

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: _____

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9th Visit - Today's Weight: _____ Height: _____

18-24 Months

Injury Prevention



The most common accidents that occur at this age:

- **Car Seat Safety:** Always buckle in the back seat.
- **Getting hit by a car backing up:** Check carefully before backing up in driveways.
- **Bikes:** Always wear a properly fitted helmet. The helmet should move the forehead when moved forward and backward.
- **Firearm accidents:** Lock weapons and ammunition away with the safety on. However, keep in mind that it is best not to keep firearms in the home.
- **Accidental poisoning:** Do not leave medication on dressers or leave the safety top on loosely
- **Lawnmower accidents:** Do not allow your child to ride on a lawn tractor or be near running machinery. Injury from a backing up riding mower is a common tragedy.
- **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 3 p.m. (highest UV rays).

Nutrition

Many children eat less or are “picky” at this age. Give a variety of foods. Let your child decide how much to eat and offer small, attractive servings. Watch out for choking. Common foods to avoid include nuts, seeds, hard candies, gum, popcorn, grapes, raw vegetables, raisins, or whole or round slices of hot dogs (slice them lengthwise). You can switch to skim (if there is a lot of fat in the diet) to 2% milk (if there is not). We now recommend no more than 2 cups per day. Limit fruit juice to one cup per day.

If your drinking water does not contain fluoride, your child should be taking 0.25 mg daily.

Growth and Development



The toddler is becoming more independent and demanding. He may say no a lot. Praise good behaviors and save the no's for safety issues. Read daily as part of a bedtime routine.

Most toddlers like building with blocks, putting shapes in containers, and digging in sand.

They will imitate things you do and say!

Your child may show an interest in toilet training (see back).

Healthy Habits



Brush your child's teeth twice a day using a tiny (pea sized amount) of toothpaste. Use training toothpaste until your child can spit out after brushing.

- Don't let the **TV** become a babysitter. Limit television to no more than 2 hours a day. Choose educational TV such as PBS.
- If your child is having frequent infections (ear infections, sinus infections, frequent cough) and you **smoke**, please consider quitting now or set a quit date. You can reduce the number of ear and sinus infections by almost 70%! Although smoking outside helps, unless you wash your clothes and shower after each cigarette, your child is exposed to your smoking.

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Next Visit



Your next health visit will be the 2 year well child visit. Please notify us as soon as possible (no later than 24 hours prior to your appointment) if you cannot make an appointment.

Immunizations

Your child may receive one or more of the following vaccines:

- **Hepatitis A Vaccine**
- **Flu Vaccine** (Influenza) vaccine (seasonal)

Have Asthma?

Make an appointment to review your child's asthma at least twice yearly. Bring medications that your child takes so that we can review the technique for taking them. The best time of the year to review asthma is over the summer, since more children are hospitalized during the month of

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September than any other month of the year.

The flu shot is given starting in August to September. Check our web site to see if we are giving them during these months. If colds set off your child's asthma, your child should receive it each year until colds are tolerated without causing symptoms.

Sign up for our newsletter at www.fourseasonspediatrics.com

6/8/18

Toilet Training

Over time we have come full circle with toilet training. Years ago we were very permissive and told parents to wait and their child will show them when they are ready. As a result, many parents did not encourage toilet training. We are now finding more children who are instead delaying toilet training to older ages. As usual the truth is somewhere in between. While you cannot and should not force your child to go, you certainly can provide positive incentives for taking interest.

Supplies

Potty chair that allows the feet to rest on the floor. Also, while some children have a sense of accomplishment, others need rewards such as stickers, stars, fruit slices, raisins, crackers, cookies or "poop candy"

Considerations

1. **Be sure that your child shows signs of readiness.** He should understand what pee, poop, dry, wet, etc means. He should know what a potty is for (usually by watching others). He should prefer being dry. (Praise him for coming to you when wet or soiled). He should understand that using the potty means a dry diaper. ("If you go pee-pee in the potty, your pants will stay nice and dry") He should recognize the sensation of a full bladder and the urge to have a bowel movement. (example: your child paces, holds the genital area, jumps up and down, pulls at his pants, or tells you. Make this clear to your child – "Your body wants to make some pee or poop.
2. **Make the potty chair one of your child's favorite things.** Look at books, watch TV for one week before sitting on it without clothes.
3. **Encourage practice runs.**
4. **Praise or reward cooperation or success**
5. **Change your child after urination or bowel movement accidents.** Respond sympathetically, "You wanted to pee-pee in the potty, but you pee-peed in your pants. I know that must make you sad. You'll get better at this"
6. **Introduce training pants after your child is using the potty more than half the time.** Take your child with you to get the underwear and make it a reward for success. Once you start using training pants, use diapers only for naps and at night.