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GENERAL PEDIATRIC CLINIC / 24-MONTH VISIT

(See 2nd page for Anticipatory Guidance for 24-Month Visit)

Completion of this form is voluntary.

Patient Name		Date of Birth	Age	Height	Weight	BMI	Today's Date
Accompanied by					Head Circumference		
Reaction to Examination		Activity		Distractibility			
Persistence / Attention Span		Intensity Level		Words Spoken, Sentence Length, Speech Clarity			
Parental Concerns				Note – Present (+) or Absent (-) as Appropriate (Cross off parts not examined or not applicable)			
General Health		Part			N	Abn	
		Skin: Color, texture, hair, scalp					
General Behavior: Behavior at meals		Head & Face: Symmetry, AF size ____ cms ____					
		Eyes: Pupils, conjunctivae, EOM, red reflex					
Sleeping		Ears and Nose: Canals, timpanic membranes, turbinates					
		Nose: Discharge					
Toilet Training: Bowel, bladder, day, night		Mouth: Gums, tongue, number of teeth ()					
		Nodes: Cervical inguinal					
Peer and Social Opportunities		Lungs					
		Heart: Rhythm, S1m S2, murmur					
Parents' Description of Child's Temperament		Abdomen: Contour, masses, hernia					
		Genitalia: Vaginal opening, testes () ()					
Problems Identified and Reviewed		Extremities: Range of motion, stance					
		Neuromuscular: Tone, strength, equilibrium, coordination, Gait, DTRs					
Development and Parent-Child Interactions		Development Observation			R = Reported O = Observed NO* = Not observed by parents or examiners		
Physical and Emotional Status					G.M.	Runs well	
						Jumps with both legs together	
Anticipatory Guidance: Diet, snacks, independence, limit setting, temper tantrums, peer companionship, sharing, taking turns, sleeping, crawling out of bed, night fears, naps, T.V., Dental care, Safety: Car seat, street, play, PICA, lead exposure.						Balances on 1 foot for 1 -2 seconds	
						Kicks the ball forward	
Immunization		Drug Co. and Lot No.			Expiration Date		
o Blood Lead Test Done o Other Lab Tests _____						Walks up the steps	
						Walks down the stairs	
SIGNATURE — Provider		Date Signed				Pedals a vehicle	
						Scribbles with a pencil	
Return to clinic in ____ months.						Copies a vertical line	
						Copies a circle	
Parents' Interactions with Child		O = Observed M = Mother F= Father NO* = Not observed here				Makes a tower out of four cubes	
						Makes a tower out of eight cubes	
O		NO*				Has many single words	
						Combines two different words together	
						Points to and names part of the body	
						Names a picture	
						Uses plurals	
						Says own name	
						Puts a toy under the table	
						Puts a toy on the floor	
						Gives the toy to the mother	
						Puts on some clothing alone	
						Uses spoons well, spilling very little	
						Washes and dries hands alone	
						Plays games with others	
						Helps or mimics household tasks	
						Reinforces behavior through approval and attention	
						Terminates activity with some forewarning	
						Interrupts temper tantrums vocally	
						Interrupts temper tantrums physically	
						Allows to separate and check back	

Diet

Snacks — appetites vary tremendously from child to child and from day to day. If the snacks are kept in the "healthy food" category and the child sits to eat the few bites he or she takes at each meal, a pattern will be set up for healthy dietary habits later on. Food should not be used for rewards or punishment. Milk intake should be limited to two cups or less.

Independence, limit setting, and temper tantrums are closely related. As children strive for independence, they constantly test the limits of their activities. It is the parents' responsibility to set and consistently enforce these limits. It is important to define these limits clearly and to apply them sparingly, in most cases only to actions that will endanger the child's health or life. The parents must ask, "Is it really important to stop this particular activity?" If the answer is "yes," then the parent must follow through consistently. If the answer is "no" then it is much better to say nothing and continue to observe the child, helping when needed.

Temper tantrums are a developmental manifestation of the toddler's way of dealing with frustration when unable to perform desired actions. A temper tantrum occurs when 1) the child's actions are limited by the parents, or 2) the child is developmentally unable to perform them. The parents' consistency will terminate the former, and growth and development the latter.

Peer companionship, sharing, and taking turns should be encouraged. If the child is one who resists new situations, the process will take longer and require a lot of patience on the part of the parents. Most children eventually adjust and will learn from this process.

Television

Luckily, the attention span of most toddlers is too short to sit through a television show. Others will sit and not move and stop doing everything else. Special programs for preschoolers may still be too limited for the toddler.

Dental Care

In this stage of imitation, the toddler can have a toothbrush without toothpaste and be encouraged to brush once or twice daily. The parents should also do this for them regularly.

Safety

Car seat — A toddler who has always been in a car seat in a moving vehicle will have little trouble staying in one.

Street-playing outside requires constant adult supervision unless there is a specifically fenced area with non-poisonous plants. A discussion of PICA is pertinent since the child is still putting many objects in his or her mouth. It is important for the parent to teach edibles versus non-edibles and to review lead exposure.