



TODDLER PHYSICAL

18, 24, & 30 months



Child's Name: _____ DOB: ___ / ___ / ___ AGE: _____ yrs. _____ mos.

Site: _____ Phone: _____ Fax: _____ PID# _____

Weight: Percentile:	Height: Percentile:	Head Circumference: (18-23 months only) Percentile:
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<p>GENERAL APPEARANCE</p> <p>General: <input type="checkbox"/> Well-nourished and developed</p> <p>Head: <input type="checkbox"/> Symmetrical A.F.: Open (____ cm) OR Closed</p> <p>Eyes: <input type="checkbox"/> Appears to see <input type="checkbox"/> No strabismus</p> <p>Ears: <input type="checkbox"/> Appears to hear</p> <p>Nose: <input type="checkbox"/> Passages patent</p> <p>Mouth & pharynx: <input type="checkbox"/> Normal color and without lesions</p> <p>Teeth: <input type="checkbox"/> Grossly normal</p> <p>Neck: <input type="checkbox"/> Supple, no masses palpated</p> <p>Heart: <input type="checkbox"/> No murmurs, regular rhythm</p> <p>Lungs: <input type="checkbox"/> Breath sounds normal bilaterally</p> <p>Abdomen: <input type="checkbox"/> Soft, no masses, liver & spleen not enlarged</p> <p>Genitalia: male: <input type="checkbox"/> Normal appearance: Circumcised Uncircumcised <input type="checkbox"/> Testes in scrotum rt. Lt.</p> <p>Female: <input type="checkbox"/> No lesions, normal external appearance</p> <p>Extremities: <input type="checkbox"/> No deformities, full rom</p> <p>Skin: <input type="checkbox"/> Clear, no significant lesions</p> <p>Neurologic: <input type="checkbox"/> Alter, moves extremities well</p>	<p>IMMUNIZATIONS RECEIVED TODAY</p> <p><input type="checkbox"/> DTaP <input type="checkbox"/> DT <input type="checkbox"/> Hib <input type="checkbox"/> Hep B <input type="checkbox"/> TOPV <input type="checkbox"/> IPV <input type="checkbox"/> MMR <input type="checkbox"/> VARICELLA</p> <p>NUTRITION</p> <p>Breast milk <input type="checkbox"/> yes <input type="checkbox"/> no Formula <input type="checkbox"/> yes <input type="checkbox"/> no _____ oz./feeding, _____ feedings/24 hours</p> <p>Solids: _____</p> <p><input type="checkbox"/> Normal bowel pattern <input type="checkbox"/> Normal sleep habits <input type="checkbox"/> Vitamins/fluoride</p>
<p>ANTICIPATORY GUIDANCE <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>HISTORY</p> <p>Drug allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No Passive smoking: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NUTRITION/PRESCRIPTION RECOMMENDATIONS:</p>	<p>SCREENINGS COMPLETED DURING THE VISIT</p> <p><input type="checkbox"/> TB Risk Assessment Completed Risk Factors not present; TB Skin Test not required</p> <p><input type="checkbox"/> TB Risk Factors present (Test #1 or 2 Completed): Date test given: _____ 1. <input type="checkbox"/> Skin Test Date read Skin Test: _____ Results (skin) _____ mm Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>2. <input type="checkbox"/> Blood Test (IGRAs): <input type="checkbox"/> Negative <input type="checkbox"/> Positive Chest X-Ray (If Positive Test for #1 or 2): Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p><input type="checkbox"/> Lead Test Results: 12 m Result Value: _____ Date: _____ 24 m Result Value: _____ Date: _____</p>
<p>ABNORMAL FINDINGS AND/OR DIAGNOSIS:</p>	<p><input type="checkbox"/> Anemia Risk Assessment Completed:</p> <p>1. Do you ever struggle to put food on the table? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Hgb/Hct test is required</p> <p>2. Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, Hgb/Hct test is required</p> <p><input type="checkbox"/> Anemia Risk factors present: Hgb/Hct Test Results: _____ *Date: ___ / ___ / ___ *(If different from exam date)</p>
<p>NEXT APPOINTMENT SCHEDULED: _____ / _____ / _____</p>	

Print Name of Doctor _____

Signature/ Official Stamped Signature _____

Exam Date _____ / _____ / _____

Phone: _____

Fax: _____

<p>EHS Staff Only</p> <p>Date Received: _____ / _____ / _____</p>



County of San Diego

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WILMA J. WOOTEN, M.D.
PUBLIC HEALTH OFFICER

September 1, 2015

Dear Medical Provider:

LEAD TESTING AND SCREENING IN CHILDREN

The Childhood Lead Poisoning Prevention Program (CLPPP) of the County of San Diego Health and Human Services Agency strongly encourages physicians to provide lead screening testing to children presenting, who are attempting to enroll in Head Start. Head Start programs are required to ensure that all enrolled children between the ages of 12 months and 72 months of age receive a lead toxicity screening.

The requirements for a child enrolled in Head Start are:

- For a child enrolled before the age of 12 months, the program must obtain documentation that blood lead tests were conducted for the child at the ages of 12 *and* 24 months;
- If there is no documentation that a blood lead test was performed at 12 months, for a child enrolled between 12 and 24 months of age, a blood lead test must be performed as soon as possible. A second blood lead test will be required at 24 months of age;
- The program is required to obtain documentation that a blood lead test was performed at 24 months of age, or soon thereafter, for a child enrolled at age 24 months or older.

San Diego County ranks third in 2012 among California counties for having the highest number of lead poisoned children. Children living in San Diego County are particularly vulnerable because of the abundance of older housing stock and the proximity to the border where cultural traditions that may be associated with lead toxicity frequently accompany immigrant families into San Diego. Lead is a neurotoxin that is harmful to developing young children even at low levels and can cause irreversible damage to a developing brain and other body systems.

Please contact the Childhood Lead Poisoning Prevention Program at (619) 692-8487 for further information about testing, case management services, education and outreach, or to request educational materials.

Live Well!



WILMA J. WOOTEN, M.D., M.P.H.

Public Health Officer
Director, Public Health Services

WJW: