



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Actual Age: \_\_\_\_\_

Language Spoken \_\_\_\_\_ Interpreter Name \_\_\_\_\_

Date: \_\_\_\_\_

16 - 23 MONTHS

|                                 |         |       |                              |        |        |
|---------------------------------|---------|-------|------------------------------|--------|--------|
| <b>NURSING INTAKE</b>           |         |       |                              |        |        |
| Height:                         | Weight: | H.C.: | Temp.:                       | Pulse: | Resp.: |
| Allergies:                      |         |       | Growth Charts Completed: [ ] |        |        |
| Abuse: Witness or Victim:       |         |       | Notes:                       |        |        |
| Alternate health care provider: |         |       | MA Signature                 |        |        |

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

|  |     |                      |     |                           |
|--|-----|----------------------|-----|---------------------------|
| <b>GROWTH-DEVELOPMENT:</b> 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:**

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

**ASSESSMENT:**

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**PLAN:**

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|--|---|
| <b>ORDERS:</b> [ ] 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)                         |
| [ ] IPV (if not up to date)  | [ ] WIC Referral                                    |
| [ ] Hib (if not up to date)  | [ ] Varicella (if not to date)                      |
| [ ] Hep B (if not up to date)  | [ ] Immunization registry entry                     |
| [ ] Prevnar (if not up to date)  | [ ] PPD (if not previously done)                    |
|  | [ ] Rx for fluoride .25/.50mg QD, refill till age 2 |
|  | [ ] Lead Blood Test (if not in chart)               |
|  | [ ] Hct (if high risk)                              |
|  | [ ] Influenza vaccine                               |
|  | [ ] Fluoride varnish application                    |

**ANTICIPATORY GUIDANCE: Circle if discussed**

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

Education on Fluoride varnish treatment and dental referral

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.

[ ] Refer to appropriate agency.

Next appointment [ ] 6 months or \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_