WELL CHILD EXAM EARLY CHILDHOOD: 30 MONTHS

Michigan Department of Human Services

Authority: P.A. 116 of 1973 Completion: Required Consequences of non-completion

Consequences of non-completion: Non-compliance of licensing rules.

Well Child Exa	m Date		Ĭ	•										
Patient Name	DOI	3		Sex	Pare	ent Name								
Allergies						Current Medications								
Prenatal/Family														
Weight	Percentile %	Length/Height	Percentil	e BMI			Percentile Temp.			Pulse	Resp.	BP (if risk)		
Interval History: Pa					clothed	□ Y	es 🗌 No	•	Anticipatory Guidance/Health Education					
(Include injury/illness, visits to other health care				eview	view of Physical		_			(check if discussed)				
providers, changes in family or home)				system	_	am	Systems		Safe	Safety				
				N A	N A N A				Working smoke detectors/fire escape plan					
				7 [General Appear	onoral Annoaranaa			ppropriate car seat placed in back seat			
								Skin/nodes Use bike helmet						
				_ L	ᅵ┃┃	Ш	Skin/nodes							
<i>Nutrition</i> ☐ Grains	servings	ner day					Head/fontanel	d/fontanel Animal and Pet Safety Childproof home – (hot liquids/po				ts window		
Fruit/Vegeta	☐ Grains servings per day ☐ Fruit/Vegetables servings per day						Eyes		_ 6	guards, cleaners	, medicines, kniv	es, guns)		
Whole Milk		vings per day					Ears		l —		ets, mowers, str			
Meat/Beans		vings per day				_	Nana		_	Supervise play, ensure playground safety Limit time in sun – use hat/sunscreen				
City water Well water Bottled Water						Ш	Nose			Nutrition				
WIC	☐ Yes	□ No					Oropharynx			at meals as a fa	amily			
							Gums/palate			☐ Family physical activity ☐ Physical activity in a safe environment				
Elimination	☐ Normal	Abnormal					Neck							
						_	1	Oral Health ☐ Dental appointment						
Sleep	12 hours)	☐ Abnormal				Ш	Lungs				fluoridated tooth	paste		
☐ Normal (8 -	for comments o	_					Heart/pulses		Child Development and Behavior					
radiional area	Tor comments c	on page 2					Abdomen			List to and respect your child				
Screening and Procedures					☐ ☐ ☐ Genitalia				Reinforce limits, be consistent					
Oral Health Risk Assessment								☐ Daily/Bedtime Routine ☐ Begin toilet training when child is ready ☐ Hug, talk, read, and play together						
☐ Subjective Hearing – Parental observation/				Spine Spine										
concerns					☐ ☐ Extremities/hips			;		-	expression, choic			
Subjective Vision – Parental observation/ concerns							Neurological	leurological		Praise good behavior and accomplishments				
	<u> </u>							imit television/s						
Standardize	d Developme	ntal Screening	<i>,</i>	Abnorr	nal Findi	inas ar	d Comments				nd Relationsh	-		
Completed Tool Used						-	note area on nex	t page	Encourage supervised play with other children – don't expect toddler to share					
RESULTS:	- Res	ults of	visit disc	cussed	with parent	with parent		☐ Help child express emotions						
	I —	Yes	☐ No		pa		Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression							
Psychosocial/Behavioral Assessment									Discuss child care, play groups, preschool,					
Yes No					Plan						n programs, pare			
Sercening fo		History	/Probler	n List/N	Meds Updated	ed								
Screening for		☐ Fluoride Varnish Applied					Other Anticipatory Guidance Discussed:							
	_ No			Referra	als									
Immunization		□ WI	С		☐ Early On									
☐ Immunizations Reviewed, Given & Charted				Chi	ildren Sp	oecial H	Health Care Need	ds		Next Well Ch	eck: 30 months	of age		
– if not give			Insportat		Dentist				evelopmental and					
☐ Influenza ☐ Other ☐ Mg. q. 4 hours				☐ Oth			_		screening tool to be administered – see page 2. Page 2 required for Foster Care Children Medical Provider Signature:					
				Other										

THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN PAGE 2 – WELL CHILD EXAM – EARLY CHILDHOOD: 30 Months

A standardized developmental screening tool and an autism screening tool should be administered (Medicaid required and AAP recommended) at the 30 month visit. Please record findings on this page.											
Date	Child's Name			_		·					DOB
Name of person who accompanied child to appointment Phone number of person who accompanied child to appointment Relative Caregiver (specify relationship) Caseworker											
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	o, 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 completed: Date											
		·	-		_		\(\dot{1}\)	1			0
Screener Use	_	☐ ASQSE	☐ PEDS	☐ PEDS		_	ther t	tooi:			_Score:
Autism Scree	Autism Screen Used: M-CHAT PDST-II Score: Pass Fail										
Referral Needed: No Yes											
Referral Made	e: 🗌 No	Yes	Date of Ref	ferral:			Agen	ісу:			
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 Numl	ber

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 child's caregiver/foster parent with handout.

PARENT HANDOUT

Your Child's Health at 30 Months

Milestones

Ways your child is developing between 2½ and 3 years of age.

- May not want to do what parent wants; says, "NO" often
- Toilet trained during the daytime
- Shows feelings and is playful with others
- Throws a ball overhand
- Rides a tricycle
- Knows name, age, and gender
- Able to leave parent or caregiver when in a known place
- Plays with other children
- Is able to feed and dress self
- Can draw a cross and a circle
- 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.

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

Parenting Tips:

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

Read to your child every day. He may like books that tell about daily activities like playing, eating, and getting dressed. Your child may like the same book to be read over and over.

Encourage your child's decision to use the potty, but don't force or punish her if she isn't ready. She may not be ready until about age 3. She'll show you she's 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 is doing something good. Help your child understand how he's 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). The 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 unladed and locked
- Put a life jacket on your child whenever she is near the water or in a boat. Always watch her around water.
- Keep matches and lighters out of reach.

From the Institute for Health Care Studies at Michigan State University.

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