Today's Date:_____

Patient Name:	FMP and Sponsor SSN last four:	Contact Number: Date of Birth:

24 MONTH WELL CHECK

Do you have any specific concerns today?_____

_____

(Please complete information below: If filled out before, list only changes since the last visit.)

Chronic Medical Conditions	Surgeries/Hospitalizations (Dates)	Family History (biological siblings, parents, grandparents)	Medications (PLEASE INCLUDE DOSAGE)
		Allergies **Asthma** **Other:**	**(Include over-the-counter meds, Tylenol, Motrin, vitamins, herbal supplements):**

Please list any known allergies your child has (drug, food, latex)_____ ☐ **No Allergies**

Circle if anyone in the family has had: Genetic or Metabolic Disease Kidney Disease Deafness before age 5

Birth Defects Early Death or Sudden Unexplained Death of Infant or Child (to include SIDS)

Are your child's immunizations up to date? ☐ Yes ☐ No

Who does the child live with? _____

Does your child attend: ☐ Daycare ☐ Preschool ☐ Kindergarten ☐ Home- Schooled

Does anyone in the family smoke or is your child exposed to secondhand smoke? ☐ Yes ☐ No

Do you & and your child feel safe at home? ☐ Yes ☐ No

Is your child a picky eater? ☐ Yes ☐ No

Servings of fruits and vegetables per day?___ **# of times per week eating fast food?**____

Usually eats dinner as a family? ☐ Yes ☐ No **Eats breakfast as a family?** ☐ Yes ☐ No

Drinks milk? ☐ Yes ☐ No **How many ounces per day?** ____ **Type of milk:** ☐ Whole ☐ 2% ☐ 1% ☐ Skim

Drinks juice? ☐ Yes ☐ No **How many ounces per day?** ____ **Caffeinated beverages** ☐ Yes ☐ No **How many per week?** ____

Does your child get at least one hour of physical activity 5 time per week? ☐ Yes ☐ No **Type of activity:** _____

How many hours of exposure to TV/Video games/ Computer time does your child have per day? _____

Toilet training? ☐ Bladder trained ☐ Bowel trained ☐ Currently toilet training ☐ Haven't started

Circle if you have concerns about: Bowel movements / Constipation / Sleep problems

Check all the following that apply to your child:

Social/ Cognitive Communicative/ Physical Development	
☐ Plays pretends and copies others	☐ Has over 50 words
☐ Jumps up and down in place	☐ Plays interactively with other children
☐ Points to 6 body parts	☐ Kicks and throws a ball
☐ Sorts colors and shapes with some assistance	

Preferred Language: ☐ English ☐ Other:_____

What is your preferred method of learning: ☐ Verbal ☐ Written ☐ Visual ☐ Other: _____

Are there any cultural or religious considerations that may affect your child's healthcare? ☐ Yes ☐ No _____

Is your child enrolled in the Exceptional Family Member Program (EFMP/ Q-coded)? ☐ Yes ☐ No

Is the child's sponsor currently deployed? ☐ Yes ☐ No

Is this visit deployment related? ☐ Yes ☐ No

Today's Date:_____

HR		**HT**	
		WT	
		HC	

Pain: □ **Yes** □ **No** **Location of Pain** _____

USE FLACC SCALE FOR NON-VERBAL CHILDREN

Immunizations UTD per AFCITA: □ Yes □No **Technician Signature:**_____

*Other VS per Provider request

HPI:

N E	Examination:	Normal	Abnormal
□	**General:**	□ Active/Alert/WN/WD/NAD/ not dysmorphic	□
□	**Head/Neck:**	□ NCAT/Nontender/FROM	□
□	**Eyes:**	□ RR X2, nl corneal reflex, EOMI, no strabismus	□
□	**R ear:**	□ TM gray/nl landmarks, nl pinna/ext ear canal	□ Bulging/immobile/red
□	**L ear:**	□ TM gray/nl landmarks, nl pinna/ext ear canal	□ Bulging/immobile/red
□	**Nose:**	□ Patent, No congestion/discharge	□ Congested
□	**Oropharynx:**	□ Pink, moist, no lesions □ Teeth: Nl, no signs of caries	□
□	**Lungs:**	□ CTAB, no retractions, nl WOB	□
□	**CV:**	□ RRR, no murmur, strong femoral pulses, cap refill < 2 sec	□
□	**Abd:**	□ Soft, NT, no HSM, no mass, nl BS, no umbilical/inguinal hernia	□
□	**Ext/Spine:**	□ NL, FROM, nontender, no edema, no lumbosacral pits	□
□	**Skin:**	□ No rash, No bruises	□
□	**Hips:**	□ Full ROM, Symmetric leg folds	□
□	**Neuro:**	□ Normal tone/strength/symmetry	□
□	**Genitalia:**	□ Nl female/no adhesions □ Nl male, Testes down	
□	**Other findings:**	□	□

LABS/X-RAYS: □ H&H (12 months): □ Lead Screening (if applicable)

PLAN:

F/U: at next well child visit at___months, sooner if parental concerns
□ Patient and/or parent verbalizes understanding of treatment and plan □ Anticipatory guidance handout provided

PREVENTION: □ Nutrition □ Sippy Cups/No Bottle □ Dental care □ Safety/Falls □ Car Seat □ Child-proofing the house
□ Tobacco avoidance

Signature:_____ **Date:**_____
Stamp:

23 Jan 2012 SF 600

RECORDS MAINTAINED AT: ▶			
PATIENT'S NAME *(Last, First, Middle Initial)*			SEX
RELATIONSHIP TO SPONSOR	STATUS		RANK/GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.		DATE OF BIRTH

SWYC:™ 24 months

23 months, 0 days to 28 months, 31 days
V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Names at least 5 body parts - like nose, hand, or tummy	0	1	2
Climbs up a ladder at a playground	0	1	2
Uses words like "me" or "mine"	0	1	2
Jumps off the ground with two feet	0	1	2
Puts 2 or more words together - like "more water" or "go outside"	0	1	2
Uses words to ask for help	0	1	2
Names at least one color	0	1	2
Tries to get you to watch by saying "Look at me"	0	1	2
Says his or her first name when asked	0	1	2
Draws lines	0	1	2

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

		Not at all	Somewhat	Very Much
Does your child...	Seem nervous or afraid?	0	1	2
	Seem sad or unhappy?	0	1	2
	Get upset if things are not done in a certain way?	0	1	2
	Have a hard time with change?	0	1	2
	Have trouble playing with other children?	0	1	2
	Break things on purpose?	0	1	2
	Fight with other children?	0	1	2
	Have trouble paying attention?	0	1	2
	Have a hard time calming down?	0	1	2
	Have trouble staying with one activity?	0	1	2
Is your child...	Aggressive?	0	1	2
	Fidgety or unable to sit still?	0	1	2
	Angry?	0	1	2
Is it hard to...	Take your child out in public?	0	1	2
	Comfort your child?	0	1	2
	Know what your child needs?	0	1	2
	Keep your child on a schedule or routine?	0	1	2
	Get your child to obey you?	0	1	2

Tufts Children's Hospital

********** Please continue on the back **********

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

	Many times a day	A few times a day	A few times a week	Less than once a week	Never
Does your child bring things to you to show them to you?	○	○	○	○	○

	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	○	○	○	○	○
When you say a word or wave your hand, will your child try to copy you?	○	○	○	○	○
Does your child look at you when you call his or her name?	○	○	○	○	○
Does your child look if you point to something across the room?	○	○	○	○	○

How does your child usually show you something he or she wants?	Says a word for what he or she wants	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams
(please check all that apply)	☐	☐	☐	☐	☐

What are your child's favorite play activities?	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels
(please check all that apply)	☐	☐	☐	☐	☐

For acknowledgments, validation, and other information concerning the POSI, please see www.theswyc.org/posi

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	○	○	○
Do you have any concerns about your child's behavior?	○	○	○

FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No
1 Does anyone who lives with your child smoke tobacco?	Ⓨ	Ⓝ
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	Ⓨ	Ⓝ
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	Ⓨ	Ⓝ
4 Has a family member's drinking or drug use ever had a bad effect on your child?	Ⓨ	Ⓝ

	Never true	Sometimes true	Often true
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	○	○	○

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	⓪	①	②	③
7 Feeling down, depressed, or hopeless?	⓪	①	②	③

8 In general, how would you describe your relationship with your spouse/partner?	No tension ○	Some tension ○	A lot of tension ○	Not applicable ○
9 Do you and your partner work out arguments with:	No difficulty ○	Some difficulty ○	Great difficulty ○	Not applicable ○

10 During the past week, how many days did you or other family members read to your child?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦

Child's Name: _____ Date: _____

Deployment, Safety, and Lead Screening Questionnaire

Deployment:

1. Is a parent currently deployed? YES NO
2. Is a parent under orders for deployment within the next three months? YES NO
3. Has a parent returned from a deployment with the last year? YES NO

Safety:

1. Are you in a relationship now or have you ever been in a relationship in which you have been harmed or felt afraid of your partner? YES NO
2. Has your partner ever hurt any of your children? YES NO
3. Are you afraid of your current partner? YES NO
4. Do you have any pets in the house? YES NO
5. Has your partner or child ever threatened or hurt any of the pets? YES NO
6. Are there any guns in your house? YES NO

Lead: (THESE QUESTIONS ARE INTENDED ONLY FOR CHILDREN AGE 6M-5Y)

1. Do you live in a high risk zip code? (List on back of form) YES NO Don't know
2. Does your child have a sibling or playmate who has had an elevated lead level? YES NO Don't know
3. Does your child live in a house that was built before 1950? YES NO Don't know
4. Live in or regularly visit a house, daycare center, or preschool that was built before 1978 which has peeling or chipping paint, or has undergone renovation or remodeling in past 6 M? YES NO Don't know
5. Live or spend time with someone whose job or hobbies involve exposure to lead?
6. (Example: Reloads ammunition, makes fishing weights, makes ceramics, makes stained glass, works at a firing range, works with industrial or shipboard paint removal, works with electrical or torch soldering, makes soft metal castings.) YES NO Don't know
7. Live or spend time near any location that you think might release lead (lead smelter, radiator shop, battery recycler, ect.)? YES NO Don't know
8. Live in or regularly visit a house, daycare unit, or preschool that was identified by a DOD inspection team as a major risk for lead? YES NO Don't know

Virginia High-Risk Zip Codes*

Accomack	Augusta	Charlotte	Falls Church City	Hampton City	Lunenburg	Norfolk City	Powhatan	Rockingham	Surry
23301	22843	23923	22046	23651	23938	23503	23139	22811	23839
23302	22939	23934	Fauquier	23661	23944	23504	Prince Edward	22812	23846
23308	24430	23937	22639	23665	23952	23505	23901	22815	23881
23336	24432	23962	22643	Hanover	23974	23507	23942	22820	Sussex
23356	24437	23964	22734	23047	Lynchburg City	23508	Prince George	22821	23867
23357	24459	Charlottesville City	Floyd	23069	24501	23509	23842	22832	23888
23358	24467	22903	24072	Henrico	24503	23510	Prince William	22834	23890
23395	24476	Chesapeake City	24091	23226	24504	23511	22134	22841	Tazewell
23399	24479	23324	24105	23227	Madison	23517	Pulaski	22846	24602
23404	24485	Clarke	24380	23229	22709	23523	24301	22853	24605
23407	24486	22611	Fluvanna	23230	22719	Northampton	24347	24471	24613
23409	Bath	22620	23022	23231	22727	23310	Radford City	Russell	24622
23410	24445	22663	23084	Henry	22732	23350	24141	24237	24651
23417	24460	Covington City	Franklin City	24089	Martinsville City	23354	Rappahanock	24649	Virginia Beach City
23418	24484	24426	23851	Highland	24112	23405	22002	Scott	23521
23420	24487	Craig	Frederick	24413	Mathews	23413	22716	24245	Warren
23421	Bedford	24127	22645	24433	23021	Northumberland	22740	24250	22642
23426	24526	24131	22654	24442	23025	22435	22746	24251	22649
23440	Bland	Culpeper	Fredericksburg City	24458	23045	22473	22747	24258	Washington
23442	24315	22713	22401	24465	23066	22539	22749	Shenandoah	24236
Albermarle	24318	22718	Galax City	24468	23109	22579	Richmond City	22644	24270
22901	24366	22726	24333	Isle of Wright	23125	Norton City	23219	22657	24340
22931	Botetourt	22729	Giles	23315	23130	24273	23220	22660	Waynesboro City
22937	24066	22736	24086	James City	Mecklenburg	Nottoway	23221	22664	22980
22943	24085	Cumberland	24093	23185	23915	23824	23222	22810	Westmoreland
22947	24090	23027	24094	King and Queen	23924	23922	23223	22824	22488
22959	Bristol	Danville City	24124	23023	23968	23930	23224	22842	Winchester City
24590	24201	24540	24128	23108	23970	Orange	23225	22844	22601
Alexandria City	Brunswick	24541	24134	23110	Middlesex	22972	Roanoke City	22847	Wise
22301	23821	Dickenson	24147	23156	23079	Page	24011	Smyth	24216
22302	23868	24226	24150	23177	23149	22650	24013	24316	24219
22305	23920	24272	Goochland	King George	23176	22835	24014	24319	24230
22314	Buchanan	24289	23038	22448	23180	22849	24015	24370	24283
Alleghany	24639	Dinwiddie	23153	King William	Montgomery	22851	24016	24375	24285
24422	Buckingham	23830	Grayson	23009	24138	Patrick	Rockbridge	Southampton	24293
Amelia	23936	23840	24292	23181	24149	24185	24435	23827	Wythe
23083	Buena Vista City	23850	24328	Lancaster	Nelson	Petersburg City	24439	23828	24312
Appomattox	24416	23872	24330	22480	22938	23803	24472	23829	24322
23958	Caroline	23894	24378	22503	22964	Pittsylvania	24473	23837	24323
Arlington	22427	Emporia	Greene	Lee	22969	24139	24483	23844	24350
22201	22514	23847	22935	24221	22971	24531	24555	23866	24368
22203	Carroll	Essex	Halifax	24265	24464	24594	24578	23874	24382
22204	24325	22454	24534	24277	24553	Portsmouth City	24579	Staunton City	
22205	24343	22504	24539	24282	Newport News City	23701		24401	
22206	24352	22509	24577	Lexington City	23604	23702		Suffolk City	
22207		22560	24592	24450	23607	23704		23432	
22211		Fairfax	24598	Louisa		23707		23434	
		22307		23024					

* Areas with these ZIP Codes have >27% of housing built before 1950 and/or an increased prevalence of children with elevated blood lead levels per available data. ZIP Codes are from the 2000 U.S.Census. View http://www.vahealth.org/leadsafe for updates and information on childhood lead poisoning in Virginia and access to publications available to medical professionals, parents and others. Toll free phone (877) 668-7987.

Virginia Department of Health, Revised June 2003

Date: _____ Today your child saw: _____

SCAN TO PRINT YOUR FORMS AT HOME!

NAVAL MEDICAL CENTER PORTSMOUTH PEDIATRTICS

Weight:_____kg (_____%) _____lbs _____oz
Height: _____cm (_____%) _____in Head Circ: _____cm (_____%)

Follow up with your PCM in_____weeks / months or sooner if you have any further concerns.

☐ **Prescriptions provided today:**

_____

_____

- New Prescriptions TEXT Q-Anyhwhere: 833-217-2199
- Medication Refills call 757-953-6337(MEDS)

☐ **Labs ordered today:**

_____ **(Please complete by _____)**

(NMCP Laboratory-1L; Hours are 0700-1630; Walk-in Appts Only)

☐ **Radiology – X-rays/MRI/CT/Ultrasound ordered today:**

_____ **(Please complete by _____)**

(1st Floor South; X-rays by walk in appt 0700-1530; Call 953-XRAY to schedule for Ultrasound/CT/MRI))

☐ **Referrals ordered today:**

_____

- Referrals to the MTF call 1-866-645-4584 in 48-72 hours to schedule your appointment
- Network referral status call Humana Military 1-800-444-5445 **OR** view referral status via MHS Genesis Patient Portal

☐ **Immunizations due today:**

_____

(Call 1-866-645-4584 to schedule an Immunization appointment at one of the TPC Branch Clinics)

☐ **Additional Instructions:**

_____

Important Phone Numbers:

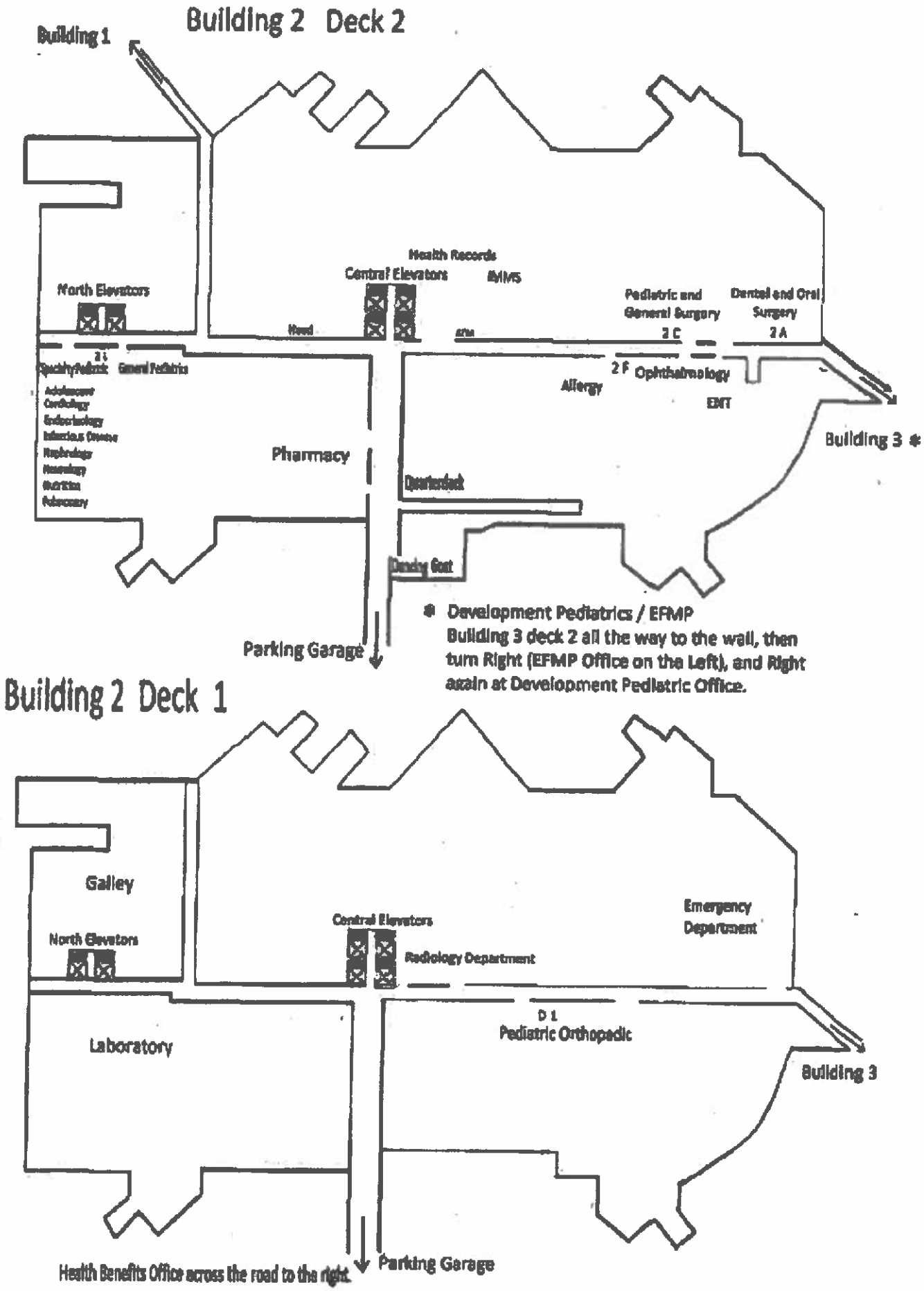
- NMCP Pediatric Clinic (757)-953-7716
- Appointment Line: (866)-645-4584
- 24 hour Counseling Self-Referral Hotline: (800)-342-9647
- Infant and Toddler Connection of VA: (800)-234-1448
- Nurse Advice Line: (800)-TRICARE (option#1)
- Poison Control: (800)-222-1222
- Humana Military: (800)-444-5445
- NMCP Pediatrics Fax: 757-953-0868
- Fleet and Family: 757-444-6289(NAVY)
- Tricare: 1-877-2273 (TRICARE)

INTERACTIVE CUSTOMER EVALUATION

Additional Resources:

- **MHS Genesis Patient Portal:** https://myaccess.dmdc.osd.mil/identitymanagement/app/login
- Military Onesource
  - https://www.militaryonesource.mil/
  - Counseling Services – 12 sessions without referral; 24 hour hotline (800)-342-9647
  - Optometry-NO referral required
- **Humana Military:** https://www.humana.com
- **Fleet and Family:** https://www.navymwrmidlant.com/
- **Health Information:** https://healthychildren.org/English/Pages/default.aspx

Date: _____ Today your child saw: _____



BRIGHT FUTURES HANDOUT ▶ PARENT
2 YEAR VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

HOW YOUR FAMILY IS DOING

- Take time for yourself and your partner.
- Stay in touch with friends.
- Make time for family activities. Spend time with each child.
- Teach your child not to hit, bite, or hurt other people. Be a role model.
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community resources can also provide confidential help.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Accept help from family and friends.
- If you are worried about your living or food situation, reach out for help. Community agencies and programs such as WIC and SNAP can provide information and assistance.

TALKING AND YOUR CHILD

- Use clear, simple language with your child. Don't use baby talk.
- Talk slowly and remember that it may take a while for your child to respond. Your child should be able to follow simple instructions.
- Read to your child every day. Your child may love hearing the same story over and over.
- Talk about and describe pictures in books.
- Talk about the things you see and hear when you are together.
- Ask your child to point to things as you read.
- Stop a story to let your child make an animal sound or finish a part of the story.

YOUR CHILD'S BEHAVIOR

- Praise your child when he does what you ask him to do.
- Listen to and respect your child. Expect others to as well.
- Help your child talk about his feelings.
- Watch how he responds to new people or situations.
- Read, talk, sing, and explore together. These activities are the best ways to help toddlers learn.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day.
  - It is better for toddlers to play than to watch TV.
  - Encourage your child to play for up to 60 minutes a day.
- Avoid TV during meals. Talk together instead.

TOILET TRAINING

- Begin toilet training when your child is ready. Signs of being ready for toilet training include
  - Staying dry for 2 hours
  - Knowing if she is wet or dry
  - Can pull pants down and up
  - Wanting to learn
  - Can tell you if she is going to have a bowel movement
- Plan for toilet breaks often. Children use the toilet as many as 10 times each day.
- Teach your child to wash her hands after using the toilet.
- Clean potty-chairs after every use.
- Take the child to choose underwear when she feels ready to do so.

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Smoking Quit Line: 800-784-8669
Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

2 YEAR VISIT—PARENT

SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. Once your child reaches these limits, it is time to switch the seat to the forward-facing position.
- Make sure the car safety seat is installed correctly in the back seat. The harness straps should be snug against your child's chest.
- Children watch what you do. Everyone should wear a lap and shoulder seat belt in the car.
- Never leave your child alone in your home or yard, especially near cars or machinery, without a responsible adult in charge.
- When backing out of the garage or driving in the driveway, have another adult hold your child a safe distance away so he is not in the path of your car.
- Have your child wear a helmet that fits properly when riding bikes and trikes.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.

WHAT TO EXPECT AT YOUR CHILD'S 2½ YEAR VISIT

We will talk about

- Creating family routines
- Supporting your talking child
- Getting along with other children
- Getting ready for preschool
- Keeping your child safe at home, outside, and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 4th Edition

For more information, go to https://brightfutures.aap.org.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®