Name:_____ DOB: _____ Today's Date: _____

FamilyCare OF MIDDLE GEORGIA

TWO YEAR WELL CHILD CHECK

INTERVAL HISTORY

Any changes in your family since last visit? ▢ Move ▢ Job change ▢ Divorce ▢ None ▢ Other:
Any relatives diagnosed with new medical issues since last visit? ▢ No ▢ Yes, describe:

SENSORY / BEHAVIORAL / DEVELOPMENTAL SURVEILLANCE

Are you concerned about your child's hearing? Are you concerned about your child's speech?	▢ No ▢ Yes ▢ No ▢ Yes
Are you concerned about your child's vision? Do your child's eyes appear unusual or seem to cross, drift, or be lazy? Does your child hold things close when trying to see them? Do your child's eyelids droop or does one eyelid tend to close? Have your child's eyes ever been injured?	▢ No ▢ Yes ▢ No ▢ Yes ▢ No ▢ Yes ▢ No ▢ Yes ▢ No ▢ Yes
Any concerns about your child's growth / learning / behavior?	▢ No ▢ Yes, describe:
Mark the tasks that your child can do: ▢ Stacks 5-6 blocks ▢ Throws overhand ▢ Puts 2 words together when talking ▢ Kicks ball ▢ Names 1 picture ▢ Turns pages 1 at a time ▢ Walks up/down stairs 1 step at a time ▢ Jumps ▢ Plays pretend alone ▢ Copies what you do ▢ Plays w/ other kids ▢ Points to >2 pics you name in a book ▢ Follows 2-step commands.	

ANEMIA / LEAD / TB / CHOLESTEROL / ORAL RISK ASSESSMENT

Do you ever struggle to put food on the table? Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	▢ No ▢ Yes ▢ No ▢ Yes
Does your child have a sibling or playmate who has or had lead poisoning? Does your child live/visit a house or daycare built before 1978 that has recently been remodeled? Does your child live in or regularly visit a house or child care facility built before 1950?	▢ No ▢ Yes ▢ No ▢ Yes ▢ No ▢ Yes
Was your child born in a country where tuberculosis is prevalent (outside the US)? Has your child traveled (>1 week) to a country at high risk of tuberculosis? Has your child had contact with anyone with tuberculosis or a positive PPD test? Is your child infected with HIV?	▢ No ▢ Yes ▢ No ▢ Yes ▢ No ▢ Yes ▢ No ▢ Yes
Does your child have parents or grandparents who've had stroke or heart problems before age 55? Does your child have a parent with high cholesterol (>240 mg/dL) or taking cholesterol medication?	▢ No ▢ Yes ▢ No ▢ Yes
Does your child see a dentist? Does your child's primary watery source have fluoride (i.e. city water)	▢ No ▢ Yes ▢ No ▢ Yes

ANTICIPATORY GUIDANCE:

- Your child may love hearing the same story over and over. Ask your child to point to things as you read.
- Talk slowly and remember that it may take a while for your child to respond.
- Limit TV to 1–2 hours or less each day. Be careful about the programs and advertising your young child sees.
- Be active together as a family. Make sure your child is active at home, at child care, and with sitters.
- Use a forward-facing car seat.
- Never leave your child alone in your home or yard, especially near cars, without a mature adult in charge.
- Plan for toilet breaks often. Children use the toilet as many as 10 times each day.
- Help your child wash her hands after toileting and diaper changes and before meals.
- Play with your child each day, joining in things the child likes to do.
- Never make fun of the child's fears or allow others to scare your child.