### WELL CHILD ASSESSMENT 16 TO 23 MONTHS

#### INTERVAL HISTORY
- **Diet:**
  - Illness:
  - Problems:
  - Immunization Reaction:
  - Parental Concerns:

#### DEVELOPMENT
- **NORMAL**
  - Mimics Household Chores
  - 4-10 Word Vocabulary
  - Piles 2-3 Blocks
  - Scribbles
  - Walks Well - Climbs
  - Answers Questions with Questions

#### PHYSICAL EXAMINATION
- **PM 160**
  - Yes
  - No

#### ABNORMALITIES/COMMENTS
- **N**
- **AB**

#### EDUCATION (Circle Items Discussed)
- **Nutrition:** Three Meals/Day, Snacks, Avoid Junk Food
- **Tobacco:** Second-Hand Smoke
- **Safety:** Street Refrigerator, Freezer, Electrical Outlets, Hot Water, Drowning, Lead Pottery, Folk Remedies, Smoke Detector
- **Parenting:** Play with other Children, Toilet Training, Temper Tantrums, Play, Discipline, Touching Genitals, Fever Control
- **Dental:** Tooth Brushing/Avoid Sweets, Bottle Caries, Fluoride, Importance of Primary Teeth
- **Growing Up Healthy Brochure given**

#### TB RISK ASSESSMENT
- No Risk
- Risk

#### ASSESSMENT:

#### PLAN
- **Hepatitis B #3**
- **DTaP #4**
- **IPV #3**
- **Varicella**
- **Prevnar Late Catch-up #2**

#### TOBACCO ASSESSMENT
1. Patient is exposed to Passive (second-hand) Tobacco Smoke. **Yes**  **No**
2. Tobacco Used by Patient. **Yes**  **No**
3. Counseled about/Referred for Tobacco Use Prevention/Cessation. **Yes**  **No**

#### Next Visit:

#### Patient Name/ID Number:

Exam Date: ________________

Provider Signature

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Well Child Assessment –16 to 23 Months  3/30/00 PPMC/AA