



Name:	DOB:	Actual Age:
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HealthWatch EPSDT 2 YEARS

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

INTERVAL HISTORY		Stools:
Diet:	Has WIC: Yes / No	Physical Activity:
Illnesses:	Meds/Vits:	Sleep Pattern:
Accidents:	Exposure to tobacco smoke:	TB Risk Yes / No

GROWTH-DEVELOPMENT: Physical activity: _____

[] Runs well, walks up and down	[] Puts 2-3 words together
[] Identifies 1 body part	[] Handles spoon well
[] Kicks and throws a ball	[] Plays hide and seek
[] 7-20 word vocabulary	[] 3 block tower [] Autism screen
[] Puts on simple clothes	[] Helps in house [] Developmental screen

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION			
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. closed	Abdomen	[] Soft, no masses, liver, spleen normal
Eyes	[] Conjunctivae, sclerae, pupils normal	Genitalia:	[] Normal appearance,
	[] Red reflexes present	Male	[] Testes in scrotum, circ./uncirc.
	[] 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, no cavities	Skin	[] Clear, no significant lesions
Neck	[] Supple, no masses palpated	Teeth	[] Grossly normal
		Neurologic	[] Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given

[] DTaP (if not up to date)	[] Hep A (if not up to date)	[] Immunization registry entry
[] IPV (if not up to date)	[] Varicella (if no history date)	[] Rx for fluoride drops/chewable tabs .25/.50 mg QD till age 14
[] Hib (if not up to date)	[] Influenza vaccine (check recommendations)	[] WIC Referral
[] MMR (if not up to date)	[] HCT (if high risk)	[] Lipid profile (if high risk)
[] Hep B (if not up to date)	[] Lead Blood Test (at 24 months)	[] Dental referral [] PPD (if indicated)
[] MCV4 (high risk groups)	[] Fluoride varnish application	

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Regular meals with snacks, iron-rich foods, sodium, caloric balance, size of food, switch to low fat milk, no bottles.

Behavior: Runs but falls easily, loves rough play, activity education.

Injury & Violence prevention: Street dangers, sharp objects, falls, drowning, poison center number, storage of drugs & chemicals, matches, guns, smoke detector, hot water temp., window guards, pool fence, bike helmet, play equipment, lead poisoning prevention

Guidance: Start toilet training, parallel peer play, monitor TV programs, Education on Fluoride varnish treatment brush teeth, dentist, effects of passive smoking, protect skin from UV light ,emergency care plan, toddler car seat, childcare plan, sun screen.

[] Refer to appropriate agency.

Next appointment [] 1 year or _____ Signature _____ Date _____