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**GENERAL PEDIATRIC CLINIC / 24-MONTH VISIT**

(See 2<sup>nd</sup> page for Anticipatory Guidance for 24-Month Visit)

Completion of this form is voluntary.

|                     |                      |            |               |               |            |                     |
|---------------------|----------------------|------------|---------------|---------------|------------|---------------------|
| <b>Patient Name</b> | <b>Date of Birth</b> | <b>Age</b> | <b>Height</b> | <b>Weight</b> | <b>BMI</b> | <b>Today's Date</b> |
|---------------------|----------------------|------------|---------------|---------------|------------|---------------------|

|                       |                           |
|-----------------------|---------------------------|
| <b>Accompanied by</b> | <b>Head Circumference</b> |
|-----------------------|---------------------------|

|                                |                 |                        |
|--------------------------------|-----------------|------------------------|
| <b>Reaction to Examination</b> | <b>Activity</b> | <b>Distractibility</b> |
|--------------------------------|-----------------|------------------------|

|                                     |                        |  |
|-------------------------------------|------------------------|--|
| <b>Persistence / Attention Span</b> | <b>Intensity Level</b> | <b>Words Spoken, Sentence Length, Speech Clarity</b> |
|-------------------------------------|------------------------|--|

|                          |  |
|--------------------------|--|
| <b>Parental Concerns</b> | <b>Note – Present (+) or Absent (-) as Appropriate</b><br>(Cross off parts not examined or not applicable) |
|--------------------------|--|

|                       |  |          |            |
|-----------------------|--|----------|------------|
| <b>General Health</b> | <b>Part</b>                                  | <b>N</b> | <b>Abn</b> |
|                       | Skin: Color, texture, hair, scalp            |          |            |
|                       | Head & Face: Symmetry, AF size ____ cms ____ |          |            |

|  |   |  |  |
|--|---|--|--|
| <b>General Behavior: Behavior at meals</b> | Eyes: Pupils, conjunctivae, EOM, red reflex           |  |  |
|  | Ears and Nose: Canals, timpanic membranes, turbinates |  |  |
|  | Nose: Discharge                                       |  |  |

|                 |  |  |  |
|-----------------|--|--|--|
| <b>Sleeping</b> | Mouth: Gums, tongue, number of teeth ( ) |  |  |
|                 | Nodes: Cervical inguinal                 |  |  |
|                 | Lungs                                    |  |  |

|  |  |  |  |
|--|--|--|--|
| <b>Toilet Training: Bowel, bladder, day, night</b> | Heart: Rhythm, S1m S2, murmur              |  |  |
|  | Abdomen: Contour, masses, hernia           |  |  |
|  | Genitalia: Vaginal opening, testes ( ) ( ) |  |  |

|                                      |  |  |  |
|--------------------------------------|--|--|--|
| <b>Peer and Social Opportunities</b> | Extremities: Range of motion, stance                                 |  |  |
|                                      | Neuromuscular: Tone, strength, equilibrium, coordination, Gait, DTRs |  |  |

|  |                                    |
|--|------------------------------------|
| <b>Parents' Description of Child's Temperament</b> | <b>Describe abnormal findings.</b> |
|--|------------------------------------|

|   |                                |              |  |
|---|--------------------------------|--------------|--|
| <b>Problems Identified and Reviewed</b> | <b>Development Observation</b> | R = Reported | O = Observed                               |
|   | R                              | O            | NO*  |
|   |                                |              | NO* = Not observed by parents or examiners |

|  |      |                                     |
|--|------|-------------------------------------|
| <b>Development and Parent-Child Interactions</b> | G.M. | Runs well                           |
|  |      | Jumps with both legs together       |
|  |      | Balances on 1 foot for 1 -2 seconds |
|  |      | Kicks the ball forward              |

|                                      |  |                        |
|--------------------------------------|--|------------------------|
| <b>Physical and Emotional Status</b> |  | Throws a ball overhand |
|                                      |  | Walks up the steps     |
|                                      |  | Walks down the stairs  |
|                                      |  | Pedals a vehicle       |

|  |      |                                  |
|--|------|----------------------------------|
| <b>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.</b> | F.M. | Scribbles with a pencil          |
|  |      | Copies a vertical line           |
|  |      | Copies a circle                  |
|  |      | Makes a tower out of four cubes  |
|  |      | Makes a tower out of eight cubes |

|                     |                             |                        |       |                                       |
|---------------------|-----------------------------|------------------------|-------|---------------------------------------|
| <b>Immunization</b> | <b>Drug Co. and Lot No.</b> | <b>Expiration Date</b> | Lang. | 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                         |

|                         |  |  |  |      |                            |
|-------------------------|--|--|--|------|----------------------------|
| o Blood Lead Test Done  |  |  |  | P.S. | Puts a toy under the table |
| o Other Lab Tests _____ |  |  |  |      | Puts a toy on the floor    |

|                             |                    |  |  |  |                             |
|-----------------------------|--------------------|--|--|--|-----------------------------|
| <b>SIGNATURE — Provider</b> | <b>Date Signed</b> |  |  |  | Gives the toy to the mother |
|                             |                    |  |  |  | Puts on some clothing alone |

|                                  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|
| Return to clinic in ____ months. |  |  |  |  | Uses spoons well, spilling very little |
|                                  |  |  |  |  | Washes and dries hands alone           |
|                                  |  |  |  |  | Plays games with others                |
|                                  |  |  |  |  | Helps or mimics household tasks        |

|   |              |            |            |                         |
|---|--------------|------------|------------|-------------------------|
| <b>Parents' Interactions with Child</b> | O = Observed | M = Mother | F = Father | NO* = Not observed here |
|---|--------------|------------|------------|-------------------------|

|   |     |   |   |     |  |
|---|-----|---|---|-----|--|
| O | NO* | Spontaneously identifies child's positive qualities | O | NO* | Reinforces behavior through approval and attention |
|   |     | Limits activity by verbal command                   |   |     | Terminates activity with some forewarning          |
|   |     | Limits activity by physical actions                 |   |     | Interrupts temper tantrums vocally                 |
|   |     | Gives simple short directions / explanations        |   |     | Interrupts temper tantrums physically              |
|   |     | Voice calm when talking to child                    |   |     | 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.