

Date: _____ Time: _____ AM PM
 NAME: _____ DOB: _____

ALLERGIES
 see face sheet

“Your Name Here”
“Clinic Name Here”
3 Years Well Toddler Exam

Historian: mother father other _____ reliable

CC: 3 years check _____ past due: Y N

actual age: _____ M _____

HPI: nutrition: _____

sleeping _____ activity / play: _____

problems: _____

see med list _____ PFSH reviewed _____

ANTICIPATORY GUIDANCE / DEVELOPMENT

jumps in place counts to 3 knows colors copies circle dresses self

knows name / age / sex understandable to strangers pedals tricycle

poison control stranger awareness firearms enuresis vitamins

discipline pedestrian safety smoke exposure dental check-up

ROS =nl or present \ = neg or absent + / - = somewhat circle = abnl

GENERAL/CONST
 sleep appetite fever
 lethargic exposure to illness
 daycare _____

ENT
 recent URI Sx eye discharge
 recent OM *rhinorrhea coryza*
 sneezing ear discharge

RESPIRATORY
 2nd hand smoke wheeze
 cough
 bronchitis pneumonia

CARDIAC
 cyanosis sweating
 edema

GI
 vomiting colic
 Stools normal
melen a BRB loose diarrhea

diet change _____

VITAL SIGNS

BP _____ / _____ PULSE _____ WT: _____ HT: _____

TEMP _____ RESP: _____

PHYSICAL EXAM = normal or present \ = negative circle = abnl finding

APPEARANCE alert NAD NAI neat anxious lethargic

appears ill fatigued unkempt obese slender

pale sallow irritable fussy listless cheerful

Cauc Black Hisp Asian Amer-Indian Other M F

HEENT:

head inspection nml shape abnl

TM's nl loss of land marks R L TM red R L

hearing seems nl serous changes R L

eyes w PERL _____

HEENT (cont)
 nose nl rhinorrhea palate
 mouth / gums nml paleness ulcerations
 post. pharynx nml pharyngeal erythema tonsil exudate

NECK:
 WNL tenderness mass adenopathy
 supple

CHEST:
 breath snds nml wheezes insp exp ronchi
 nml excursion stridor resp distress acc muscle use
 nml to percussion

HEART: WNL murmur tachy PMI displaced
 heave thrill

ABD :
 soft, no masses tender organomegaly mass
 BS nml

GENITAL
 WNL
 anus / perineum

SKIN:
 WNL rash lesions bruises

EXT:
 WNL

NEURO:
 CN intact fussy hyper jittery weakness
 reflexes nml
 gait nml

DIAGNOSIS:

TREATMENT:

Vaccine History reviewed: current _____

Flu: given / reminded _____

F / U at age 48 months and / or: in _____ D W M

instructed to call if SX worsen or if new SX develop

F / U or call if not better / well in _____ / _____ D W M

Physician Signature

see reverse addendum dictated > 50% OV in consult mode

This Doc-U-Chart Template set exclusively licensed to: "****"

ROS additional
HEME / LYMPH

bruising _____
bleeding _____
swollen nodes/ "glands" _____

PSYCH

tantrums _____ discipline problem _____

EYES

discharge _____ redness _____

DERM

rash _____ lesions _____
bruising _____

MUSCULOSKELETAL

joint pain swelling _____
trauma history _____

NEUROLOGIC

seizures _____

weakness _____

ENDOCRINE

dry skin _____

poor wt gain / wt loss _____

GU

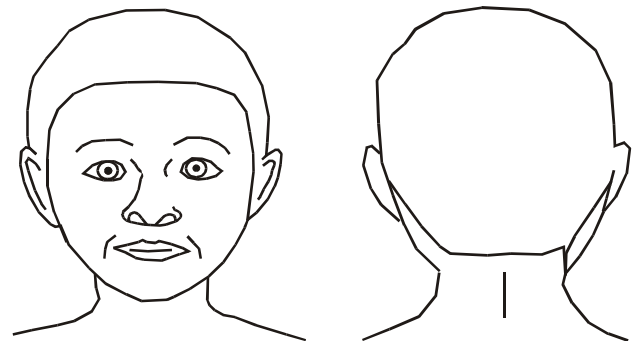
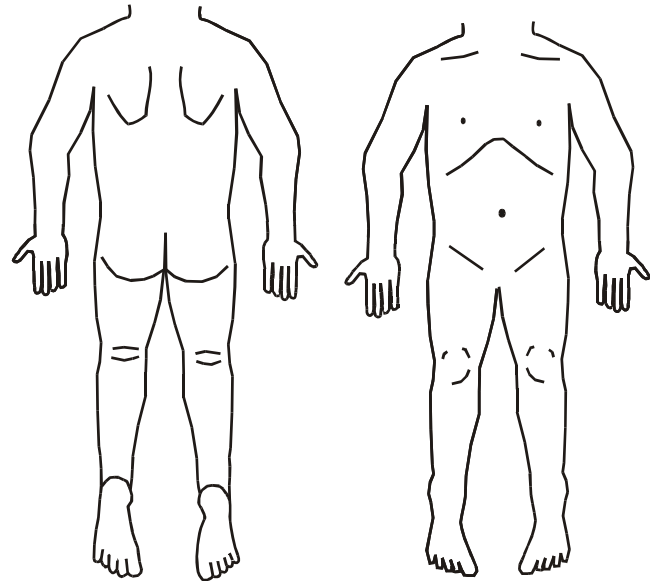
for boys:
testicle swelling _____ penis rash _____

for girls:
vag disch _____ vulvar irritation _____

toilet training _____

FH _____ reviewed, see form _____ unchanged from previous documentation

DM HTN Hepatitis High Chol MI Vascular Disease



Subsequent Notes _____

Other Problems:

#1 _____ ONSET _____

#2 _____ ONSET _____

PMH _____ reviewed, see form _____ unchanged from previous documentation

immuniz UTD _____ usual childhood illnesses _____ asthma _____ premie
heart disease _____ feeding problems _____ seizures _____ freq URI's _____
uncomplicated pregnancy _____ sleep problems _____ birth wt: _____
other conditions: _____

Hosp / Surgeries _____ recent _____

SH _____ reviewed, see form _____ unchanged from previous documentation

single parent _____ traditional _____ step-parents _____ other _____
2nd hand smoke _____ daycare _____
sibs _____