

## 2 years - well child care

Name: \_\_\_\_\_

### Household

Who lives in the home (e.g. Father, mother, brother, etc.)? \_\_\_\_\_

Does your child attend daycare? Yes No

### Development

Runs well	Yes	No
Stands on one foot without support	Yes	No
Turns single pages	Yes	No
Scribbles with circular motion	Yes	No
Copies vertical lines	Yes	No
Opens door by turning knob	Yes	No
Washes and dries hands	Yes	No
2 word phrases	Yes	No
Uses at least 25 words	Yes	No
Understandable 50% of the time	Yes	No
Helps with household tasks	Yes	No

### Nutrition

Drinking 1-2% milk	Yes	No
well balanced diet	Yes	No
Well water or city water?	Well	City

### Bowel habits

How many stools a day?  
What do the stools look like (soft, seedy, loose)? \_\_\_\_\_

Showing interest in toilet training Yes No

### Sleep Pattern

Sleeping overnight? Yes No

### Safety

Is car seat in the back seat and rear facing?	Yes	No
Is your child exposed to tobacco smoke?	Yes	No
Are there any improperly stored firearms in the home?	Yes	No
Is the hot water temperature set low enough to prevent accidental burns?	Yes	No
Are there working smoke detectors in the home?	Yes	No

### Miscellaneous

Any questions or concerns? Yes No  
If yes, what are they?

*Please circle any of the questions below to which your answer is "YES".*

**Lead Risk Assessment:**

- Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
- Ever lived outside the United States or recently arrived from a foreign country?
- Sibling, housemate/playmate being followed or treated for lead poisoning?
- If born before 1/1/2015, lives in a 2004 "at-risk" zip code?
- Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items?
- Contact with an adult whose job or hobby involves exposure to lead?
- Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead.
- Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal pottery or pewter?

**Tuberculosis Risk Assessment:**

- Was your child born in, or lived more than a year in a country other than the U.S.?
- Has your child been exposed to anyone with either active or a history of Tuberculosis disease?
- Is your child living in a house hold with anyone who is HIV Positive?
- Is your child part of a migrant worker family?

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**Below this line is for Office Use:**

Weight \_\_\_\_\_

Height \_\_\_\_\_

Head Circumference \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Vision Test: Left 20/ \_\_\_\_ Right 20/ \_\_\_\_

Hearing Test: