

WELL CHILD EXAM EARLY CHILDHOOD: 2 YEARS

Authority: P.A. 116 of 1973
Completion: Required
Consequences of non-completion:
Non-compliance of licensing rules.

Michigan Department of Human Services

Well Child Exam Date		Patient Name		DOB	Sex	Parent/Guardian Name					
Allergies					Current Medications						
Prenatal/Family History											
Weight	Percentile	Length/Hght	Percentile	HC	Percentile	BMI	Temp.	Pulse	Resp.	BP (if risk)	
	%		%		%						

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition

Grains _____ servings per day

Fruit/Vegetables _____ servings per day

Whole Milk _____ servings per day

Meat/Beans _____ servings per day

City water Well water Bottled Water

WIC Yes No

Elimination Normal Abnormal

Sleep

Normal (8 – 12 hours) Abnormal

Additional area for comments on page 2

Screening and Procedures:

Oral Health Risk Assessment

Lead level _____ mcg/dl (required for Medicaid)

Oral Health Risk Assessment

Subjective Hearing – Parental observation/ concerns

Subjective Vision – Parental observation/ concerns

Autism Screening

Completed

RESULTS: No Risk At Risk

Developmental Surveillance

Social-Emotional Communicative

Cognitive Physical Development

Psychosocial/Behavioral Assessment

Yes No

Screening for Abuse

Yes No

Screen If At Risk

IPPD _____ (result)

Hct or Hgb _____ (result)

Dyslipidemia _____ (result)

Immunizations:

Immunizations Reviewed, Given & Charted – *if not given, document rationale*

Flu Other _____

Acetaminophen _____ mg. q. 4 hours

Patient Unclothed Yes No

Review of Systems	Physical Exam		Systems
	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

Abnormal Findings and Comments
If yes, see additional note area on next page

Results of visit discussed with parent

Yes No

Plan

History/Problem List/Meds Updated

Fluoride Varnish Applied

Referrals

WIC Early On

Children Special Health Care Needs

Transportation Dentist

Other _____

Other _____

Anticipatory Guidance/Health Education
(check if discussed)

Safety

Teach child to wash hands, wipe nose w/tissue

Limit screen time, watch programs together

Appropriate car seat placed in back seat

Pool/tub/water safety

Use bike helmet

Animal and Pet Safety

Childproof home – (hot liquids/pots, window guards, cleaners, medicines, knives, guns)

Supervise near pets, mowers, streets

Supervise play, ensure playground safety

Parents use of seat belts

Nutrition/physical activity

Eat meals as a family

3 nutritious meals, 2-3 health snacks

Let toddler decide what/how much to eat

Family physical activity

Physical activity in a safe environment

Oral Health

Dental appointment

Brush teeth w/fluoridated toothpaste

Child Development and Behavior

List to and respect your child

Reinforce limits, be consistent

Begin toilet training when child is ready

Hug, talk, read, and play together

Model appropriate language

Encourage self-expression, choices

Praise good behavior and accomplishments

Use positive discipline

Family Support and Relationships

Don't expect toddler to share all toys

Help child express emotions

Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

Discuss child care, play groups, preschool, early intervention programs, parenting

Other Anticipatory Guidance Discussed:

Next Well Check: 30 months of age
A standardized developmental and an autism screening tool to be administered – see page 2.
Page 2 required for Foster Care Children

Medical Provider Signature: _____

**THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN
PAGE 2 – WELL CHILD EXAM – EARLY CHILDHOOD: 2 Years**

A standardized developmental screening tool and an autism screening tool should be administered (Medicaid required and AAP recommended) at the 2 year visit. Please record findings on this page.

Date	Child's Name	DOB
Name of person who accompanied child to appointment	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative Caregiver (specify relationship) <input type="checkbox"/> Caseworker	
Phone number of person who accompanied child to appointment		

Physical completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements

Yes Please attach completed physical form utilized at this visit

No If no, please state reason physical exam was not completed _____

Developmental, Social/Emotional and Behavioral Health Screenings

Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Developmental Screening and Autism Screening completed: Date _____

Screener Used: ASQ ASQSE PEDS PEDSDM Other tool: _____ Score: _____

Autism Screener Used: M-CHAT PDST-II Score: Pass Fail

Referral Needed: No Yes Agency: _____

Referral Made: No Yes Date of Referral: _____ Agency: _____

Current or Past Mental Health Services Received: No Yes (if yes please provide name of provider)

Name of Mental Health Provider: _____

Signature of staff who gave/scored screener if applicable: _____

EPSDT Abnormal results:

Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc.):

Medical Provider Signature	Medical Provider Name (please print)
Address	Telephone Number

This form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Department of Human Services, Michigan Association of Health Plans, and Michigan Association of Local Public Health.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Provide foster parent/child's caregiver with handout.

PARENT HANDOUT

Your Child's Health at 24 months

Milestones

Ways your child is developing between 2 and 2½ years of age.

- May not want to do what parent wants; says, "NO" often
- Likes to explore
- Shows feelings and is playful with others
- Jumps in place, kicks a ball
- Uses short 3 -4 word phrases
- Can point to 6 body parts
- May have fears about unexpected changes
- Begins to play with other children
- Is able to feed and dress self
- Plays "make believe" games with dolls and stuffed animals

For Help or More Information:

Age Specific Safety Information:

Call 1-202-662-0600 or go to <http://www.safekids.org/safety-basics/>

For help finding childcare:

Child Care Licensing Agency, Michigan Department of Consumer & Industry Services, 1-866-685-0006 or online at <http://www.michigan.gov/michildcare>

For information about lead screening:

Visit the Michigan Bridges 4 Kids lead website at www.bridges4kids.org/lead.html or contact the Childhood Lead Poisoning Prevention Project at (517) 335-8885

Poison Prevention:

Call the Poison Control Center at 1-800-222-1222 or online at www.mitoxic.org/pcc

If you're concerned about your child's development:

Contact Early On Michigan at 1-800-327-5966 or Project Find at <http://www.projectfindmichigan.org/> or call 1-800-252-0052

Parenting skills or support:

Call the Parents HELPLINE at 1-800-942-4357 or the Family Support Network of Michigan at 1-800-359-3722.

Support for families of children with special health care needs:

Children Special Health Care Services, Family phone line at 1-800-359-3722 or www.mdch.state.mi.us/msa/mdch_msa/cshcs.htm

Domestic Violence hotline:

National Domestic Violence Hotline – (800) 799-SAFE (7233) or online at www.ndvh.org

Health Tips

Are your child's shots up to date? Ask your child's doctor or nurse about a flu shot for your child.

Offer your child a variety of healthy foods every day. Limit junk foods. Eat meals together as a family as often as possible. Turn off the TV while eating together.

Brush your child's teeth at least once a day with a pea-sized amount of fluoride toothpaste. Make sure your child gets a dental checkup once a year.

Each child develops in her own way, but you know your child best. If you think she is not developing well, you can get a free screening. Call your child's doctor or nurse if you have questions.

Parenting Tips:

Take your child outside to play and help him enjoy active games like catch, tag, and hide-and-seek. Give your child simple toys to play with, like blocks, crayons and paper, and stuffed animals.

You may want your child to be toilet trained soon, but she may not be ready until about age 3. Your child will show you when she is ready by being dry after sleep and telling you when she wants to use the toilet,

Don't spank or yell at your child. Calmly, give your child something different to do. Use words to tell your child when he or she is doing something good. Help your child understand how they are feeling by naming the feeling.

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call the free Parent Helpline at 1-800-942-4357 (in Michigan). They will not ask your name and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

Safety Tips

- Keep cleaning supplies and medicine locked up and out of reach.
- Always hold your child's hand while walking near traffic, including in parking lots. Check behind your car before backing up in case a child is behind it.
- If you have guns at home, keep them unloaded and locked up.
- Put a life jacket on your child whenever she is near the water or in a boat. Always watch them around the water.
- Keep matches and lighters out of reach.

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