PHYSICAL EXAMINATION (check appropriate box):

<table>
<thead>
<tr>
<th>NL</th>
<th>AB</th>
<th>NE</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>General</td>
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<td>Skin</td>
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<td>Fontanel</td>
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<td>Eyes: Red Reflex, Appearance</td>
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<td>Ears, TMs</td>
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<td>Nose</td>
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<td>Lips/Palate</td>
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<td>Teeth/Gums</td>
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<td>Tongue/Pharynx</td>
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<td>Neck/Nodes</td>
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<td>Chest/Breast</td>
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<td>Heart</td>
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<td>Abd/Umbilicus</td>
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<td>Genitalia/ Femoral Pulses</td>
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<td>Extremities, Clavicles, Hips</td>
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<td>Muscular</td>
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<td>Neuromotor</td>
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<tr>
<td>Back/Sacral Dimple</td>
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**HISTORY:**

Parent Concerns:

Initial/Interval History:

FSH: [ ] FSH form reviewed (check other topics discussed):

- [ ] Daily care provided by [ ] Daycare [ ] Parent
- [ ] Other:

Adequate support system? [ ] Yes [ ] No

Adequate respite? [ ] Yes [ ] No

**SENSORY SCREENING:**

Any parent concerns about vision or hearing? [ ] Yes [ ] No

Vision:

Follows objects and eyes team together: [ ] Yes [ ] No

Hearing:

Responds to sounds: [ ] Yes [ ] No

**DEVELOPMENTAL/BEHAVIORAL ASSESSMENT:**

Parent Concerns Discussed? (Required) [ ] Yes

Standardized Screen Used? (Optional) [ ] Yes [ ] No

See instrument form: [ ] PEDS [ ] Ages & Stages

[ ] Other:

DB Concerns: (e.g. sleep/tantrums)

**Clinician Observations/History: (Suggested options)**

**Motor Skills** (observe head, trunk, and limb control)

Still holds onto stairs railings when walking stairs [ ] Y [ ] N

Walks backward; stoops or squats with confidence [ ] Y [ ] N

**Fine Motor Skills**

Enjoys scribbling [ ] Y [ ] N

**Language/Socioemotional/ Cognitive Skills**

Uses 2-3 word sentences [ ] Y [ ] N

Imitates parents; enjoys affection and attention [ ] Y [ ] N

Need time to change activities; destructive if mad [ ] Y [ ] N

Can’t sit still or play with a toy > a few minutes [ ] Y [ ] N

Shows interest in dressing, brushing hair/teeth [ ] Y [ ] N

Potty trained (okay if not) [ ] Y [ ] N

Plays more alongside than with friends; doesn’t cooperate or share well [ ] Y [ ] N

**Parent – Infant Interaction**

Interaction appears age appropriate [ ] Y [ ] N

Clinician concerns regarding interaction:
**ANTICIPATORY GUIDANCE:**
Select at least one topic in each category (as appropriate to family):

**Injury/Serious Illness Prevention:**
- Car Seat
- Falls
- No strings around neck
- No shaking
- Burns-hot water heater max temp 125 degrees F
- Smoke alarms
- No passive smoke
- Sun protection
- Walkers
- Hanging cords
- Fever management
- Other:

**Violence Prevention:**
- Adequate support system?
- Adequate respite?
- Feel safe in neighborhood?
- Domestic Violence?
- No Shaking
- Gun Safety
- Other:

**Sleep Safety Counseling:**
- Bedtime interaction
- Read to child (e.g. Reach out and Read)
- Other:

**Nutrition Counseling:**
- Begin 2% cow’s milk (~16 oz/day)
- Limit juice (4 oz or less/day)
- Whole grains
- Vitamins
- No popcorn, peanuts, hard candy
- Other:

**What to anticipate before next visit:**
- Child-proofing
- Establishes routines
- Discipline
- Help child learn self-control skills (e.g., not interrupting, not fighting with siblings)
- Offer clear and simple choices
- Don’t expect sharing
- Different rates of development are normal
- Other:

**PROCEDURES:**
- Hematocrit or Hemoglobin
- TB Test
- Cholesterol Screening
- Blood lead test (is required at this age)

**DENTAL REMINDER**
- PCP screen until 3
- Fluoride source?

**IMMUNIZATIONS DUE at this visit:**
- Flu (yearly)
- Given
- Not Given
- Up to Date

**Catch-up on vaccines:**
- HepB
- Given
- Not Given
- Up to Date
- DTap
- Given
- Not Given
- Up to Date
- Hib
- Given
- Not Given
- Up to Date
- IPV
- Given
- Not Given
- Up to Date
- PCV
- Given
- Not Given
- Up to Date
- MMRV
- Given
- Not Given
- Up to Date

**Vaccines for High-Risk:**
- MPSV4 (Meningococcal)
- Given
- Not Given
- Up to Date

**Reason Not Given if due:**
- List Vaccine(s) not given:
- Vaccine not available
- Child ill
- Parent Declined
- Other

**NOTE:** See 9 month form if child’s mother was HEPBsAg positive

**ASSESSMENT:**
- Healthy, no problems

**PLAN/RECOMMENDATIONS:**
- Do vaccines/procedures marked above
- Other
- Anticipatory guidance discussed (as described in box above)

**Next Health Supervision (EPSDT) Visit Due:**
Provider Signature: ___________________________ Date: ___________________________