

Patient ID _____

Patients Name _____

PCP _____

DOB _____

Today's Date _____

2 Year Old Parent Observations

Are there any concerns you would like to discuss today? _____

Feedings/Sleep:

Any concerns about feedings or weight gain? Yes No

Does your child eat well (i.e. has consistent appetite, not too picky)? Yes No

What does your child drink? _____

If picky, what does your child dislike? _____

Any concerns about voiding or stooling? (i.e. constipation, diarrhea) Yes No

Is your child showing interest in potty training? Yes No

Any concerns about sleep? Yes No

Development:

Do you read to your child every day? Yes No

Does your child watch TV/tablet/phone/have other screen time? Yes No

If yes, how much screen time per day? _____

Do you have any concerns about your child's hearing or vision? Yes No

Any concerns about your child's development? Yes No

Does your child: (please check all that apply)

scribble well kick a ball use 2 word phrases participate in parallel play

draw a line walk down stairs imitate chores play make believe

stack 5-6 blocks copy a circle use 50 words follow 2-step commands

Social/Behavior:

If parent(s) work, who cares for your child? _____

Are there any family or social issues you would like to discuss? Yes No

Any concerns about your child's behavior (i.e. tantrums, hitting, biting)? Yes No

Does your child play/socialize well with other children? Yes No

Does your child receive consistent discipline/teaching/setting limits? Yes No

Does your child have a routine or stable schedule most days? Yes No

Safety/Preventative Health:

Are you brushing your child's teeth with a smear of fluoride toothpaste? Yes No

Has your child seen a dentist? Yes No

Is your home/car a smoke-free environment? Yes No

Does your child use a car seat 100% of the time? Yes No

Are your child's immunizations up to date? Yes No

Any illness or fevers in the last 24 hours? Yes No

Does your child have any allergies (that you know of)? Yes No

Please list any medications or supplements your child took this week: _____