



Name:	DOB:	Actual Age:
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Health Watch EPSDT 16 - 23 MONTHS

INTAKE & VITAL SIGNS					
Height:	Weight:	H.C.:	Temp.:	Pulse:	Resp.:
Allergies:			Growth Charts Completed: []		

INTERVAL HISTORY		Breastfeed or Bottle	Stools:
Diet:	Has WIC: Yes / No		Meds./Vits.:
Illnesses:			Sleep Pattern:
Accidents:		Exposure to tobacco smoke:	TB Risk: Yes / No

GROWTH-DEVELOPMENT: Physical activity:		[]	3 block tower	[]	Developmental screen
[]	Walks alone fast	[]	Dada, Mama specific	[]	Autism screen (18 months)
[]	Indicates wants by pointing and pulling (not crying)	[]	Cup, little spillage		
[]	7-20 word vocabulary	[]	Climbs		

PARENTAL CONCERNS:

PHYSICAL EXAMINATION (uncllothed)			
Legend: ✓ = Normal x = Abnormal			
General Appearance []	Well nourished and developed	Heart []	No murmurs, regular rhythm
[]	No abuse/neglect evident	Lungs []	Breath sounds normal bilaterally
Head []	Symmetrical, A.F. open _____ cm	Abdomen []	Soft, no masses, liver & spleen normal
Eyes []	Conjunctivae, sclerae, pupils normal	Genitalia: Male []	Normal appearance, circ./uncirc.
[]	Red reflexes present	[]	Testes in scrotum
[]	Appears to see [] No strabismus	Female []	No lesions, nl external appearances
Ears []	Canals clear, TMs normal	Hips []	Good abduction
[]	Appears to hear	Femoral pulses []	Present and equal
Nose []	Passages patent	Extremities []	No deformities, full ROM
Mouth & pharynx []	Normal color, no lesions	Skin []	Clear, no significant lesions
Neck []	Supple, no masses palpated	Teeth []	Grossly normal, no cavities
		Neurologic []	Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given.		[] Hep A (if not up to date)
[] DTaP (if not up to date)	[] MMR (if not up to date)	[] WIC Referral
[] IPV (if not up to date)	[] Varicella (if not to date)	[] Immunization registry entry
[] Hib (if not up to date)	[] PPD (if not previously done)	[] Rx for fluoride .25/.50mg QD, refill till age 2
[] Hep B (if not up to date)	[] Lead Blood Test (if not in chart)	[] Hct (if high risk)
[] Prevnar (if not up to date)	[] Influenza vaccine	[] Fluoride varnish application

ANTICIPATORY GUIDANCE: Circle if discussed

Dietary: Regular meals with snacks, cup only: no bottle (12-15 mos), junk food

Behavior: growing independence, defiance, temper tantrums

Injury & Violence prevention: Toddler car seat, emergency care plan, no hard objects or food the size of baby's pinky, smoke detector, drug and toxic chemical storage, ipecac, poison center phone no.,

Childproofing: safety gates, window guards, pool fence, hot liquid temp and surfaces, drowning, street safety, falls from play equipment, tables & chairs, gun in home, protect from UV light, lead poisoning prevention

Guidance: Accept negativism, reading to child, toilet awareness not training, toothbrush use, parent smoking, childcare plan, sunscreen; education on Fluoride varnish treatment and dental referral

[] Refer to appropriate agency.

Next appointment [] 6 months or _____ Signature _____ Date _____