach your child to ask permission before approaching dogs, especially if eating or the dogs are unknown
- **Accidents:** that also occur are related to power tools, lawn mowers and plastic bags.
- **Drowning:** Do not leave your child unsupervised in or near a filled tub, pool, bucket of water, ditch or cesspool.
- **Sunburns:** Use hypoallergenic sunscreen SPF 30. Avoid the sun between 10 a.m. and 2 p.m. (highest UV rays).

Nutrition

Continue to offer choices for foods, and let your child decide how much to eat. Remember you are in charge of what your child eats, they are in charge of how much they eat. If your drinking water does not

contain fluoride, your child should be taking 0.25 mg daily.

Growth and Development

Two year olds have lots of energy, and cannot sit still or stick with one activity for long periods of time. They have strong ideas. It is necessary for them to assert themselves and take some control. Set limits and be consistent. Give them choices within those limits. They also may have mood changes and like regular routines. They may have a difficult time making choices, but need the practice.

- Fears often occur at this age. Reassurance and understanding help children build confidence.
- Two year olds like to help and do things for themselves. Accept their help and give them simple tasks.
- On average, your child will sleep 10-12 hours a day, including a 1-2 hour nap.

Healthy Habits



Brush your child's teeth twice a day using a tiny (pea sized amount) of toothpaste.

- Don't let the TV become a babysitter. This is a good time to start family walks.

Remember the following for a healthy body:

- 5 servings of fruits/veggies per day
- 2 hours of screen time per day (TV, Video, Computer)
- 1 hour of physical activity per day (that increases heart rate)
- 0 intake of sweetened beverages

Tantrums

During a temper tantrum, the child loses control, may fall to the ground flailing his arms, shouting, biting, etc. They may be accompanied by breath holding lasting 2-10 minutes. Tantrums can happen if your child is tired, if it was because he wanted something, or it did not go a certain way. Think of the tantrum as a performance. Your child is the actor and you are the audience. If you take away the audience, the actor has no one to perform to. If something aggressive is done during the tantrum give your child a time out after the tantrum is over.

Next Visit

Your next health visit will be the 3 year old well visit.

Fill out forms before your appointment at our website at www.fourseasonsspediatrics.com

6/8/18