

**PEDIATRIC CONTINUITY CLINIC  
 AMBULATORY CARE CENTER  
 MEDICAL COLLEGE OF GEORGIA  
 AUGUSTA, GEORGIA**

DATE: \_\_\_\_\_

**AGE: 24 MONTH CHECK-UP**

Weight: \_\_\_\_\_ : %: \_\_\_\_\_  
 Height: \_\_\_\_\_ : % \_\_\_\_\_  
 Head cir. \_\_\_\_\_ : % \_\_\_\_\_

Name and Number: \_\_\_\_\_  
 18 Month weight \_\_\_\_\_  
 18 Month height \_\_\_\_\_  
 18 Month head circumference \_\_\_\_\_

Pertinent Medical Interval History (Illnesses, medications, etc.):

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Eating:	Uses a spoon and a fork	Y _____ N _____
	Off bottle completely	Y _____ N _____
	Eats a well balanced diet	Y _____ N _____

Sleeping:	Takes one nap a day	Y _____ N _____
	Sleeps at least 10 straight hours at night	Y _____ N _____

Development:	Has a 50 word vocabulary and speaks in sentence	Y _____ N _____
	Knows 8 body parts	Y _____ N _____
	Walks up and down stairs holding one	Y _____ N _____
	Beginning to show interest in toiled training	Y _____ N _____
	Has frequent temper tantrums	Y _____ N _____

**GENERAL PHYSICAL EXAMINATION - STAR IF YES AND DESCRIBE BELOW**

Pain Scale \_\_\_\_\_; Pain Score \_\_\_\_\_; Location: \_\_\_\_\_; MD Notified: \_\_\_\_\_; Initials: \_\_\_\_\_

	Normal			Normal	
	Y	N		Y	N
General Appearance	_____	_____	Ribs	_____	_____
Alertness	_____	_____	Heart	_____	_____
Hearing	_____	_____	Abdomen	_____	_____
Growth	_____	_____	Genitalia	_____	_____
HEENT	_____	_____	Hips	_____	_____
Neck	_____	_____	Gait	_____	_____
Lungs	_____	_____	Intoeing	_____	_____
Chest	_____	_____	Neurological	_____	_____

OTHER PERTINENT PHYSICAL FINDINGS:

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**ANTICIPATORY GUIDANCE - 24 MONTH CHECK-UP:  
ASK EACH QUESTION AT LEAST ONCE BETWEEN TWO AND FOUR YEARS OLD**

	YES	NO
Is there smoking in the house	_____	_____
Is there a smoke alarm on each level of the house	_____	_____
If guns are in the home are they locked up in a cabinet	_____	_____
Lead Poisoning risk factors:		
Home built before 1960	_____	_____
Has house built around then been renovated	_____	_____
Does a family member have increased exposure	_____	_____
Does a family member have elevated lead level	_____	_____
Did the child travel to the office in the a car seat	_____	_____
Are plants and medications out of reach	_____	_____
Is child in day care	_____	_____
Is the child exposed to a swimming pool; if so, is it protected	_____	_____
Is there a family history of high cholesterol (> 250)	_____	_____
Is there a family history of early heart attack (pre-age 50)	_____	_____
Remind parents to <b>NEVER:</b>		
Never carry hot liquids or have a hot iron or curling iron out		
Never leave small toys or food (peanuts, popcorn) around		
Never leave out medications for even a brief moment		

Encourage Parents to:

- Reinforce limits and appropriate behavior and be consistent with discipline
- Continue to use "time outs"
- Promote toilet training when child dry more than 2 hours or dry through naps
- Limit TV to less than 1 hour a day
- Spend time with each child; continue to read, participate in games and other activities with child

Developmental Milestones to Expect by 36 months of age:

- Feeds him or herself completely; knows age, sex and full name
- Has three word sentences, talks on phone, rides tricycle, asks questions

**IMPRESSIONS:** 1. \_\_\_\_\_  
2. \_\_\_\_\_

**MEDICATIONS:** 1. \_\_\_\_\_  
2. \_\_\_\_\_

**IMMUNIZATIONS** 1. \_\_\_\_\_ **Immunizations should have had:**  
2. \_\_\_\_\_ **DTaP #4; HIB #4;**

**LABORATORY** 1. \_\_\_\_\_ **Hep #3; MMR #1; Varicella #1**  
2. \_\_\_\_\_ **Polio #3; Prevnar #4**

**RETURN TO CLINIC: 36 months** **Tests should have had: Lead, Hgb**  
**FEP, Cholesterol if indicated**

**Continuity Clinic Resident** \_\_\_\_\_

**Attending Note:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Attending:** \_\_\_\_\_