



## 2-Year Child Health Supervision (EPSDT) Visit

Patient Sticker

NAME \_\_\_\_\_ DOB \_\_\_\_\_ DOV \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ MED REC# \_\_\_\_\_

HT _____ ( _____ % )	Temp _____	Pulse _____	Meds: _____
WT _____ ( _____ % )	Pulse Ox-Optional _____		
HC _____ ( _____ % )	Resp: _____		
	<b>Allergies:</b> _____	<input type="checkbox"/> NKDA	_____
	Reaction: _____		

**HISTORY:**  
**Parent Concerns:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Initial/Interval History:**  
 \_\_\_\_\_

**FSH:**  FSH form reviewed (check other topics discussed):  
 Daily care provided by  Daycare  Parent  
 Other \_\_\_\_\_  
 Adequate support system?  Yes  No \_\_\_\_\_  
 Adequate respite?  Yes  No \_\_\_\_\_

**SENSORY SCREENING:**  
**Any parent concerns about vision or hearing?**  Yes  No

**Vision:**  
 Follows objects and eyes team together  Yes  No

**Hearing:**  
 Responds to sounds  Yes  No

**PHYSICAL EXAMINATION (check appropriate box)**

	N L	A B	N E	COMMENTS NL-normal, AB-abnormal, NE-not examined
General				
Skin				
Eyes: Red Reflex, Appearance, Light reflex symmetric				
Ears, TMs				
Nose				
Lips/Palate				
Teeth/Gums				
Tongue/Pharynx				
Neck/Nodes				
Chest/Breast				
Lungs				
Heart				
Abd/Umbilicus				
Genitalia				
Extremities				
Muscular				
Neuromotor				
Back/Sacral dimple				

**DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT**  
**Parent Concerns Discussed? (Required)**  Yes  
 Standardized Screen Used? (Optional)  Yes  No  
 See instrument form:  PEDS  Ages & Stages  
 Other \_\_\_\_\_

**DB Concerns:** (e.g. sleep/tantrums) \_\_\_\_\_  
 \_\_\_\_\_

**Clinician Observations/History: (Suggested options)**

Motor skills		
Still holds onto stair railings when walking stairs	Y	N
Walks backward; stoops or squats w/ confidence	Y	N
Fine Motor skills		
Enjoys scribbling	Y	N
Language/Socioemotional/Cognitive skills (typical)		
Uses 2-3 word sentences	Y	N
Imitates parents; enjoys affection and attention	Y	N
Need time to change activities; destructive if mad	Y	N
Can't sit still or play with a toy > a few minutes	Y	N
Shows interest in dressing, brushing hair/teeth	Y	N
Potty trained (okay if not)	Y	N
Plays more <i>alongside</i> than <i>with</i> friends; doesn't cooperate or share well	Y	N
Parent - Child Interaction		
Interaction appears age appropriate	Y	N

Clinician concerns re interaction: \_\_\_\_\_

# (EPSDT) 2-Year Visit Page 2

NAME \_\_\_\_\_ DOB \_\_\_\_\_  
MED RECORD # \_\_\_\_\_



### ANTICIPATORY GUIDANCE:

Select at least one topic in each category (as appropriate to family):

#### Injury/Serious Illness Prevention:

- Car Seat  Falls  Burns-hot water heater max temp 125 degrees F
- Smoke alarms  No passive smoke  Sun protection
- Other \_\_\_\_\_

#### Violence Prevention:

- Adequate support system?  Adequate respite?  Feel safe in neighborhood?
- Domestic Violence?  No Shaking  Gun Safety
- Other \_\_\_\_\_

#### Sleep Counseling/Interaction :

- Bedtime interaction  Read to child (e.g. Reach out and Read)
- Other \_\_\_\_\_

#### Nutrition Counseling:

- Begin 2% cow's milk (~16 oz/day)  Limit juice (4 oz or less/day)
- Whole grains  Vitamins  No Popcorn, peanuts, hard candy
- Other \_\_\_\_\_

#### What to anticipate before next visit:

- Child-proofing  Establish routines  Discipline  Help child learn self-control skills (e.g.-not interrupting, not fighting with sibs)
- Offer clear and simple choices  Don't expect sharing  Different rates of development are normal
- Other:

### PROCEDURES: (if at risk or not previously done)

- Hematocrit or Hemoglobin
- TB Test
- Cholesterol Screening
- Blood Lead Test (Is Required at this age)

### DENTAL REMINDER:

- PCP screen until 3  Fluoride source?

### IMMUNIZATIONS DUE at this visit:

Flu (yearly)  
 Given  Not Given  Up to Date  
 Date Flu previously given \_\_\_\_\_

### Catch-up vaccines

**HepB** # \_\_\_\_\_  
 Given  Not Given  Up to Date

**DTaP** # \_\_\_\_\_  
 Given  Not Given  Up to Date

**Hib** # \_\_\_\_\_  
 Given  Not Given  Up to Date

**IPV** # \_\_\_\_\_  
 Given  Not Given  Up to Date

**PCV** # \_\_\_\_\_  
 Given  Not Given  Up to Date

**MMRV** # \_\_\_\_\_  
 Given  Not Given  Up to Date

### Vaccines for High-Risk

**MPSV4 (Meningococcal)**  
 Given  Not Given  Up to Date

### Reason Not Given if due

- Vaccine not available
- Child ill
- Parent Declined
- Other \_\_\_\_\_

### List Vaccine(s) not given:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ASSESSMENT:  Healthy, No problems

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PLAN/RECOMMENDATIONS:  Do vaccines/procedures listed above  Other \_\_\_\_\_  
 See box above for Anticipatory Guidance Topics discussed at today's visit

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Next Health Supervision (EPSDT) Visit Due: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_