

PEDIATRIC PHYSICAL EXAM 0-23 months

Date: _____ Name: _____ Age: _____ DOB: _____

HT: _____ WGT: _____ Head Circumference: _____ Pulse: _____ Temp: _____

Medical / Family History:	Current Medications:
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Fluoride Supplementation (if inadequate community fluoridation starting at 6 months.) _____

Allergies (with reaction if applicable) _____ NKA

Interval Medical History (concerns, illness, diet, social, accidents)

Counseling* (check if discussed)

<input type="checkbox"/> Developmental (check(%) activities on back of form) <input type="checkbox"/> Good parenting practices <input type="checkbox"/> “Back is best” sleeping instruction <input type="checkbox"/> Diet education with parent <input type="checkbox"/> Solar skin protection	<input type="checkbox"/> Behavioral counseling (social, behavior) <input type="checkbox"/> Safety (falls, car seat etc) <input type="checkbox"/> Violence Prevention Education <input type="checkbox"/> Exercise promotion/play/reading <input type="checkbox"/> Dental care assessment
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Immunizations*	Laboratory Screening*
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<ul style="list-style-type: none"> * DtaP - minimum of 4 * IPV x 3 doses * MMR x1 dose * Hep A – (2 shot series) at 12 months and by 23 months. * HBV - minimum of 3 * Hib - minimum of one full schedule (3-4 injections) * Varicella - 12-18 months * PCV7 - maximum of 4 * Flu vaccine - encourage ages 6–23 months * Rotavirus vaccine – 3 doses (at 2, 4 & 6 months of age) The first dose should be given between ages 6 - 12 weeks, subsequent doses should be given at 4 –6 week intervals. All 3 doses should be given by 32 weeks. 	<ul style="list-style-type: none"> * Obtain newborn screening results * H/H x 1 (9 – 12 months) * Lead level screening at 12 months (as required by law) and At 24 months
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Physical Exam	N = Normal
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General: Abuse:	Lungs:
Skin:	Heart:
Lymph Nodes:	Abdomen:
Head & Neck:	Genitalia:
Eyes:	Back/Spine:
Ears:	Extremities:
Nose:	Pulses:
Mouth/Teeth:	Neurological:
Throat:	

Date: _____ Name: _____ DOB: _____

Development

<p>1 month</p> <ul style="list-style-type: none"> ^N_U Smiles ^N_U Coos ^N_U Lifts up head ^N_U Moves head from side to side 	<p>12 months</p> <ul style="list-style-type: none"> ^N_U Walks ^N_U Climbs ^N_U Says Ma, Da, hi ^N_U Rolls or throws ball ^N_U Puts objects into and out of things ^N_U Open and close door, drawer ^N_U Points
<p>2 months</p> <ul style="list-style-type: none"> ^N_U Follows with eyes ^N_U Turns head to sound ^N_U Increase smile 	<p>15 months</p> <ul style="list-style-type: none"> ^N_U Vocalizes 3 - 6 words, jargon ^N_U Pushes, pulls objects ^N_U Screws, unscrews objects ^N_U Uses spoon to eat ^N_U Stacks 2 - 3 objects ^N_U Knows parts of face (eyes, nose etc) ^N_U Starting to alternate feet going upstairs ^N_U Understands simple commands ^N_U Crawls upstairs ^N_U Looks at books, flips pages
<p>3 months</p> <ul style="list-style-type: none"> ^N_U Recognizes mother ^N_U Starting to look at hands ^N_U Hold object short time ^N_U Hands in mouth ^N_U Starting to lift chest high in prone position ^N_U Reciprocal vocalization 	<p>18 months</p> <ul style="list-style-type: none"> ^N_U Vocalizes 4-10 words, 2 word phrases ^N_U Learning to use fork to eat ^N_U Stacks 3 - 4 blocks ^N_U Aids in undressing ^N_U Alternate feet up stairs, also on toys ^N_U Knows body anatomy ^N_U Indicates 2 or more wants ^N_U Recognizes some objects in books ^N_U Turns pages singly
<p>4 months</p> <ul style="list-style-type: none"> ^N_U Starting to reach and grasp for objects ^N_U Midline play ^N_U Starting to laugh out loud ^N_U Increased vocalization ^N_U Turns abdomen to back ^N_U Sits with support 	<p>24 months</p> <ul style="list-style-type: none"> ^N_U Speaks in phrases, sentences ^N_U Speech intelligible to parents ^N_U Refers to self by name ^N_U Uses pronouns (I, me, you) ^N_U Frequently asks, "What's that?" ^N_U May count 1 - 3 ^N_U Pedals tricycle ^N_U Graphics, scribbles, lines ^N_U Interested in potty training ^N_U Stacks 5 - 6 blocks, aligns 2 - 3 blocks ^N_U Jumps, runs ^N_U Simple puzzles
<p>6 months</p> <ul style="list-style-type: none"> ^N_U Transfers objects ^N_U Looks or plays with feet ^N_U Turns back to side or onto abdomen ^N_U Rolls over both ways ^N_U Sits with/without support ^N_U Vocalizes some consonant sounds, screeches ^N_U Up high on hands, knees starting under ^N_U Rocking to and fro 	
<p>9 months</p> <ul style="list-style-type: none"> ^N_U Crawls ^N_U Pulls to standing ^N_U Cruises ^N_U Stands alone short time ^N_U Knows name ^N_U Vocalizes sounds (Ma, Da) ^N_U Prehensile grasp ^N_U Imitates motions (claps, waves, pattycake, so big) 	

<p>Comments:</p> 	<p>Plan:</p>
<p>Follow-up: _____ weeks _____ months _____ PRN</p>	<p>Provider:</p>