

Jessica Davis MD

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TWO YEAR WELL CHILD VISIT

PARENT SECTION: Please check yes or no and fill in the blanks.

GENERAL ISSUES			DISCUSSION TOPICS
Yes	No	Overall, I feel confident that my child is doing well	Parenting support Time-out procedures Parenting consistency Setting limits Emerging autonomy Appropriate self-expression Conflict resolution
Yes	No	I have enough help with parenting responsibilities	
No	Yes	There have been recent changes or stresses in our family	
No	Yes	I have concerns about sibling conflicts	
No	Yes	My child attends daycare	
No	Yes	My toddler's behavior is challenging	
No	Yes	I have questions about tantrums or discipline	Conflict resolution
NUTRITION/SLEEP			Praise *****
No	Yes	I have questions about my child's eating habits	Wean from bottle
Yes	No	My child eats a balanced diet	Vit D, calcium, fiber, iron sources
Yes	No	My child uses a bottle for milk or juice	Limit juice intake
Yes	No	I am happy with my child's sleep schedule	2% milk <16oz/day
Yes	No	We use a consistent bedtime routine	Avoid sweets
Yes	No	My child sleeps in his/her own bed	Avoid mealtime struggles *****
VOIDING/STOOLING			Toilet training readiness *****
Yes	No	I have questions about toilet training	
Yes	No	My child has hard or painful bowel movements	
DEVELOPMENT			RPQD concerns
No	Yes	I have questions about my child's development	Encourage language development
Yes	No	My child understands most of what I say	Limit screen time
Yes	No	My child uses at least 20 words	promote physical activities
Yes	No	My child combines two words	Reading routines
Yes	No	My child likes to imitate adults	
Yes	No	My child enjoys "pretend" games	
Yes	No	My child can kick and throw a ball	
Yes	No	My child walks up stairs	
Yes	No	My child likes to draw with crayons	
Yes	No	I read to my child every day	*****
PREVENTION			Risk of tobacco exposure
No	Yes	My child lives with someone who smokes cigarettes	Smoking cessation
No	Yes	My child or another person living with us was born outside the U.S. or has traveled to Asia, Mexico, Latin America, or Africa	Assess TB risk
-	-		Booster seat until >60lbs
No	Yes	I have a family member who has had Tuberculosis	Firearms stored safely
Yes	No	My child always rides in a booster seat in the back of the car	Tooth care routines
No	Yes	We have a gun at home	Smoke detector maintenance
Yes	No	My child sees the dentist at least once yearly	Burn prevention
Yes	No	I help my child brush his/her teeth	Accident prevention/supervision
Yes	No	I give fluoride supplements daily (to facilitate discussion)	