

24 MONTH WELL CHECK-UP

NAME _____ DATE _____ DOB _____

Caregiver concerns: _____

Daily Activities

Toilet Training _____
Other (and mother's reactions) _____

Feeding

Picky Eater _____
Table Foods _____
Cup only _____

Stools

Number _____
Color _____
Consistency _____
Constipation _____

Development

Two-three words together for short sentence _____
Runs without falling _____
Throws ball overhand _____
Up and down stairs alone _____
Jumps with both feet in place _____
Removes own shoes and pants _____
Tells first and last name _____

Physical Exam

Please use growth chart

Hgt _____ % _____
Wgt _____ % _____
H.C. _____ % _____
HEENT _____

Neck _____
Lungs _____
Heart _____
Abdomen _____

GU _____
Ortho _____
Neuro _____
Skin _____

Impression

Plan

Denver
HIB Vaccine

Topics Discussed

1. Toilet Training _____ 2. Dental Care, brushing teeth _____
3. Terrible Two's, "No" Stage _____ 4. Use of fork and spoon _____
5. Other _____

Return to office _____