GARDNER
Packard Children's Health Center

CLINIC VISITS • PRIMARY CARE CLINIC •
PROGRESS NOTE **THIRTY MONTH** WELL CHILD VISIT

Medical Record Number

Patient Name

Addressograph or Label

DATE: _____

LANGUAGE:_____
❑ Interpreter ❑ Provider speaks language

IDENTIFICATION:

ACCOMPANIED BY: ❑ Mom ❑ Dad ❑ Other

CONCERNS:

INTERVAL HISTORY: (significant changes, illnesses, events since last visit)

FOLLOW UP – PROBLEMS FROM PREVIOUS VISITS:

Wt. _____kg (%ile) ❑ tracking
Ht. _____cm (%ile) ❑ tracking
BMI _____kg/m^2 (%ile) ❑ tracking

T_____ P_____ RR_____ BP_____ (%ile)

NUTRITION AND ACTIVITY:
- ❑ _____oz. milk per day (target 16-24 oz.)
- ❑ Appropriate intake of protein, iron, calcium, fruit/vegetables
- ❑ Physical activity _____ hour(s)/day (target ≥1 hour)
- ❑ TV/screen time _____ hour(s)/day (target < 2 hours)

ELIMINATION:
- ❑ No concerns
- ❑ Soft stools
- ❑ Toilet training

SLEEPING:
- ❑ No concerns
- ❑ Appropriate amount (target 11-14 hours/day, including nap)
- ❑ No snoring or apnea

IMMUNIZATIONS: ❑ Record reviewed - up to date

MEDICATIONS:

ALLERGIES: (Document reactions, if any)
❑ No known drug allergies
❑ No known food, environmental allergies

PAST MEDICAL HISTORY:

FAMILY HISTORY:

FAMILY STRUCTURE, PRIMARY CARETAKER(S):

DENTAL CARE:
Date of Last dental visit _____

SOCIAL/ENVIRONMENTAL SCREENING - Check if discussed and negative
- ❑ Food insecurity: In the past year, have you run out of food before you could buy more - or worried about running out of food?
- ❑ Housing insecurity: (positive if any one of the following are true)
  - o Moved more than once in past year
  - o >2 people/bedroom
  - o >1 family/home
- ❑ Domestic violence: In the past year, have you felt afraid of your partner?
- ❑ Guns: Are there guns in your home?
- ❑ Tobacco: Does anyone smoke where you live?

DEVELOPMENTAL SCREENING: ❑ ASQ

DEVELOPMENTAL SURVEILLANCE:
- ❑ Points to 6 body parts
- ❑ Jumps up and down in place
- ❑ Puts clothes on with help
- ❑ Washes and dries hands without help
- ❑ Plays pretend
- ❑ Plays with other children
- ❑ Brushes teeth with help
- ❑ 3-4 word phrases
- ❑ Speech 50% intelligible to a stranger
- ❑ Knows correct animal sounds (such as cat meows, dog barks)

TB RISK ASSESSMENT - CHECK IF NEGATIVE
- ❑ Has a family member or someone your child has been in contact with had TB disease?
- ❑ Has your child, a family member, or someone your child has been in contact with had a positive TB test or received medications for TB?
- ❑ Was your child born in another country*?
- ❑ Has your child traveled outside of the United States for more than a week?* (*Excluding Canada, Australia, New Zealand, Western and Northern Europe)

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PHYSICAL EXAM	Normal	Abnormal
General:	❑ alert, interactive, well-appearing	❑
Skin:	❑ no rashes, no lesions	❑
Eyes:	❑ symmetric red reflex – no strabismus	❑
ENT:	❑ OP clear, TM's normal, good dentition	❑
Neck:	❑ supple, no lymphadenopathy	❑
CV:	❑ RRR, no murmurs, NI S_1 & S_2, good femoral pulses	❑
Chest:	❑ clear, no retractions/grunting/flaring	❑
Abdomen:	❑ soft, no hepatosplenomegaly, no masses	❑
GU:	❑ NI female/male, testes descended	❑
Back:	❑ straight spine	❑
Ext/Hips:	❑ normal gait, well-perfused, no edema	❑
Neuro:	❑ 2+ DTR's, normal tone, no deficits	❑
Other:	❑	❑

ASSESSMENT

1. _____ month old ❑ Healthy child ❑ Good growth ❑ Normal development ❑ No significant social concerns
2.
3.

PLAN

VACCINES: (Check any given)

❑ None
❑ Hepatitis A#_____
❑ Vaccine Information Sheet given
❑ DTaP # _____
❑ Hib #_____
❑ Hepatitis B# _____
❑ IPV #_____
❑ MMR #_____
❑ PCV # _____
❑ Varicella #_____

SCREENING

❑ Hemoglobin _____ (if not done at/after age 2 or WIC/dietary risk)
❑ Lead level _____ (if not done at/after age 2)
❑ TB risk screening negative
❑ PPD done (if high risk)

❑ **GPCH DENTAL SCREENING AND EDUCATION**

❑ **PRESCHOOL OR DAY CARE FORMS COMPLETED** (if needed)

GUIDANCE TO FAMILIES

❑ Bright Futures handout provided

❑ Forward facing car seat until outgrown
❑ Keep number for Poison Control by phone
❑ Water safety (tubs, toilets, pools)
❑ Toilet training
❑ Talk, read, sing
❑ Supervised play with other children
❑ Group activities/preschool (if possible)
❑ Limit setting, consistency

❑ **REACH OUT AND READ BOOK GIVEN**

FOLLOW-UP VISIT

❑ 6 months for WCC
❑ Other follow-up:

PROBLEMS FOR FOLLOW UP:

DATE	PRINTED NAME:
	SIGNATURE