BIRTH & BEYOND PEDIATRICS P.C.

DEVELOPMENTAL SCREENING
30 MONTHS

Patient Name: _____ Date of Birth: ____ /____ /____

Please tell me any concerns, questions, problems you have about the way your child is behaving, developing/growth and/or learning:

_____

_____

DEVELOPMENTAL QUESTIONS AND OBSERVATIONS

☐ YES ☐ NO My child points to 6 body parts.

☐ YES ☐ NO My child jumps up and down in place.

☐ YES ☐ NO My child puts on clothes with help.

☐ YES ☐ NO Other people can understand what my child is saying half the time.

☐ YES ☐ NO My child washes and dries hands without help.

☐ YES ☐ NO My child plays pretend.

☐ YES ☐ NO My child plays with other children *(like tag)*.

☐ YES ☐ NO When talking, my child puts 3 or 4 words together.

☐ YES ☐ NO My child knows correct animal sounds *(such as cat meows, dog barks)*.

☐ YES ☐ NO My child brushes teeth with help.

☐ YES ☐ NO My child can walk on tip toes.

☐ YES ☐ NO My child throws ball overhand.

☐ YES ☐ NO My child imitates others' behavior *(talk on phone, feed doll, sweep)*.

☐ YES ☐ NO My child copies a vertical line.

Describe his/her diet by checking all that apply: Rich in ☐ Meat ☐ Egg ☐ Iron fortified ☐ Cereal ☐ Breads

TUBERCULOSIS

Was your child born in a country at high risk for tuberculosis *(countries other than the United States, Canada, Australia, New Zealand or Western Europe)*? ☐ YES ☐ NO

Has your child traveled *(had contact with resident populations)* for longer than one (1) week to a country at high risk for tuberculosis? ☐ YES ☐ NO

Has a family member or contact had tuberculosis or a positive tuberculin skins test? ☐ YES ☐ NO

Is your child infected with HIV? ☐ YES ☐ NO

DYSLIPIDEMIA

Does your child have parents or grandparents who have had a stroke or heart problem before age 55? ☐ YES ☐ NO

Does your child have a parent with elevated blood cholesterol *(240mg/dL or higher)* or who is taking cholesterol medication? ☐ YES ☐ NO

Additional comments:

_____

_____

Signature: _____ Date: _____ Relationship to Patient: _____

This screening form was adapted in part by the Ohio Medicaid managed care plans; Ohio Department of Jobs and Family Services, American Academy of Pediatrics, Bright Futures 2010.