

24 MONTH OLD

NAME _____

DATE _____



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MEDICAL HISTORY

Has your child had any reactions to medications or immunizations?
Does your child take any medications (daily or as needed)?
Is your child currently taking any vitamins, supplements, "alternative medicines" or therapies?
Are there any major illnesses in the family? Which ones? _____
Are there any major changes or stresses in the family (moves, deaths, separation, etc)?
Has your child ever been diagnosed with an immunodeficiency?
Has your child had any illnesses, hospitalizations, or surgeries that we are not already aware of?

NUTRITION

Is your child breastfed?
Does your child take a bottle?
Does your child drink anything other than milk and water? Does your child eat food from all 4 food groups?
How many times per week does your child eat fast food?

PREVENTIVE HEALTH

Has your child seen a dentist in the past 6 months?
Does your child always ride in a car seat and in the backseat?
Are there smoke alarms, fire extinguishers and carbon monoxide alarms in your home?
Have those alarms been checked in the past 12 months?
..... Do you live in a home built before 1960 (possible lead exposure)?
Does a family member frequently work with lead (car batteries, making stain glass, etc)?
Does your child live with anyone who smokes?
Has your child had close contact with anyone who has tuberculosis (TB), or is at high risk for TB
(anyone who has lived in a developing country, been institutionalized, homeless, IV drug user, HIV positive)?
_____ How many hours of "screen time" (TV, movies, video games etc) is your child around per day?

REVIEW OF SYSTEMS (Does your child have any **CURRENT** problems with the following?)

eyes (crossing, poor vision, etc)
hearing
coughing, breathing, shortness of breath, wheezing, turning blue, or limitation in activity level
vomiting, stooling (diarrhea, constipation, or blood in the stools)
urination (change in frequency, or blood in the urine)
extremities (feet, legs, arms, hands)
Has your child received blood, plasma, respigam, or gammaglobulin?

Please name several activities you enjoy doing with your child:

CONCERNS

Do you have any special concerns today?