

Two Year Check Up



Cedar Park Pediatric
& Family Medicine

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Phone: 512-336-2777

www.cedarparkdoctors.com

HEIGHT _____ WEIGHT _____ HEAD _____

IMMUNIZATIONS

It is common for children to experience some discomfort from today's Vaccine. The Following are NORMAL side effects.

_ Soreness, redness, swelling, tenderness where shot is given

_ Fever (usually low grade)

For relief, you may apply ice for first 24 hours/and Tylenol _____ dosage

Received vaccines to prevent:

- Dtap Hib Hepatitis A Hepatitis B Influenza Prevnar Polio Varicella (Chickenpox)
 MMR Other _____

SHOULD YOUR CHILD EXPERIENCE

_ Streaking @ Site of Injection _ Difficulty breathing _ Hoarseness or Wheezing

_ Swelling of the throat Weakness _ Fast heart beat _ Dizziness _ Hives

CONTACT THIS OFFICE IMMEDIATELY 512-336-2777

NUTRITION

Between 1 to 5 years of age, most children gain about 4 pounds a year. Children in this age group will often go 3 to 4 months without any weight gain. Since they are not growing as fast, they need fewer calories per pound of body weight than previously, & may seem to have a poor appetite. Most children will eat as much as they need for growth & energy. Do not force your child to eat more. Forced feeding interferes with your child's natural pleasure of eating & may create true feeding problems. As a parent, you are responsible for offering your child nutritious foods, but it is your child who will decide how much he eats. Keep mealtime pleasant; allow your child to be in charge of how much he eats & do not worry if your child skips a meal on occasion.

Parents are the most important role models in shaping their children's eating & lifestyle habits. Many American's have diets that are too high in sugar, fat, cholesterol, & salt. These diets are one cause of America's increasing rates of obesity and heart disease. Nutrition experts agree that the best time to start cutting back on fat & cholesterol is when a child reaches two. The best diets are rich in whole grains, vegetables, fruit, beans, & modest portions of animal foods like low fat (skim or 1%) milk, yogurt, fish, lean meats, and poultry.

Healthy Snacks

If your child is hungry between meals, offer small portions of fresh fruit, dry unsweetened cereals (or with low fat milk), graham crackers, animal crackers, low-fat yogurt, pretzels, string cheese or turkey slices. Higher calorie snacks of poor nutritional quality such as French fries, ice cream, donuts, pastries, cake, cookies, & chips should be offered infrequently and only in small portions, not as a part of your child's every day diet.

Milk

At age 2 years, you should switch your child to low fat milk (skim or 1%). Two percent milk is NOT considered low fat. Sixteen ounces a day of milk or milk-equivalent foods (cheese, yogurt, etc.) will give your child an adequate supply of calcium that is needed for healthy bones.

Supplemental vitamins

Vitamin supplements are not necessary at this age, but if your 2 year old is refusing fruits & vegetables you may give a daily chewable multivitamin. Just remember, this will NOT provide fiber and the true nutrition of fruits and vegetables. Keep offering your child fruits and vegetables.

Dietary Guidelines

The USDA published new Dietary Guidelines in early 2005. The Dietary Guidelines describe a healthy diet as one that:

1. Emphasizes fruit, vegetables, whole grains, & fat-free or low-fat milk and milk products.
2. Includes lean meats, poultry, fish, beans, and eggs.
3. Is low in saturated fat, trans fats, cholesterol, salt & added sugar.

This report also emphasizes the need for daily exercise. All children and adolescents should spend at least 1 hour a day in moderately vigorous exercise. This report is available at <http://www.mypyramid.gov>.

Pyramid Plan for a 2-Year Old

Food Group	Daily Recommendation	Tips
Grains (at least half should be whole-grain)	3 ounces	One serving is considered: 1. 1 slice of bread OR 2. 1 cup of dry cereal OR 3. ½ cup of cooked rice, pasta, or cereal
Vegetables (eat more dark green veggies, orange vegetables, and dry beans and peas)	1 cup (vary your veggies)	One serving is considered: 1. 1 cup of cooked vegetables OR 2. 1 cup of vegetable juice OR 3. 2 cups of green leafy vegetables OR 4. 1 cup of cooked dry beans or peas
Fruits (eat a variety of fruits, NOT more than 8 oz. of juice a day)	1 cup	One serving is considered: 1. 1 cup of fruit (fresh, frozen or canned) OR 2. ½ cup of dried fruit OR 3. 8 oz of 100% fruit juice
Milk and Milk Products (preferably low-fat)	2 cups	One serving is considered: 1. 8 oz of milk or yogurt OR 2. 1 ½ oz of natural cheese OR 3. 2 oz of processed cheese
Meat and Beans	2 ounces (about 1/2 the size of a deck of cards)	One serving is considered: 1. 1 ounce of meat, poultry or fish OR 2. ¼ cup of cooked dry beans OR 3. 1 egg OR 4. 1 tablespoon of peanut butter

Is my child overweight/obese?

With the prevalence of childhood obesity increasing at alarming rates in the United States, this is an important question for you & your provider to discuss at your child's well visit. Obesity is associated not only with significant health problems during childhood, but it is also a risk factor for medical problems in your child's adult life. Medical problems that can be seen in obese children include high cholesterol, high blood pressure, diabetes, obstructive sleep apnea, depression, & low self esteem. Obesity also increases the incidence of cancer in adults. Body mass index (BMI) is widely used to help define overweight & obese children. It is the most effective tool to assess overweight children because it correlates with body fat. It is a ratio of weight to the square of height and varies for age and gender. A BMI between the 85th and 95th percentile for age & sex is considered at risk for overweight, and a BMI above the 95th percentile is considered overweight or obese. BMI will be calculated at your child's well visit. Please discuss any concerns with your doctor.

Early Childhood Intervention Programs (ECI)

The state of Texas has a network of local community programs (Early Childhood Intervention or ECI) that provide services to families & their children, birth to age 3, with developmental delays. The cost of services provided are based on family income. Children are eligible for ECI services if they are under age 3 and have developmental delays or conditions (such as Down Syndrome, prematurity, vision or hearing impairments) that have a high possibility of resulting in a developmental delay. Anyone may refer a child for ECI services. If you believe that your child is delayed or has a condition that could lead to delays, call 1-800-250-2246 or visit the ECI website at www.eci.state.tx.us for the ECI program closest to you.

DEVELOPMENT

Social

Your child is entering the preschool years. Her physical & motor development will slow down, but tremendous intellectual, social, and emotional changes will occur. She will try to increase her independence from you & other family members, and will discover & challenge the rules that her family and society have set for her. The "terrible twos" can be a challenge for her and the entire family. She will flip-flop in her needs and demands. At times she will cling to you and at other times, she will run in the opposite direction and defy you. Acknowledge & accept these changes. Largely through your responses to her, the encouragement and respect you show her, your appreciation for her accomplishments, the warmth and security you offer her she will learn to feel comfortable, capable, and special.

Behavior Management Tips

- Recognize that children at this age are selfish & self centered. Expecting a 2 year-old to share is not realistic; however, you will need to intervene if she snatches toys from her playmates or is aggressive.
- It will not be until about 3 years of age that most children will understand the concept of “mine” & “his/hers”. When you finally notice sharing, reward your child. “I’m so happy when you share your doll with Kayla.”
- When you see your child starting to get angry or “worked up”, try to turn his attention to a new activity that is more acceptable.
- Concentrate your discipline efforts on major problems. A top priority should be safety issues, such as not running into the street & behaviors that can harm others, such as biting & hitting. Of next importance are behaviors that can damage property.
- Ignore harmless misbehavior such as whining and tantrums.
- If a tantrum involves harmful behavior, such as hitting or biting, then calmly place her in time-out. Time-out is the most effective discipline technique available to parents of young children. It is used to interrupt unacceptable behavior by removing the child from the scene to a boring place, such as a playpen, chair, corner of a room, or bedroom. Time-out should last about a minute for each year of age.
- Change your child’s surroundings to eliminate access to objects or situations that could cause problems. Take fragile or dangerous objects out of reach, block stairways & other off limit areas with gates, and fence in the yard, etc.
- Be clear about what the unacceptable behavior is & restate the preferred behavior. “We don’t hurt the dog, we pet the dog.”
- Do not use physical punishment (spanking). If you do, you are teaching your child that it is acceptable to hit or hurt another person to solve problems.
- If you are in a public place & her behavior is out of control, simply remove her without discussion or fuss.
- Monitor television & video viewing. Preschool children who watch a lot of television are more aggressive. Even cartoons can be violent. Restrict total TV and video time to less than 1 hour/day.
- After discipline, make your child welcome back into the family circle. Do not comment upon the previous misbehavior or ask for an apology.
- Reward desired behaviors. Do not take good behavior for granted. Watch for behavior you like & then praise your child. At these times, move close to your child, look at her, & express affection. A parent’s attention is your child’s favorite reward.
- Make sure that your child is getting enough sleep. Most 2 year-olds need a total of 12 to 13 hours of sleep a day. The average overnight sleeping period for a 2 year-old is 11 hours & the afternoon nap is generally 1 - 2 hours in length.

Language

By 2 years of age, your child should have a vocabulary of at least 50 words & should be able to put together sentences of at least 2-3 words. In regards to articulation or pronunciation, a stranger should be able to understand at least half of what your 2 year-old says. If your 2 year-old has not mastered these skills, discuss your concerns with his provider. Also note the section in this handout on ECI programs.

Over this next year, language development will explode. By 3 years of age, your child will have a vocabulary of several hundred words, will be able to use sentences with 4 to 6 words, and a stranger should be able to understand 90% of what she says. Reading to your youngster as a part of your daily routine will help enrich his vocabulary and language skills. To keep his attention, choose activity-orientated books that encourage him to

point, touch, name objects, or repeat certain phrases. As he gets closer to 3 years of age and his language skills improve, he will have fun with poems, puns, or jokes that play with language by repeating funny sounds or using nonsense phrases.

Normal Developmental Nonfluency

Children between ages 2 and 5 often have periods of “nonfluency”. Nonfluency refers to difficulty in speaking that involves repeating syllables, (li-li-like this), words, or using fillers such as” uh-uh-uh”. Nonfluent speech tends to last 1-2 months & then may come and go. Try not to correct your child’s nonfluencies; they will fade in time. If the syllable repetition is severe (li-li-li-li-like this), your child’s facial muscles look tense, or your child experiences a “block” (no voice or airflow for several seconds), then she may be having a significant problem with stuttering. Truly significant stuttering is not common at this age, but can occur. Discuss your concerns & observations with your child’s provider.

Cognitive/Learning

Your child will gradually gain the ability to mentally engage in objects, people, & activities that are not visibly present. This is the beginning of “abstract thought”. You will notice abstract thought developing as your child’s play changes from being purely imitation to a more advanced play called imaginary play. An 18 month old will follow you around with a rag; wiping the car; imitating you as you wash your car. A year later, a 2 ½ year old may dip a t-shirt from the clothes rack into the dog water bowl & clean his tricycle. He is no longer imitating his parent. He is inventing a cloth, a water bucket, a car, & is imagining himself as a grown-up. He is entering the wonderful and magical world of imaginary play.

Your 2 year-old is starting to understand the relationship between objects & is starting to figure out cause and effect. He will be able to match objects of similar shapes, start to recognize the purpose of numbers in counting objects, & become more interested in winding up toys and turning lights/appliances on and off.

Over the next year, you will notice that his play growing more complex. At times he’ll string together activities that follow a logical sequence rather than drifting from one toy to another. For example, he may feed his stuffed toys and then put them in bed one by one.

Learning Milestones Between 2 and 3 Years of age

- Makes mechanical toys work
- Matches an object in his hand or room to a picture in a book.
- Plays make believe with dolls, animals, and people
- Sorts objects by shape and color
- Completes puzzles with 3 or 4 pieces
- Understands concept of “two”, can count 2 objects

Gross Motor (Movement) Skills

Two year-olds have a tremendous amount of energy and seem to be continually on the go. Coordination & muscle skills are developing rapidly at this age. Running, jumping, kicking, and climbing activities will consume much of your child’s day. During active play, his attention span may seem even shorter than before. Be patient, the constant activity is needed to develop coordination and strength.

Try to set aside times that your child can go outside to run, play, and explore. Join in the fun. Children this age love piggyback rides, rolling, going down small slides, and climbing.

Screen Time Recommendations

Helping children develop healthy media use habits early on is important. The American Academy of Pediatrics recommends the following guidelines:

- For children younger than 18 months of age, use of screen media other than video-chatting, should be discouraged.
- Children ages 18-24 months may be introduced to high quality programming/apps if parents use them together with their children. Children learn best when interacting with parents/caregivers.
- For children older than 2 years, limit screen use to no more than 1 hour per day of high quality programming. Co-viewing with your child is recommended.
- All children and teens need adequate sleep, physical activity, and time away from media. Designate media-free times to be together as a family and media-free zones. Children should not sleep with electronic devices in their bedrooms, including TVs, computers, ipads and smartphones.
- Parents are encouraged to develop personalized media use plans for their children taking into account each child's age, health, personality and developmental age. Plans should be communicated with caregivers and grandparents so that media rules are followed consistently.

Safety

Falls are the leading cause of death in children less than 4 years of age. This is because of all the new motor skills and the natural desire to explore. This stage is a dangerous time in your child's life. It is YOUR responsibility to protect your child from injury. Your child cannot understand danger or remember "no" while exploring. Please review www.safekids.org for general safety tips.

Remember that your child will continue to explore their world by putting things in their mouths, even if it does not taste good. Your child can now open doors & drawers, take things apart, and open bottles easily. You must use safety caps on medicines & household objects. Consider using non-toxic substitute household products. Keep all household cleaners completely out of reach and in their original containers. Never store lye cleaners in the house.

Prevent Fires and Burns

- Keep lighters and matches out of reach
- Keep hot appliances and cords out of reach
- Keep hot foods and liquids out of reach
- Turn the water heater down to 120 degrees F.
- Do not cook with your child at your feet.

Pedestrian Safety

- Hold onto your child when you are around traffic
- Supervise outside play areas

Prevent Drowning

- Never leave an infant or toddler in a bathtub alone—NEVER
- Continuously watch your child around any water, including toilets and buckets. Keep toilet seats down, never leave water in an unattended bucket, and store buckets upside down.

- **Note: children can drown in less than 2 inches of water.**

Avoid Falls

- Check the stability of drawers, furniture, & lamps. Avoid placing furniture near windows or on balconies.
- Install window guards on windows above the first floor.
- Make sure windows are closed or have screens that cannot be pushed out.
- Don't underestimate your child's ability to climb.

Poisons

- Keep all medicines, vitamins, cleaning fluids, etc. locked away.
- Put the poison center number on all phones.
- Purchase all medicines in containers with safety caps.
- Do not store poisons in drink bottles, glasses, or jars
- Poison Control: 1-800-222-1222

Your Child's Next Well Check is at 30 months of age.
Please bring your child's immunization record to each visit.
Visit our website at www.cedarparkdoctors.com

See attached Autism M-CHAT Questionnaire on the following page.

Car Safety Seats: Information for Families

Motor vehicle crashes remain the leading cause of death for children ages four and older. New research into the effectiveness and safety of car seats found that children are safer in rear-facing car seats. Because of this, the American Academy of Pediatrics has recently updated their recommendations regarding car seat use. They now advise that children should ride rear-facing until age two and that older children use a booster seat until at least age eight.

The American Academy of Pediatrics also recommends the following overall guidelines regarding car safety use:

Infants should ride rear-facing until age two or until they reach the highest weight or height allowed by the car seat's manufacturer. When children reach the highest weight or length allowed by the manufacturer of the infant-only seat, they should continue to ride rear-facing in a convertible seat. We no longer advise facing forward at twelve months of age and twenty pounds, as was the previous recommendation.

It is best for **toddlers/preschoolers** to ride rear-facing as long as possible to the highest weight and height allowed by the manufacturer of their convertible seat, preferably until age two. When they have outgrown the seat rear-facing, they should use a forward-facing seat with a full harness as long as they fit.

Booster seats are for older, **school-aged children** who have outgrown their forward-facing car safety seats. Booster seats help position the lap and shoulder belt properly. Children should stay in a booster seat until adult belts fit correctly. Most children will need a booster seat until they are 4 feet 9 inches tall and are between the ages of eight and twelve.

Older children who have outgrown their booster seats should ride with a lap and shoulder seat belt in the back seat until thirteen years of age. The shoulder belt should lie across the middle of the shoulder and chest and should not be against the neck. The lap belt should fit low and snug over the child's hips and upper thighs, not across the abdomen.

Not only are the above guidelines for your child's safety, it's **TEXAS LAW!**

Under the "Child Passenger Safety Seat Systems" Law, it is an offense if an adult transports a child who is shorter than 4'9" tall and does not keep the child secured in a safety seat system. In addition, it is also an offense if a child who is greater than 4'9" tall is not restrained with a seat belt. A violation of this law can lead to a hefty fine.

It is absolutely essential that **ALL CHILDREN YOUNGER THAN 13 YEARS OF AGE RIDE IN THE BACK SEAT!** An air bag deployed in the front seat can seriously injure or kill children younger than 13 years of age. Remember, even a low velocity "fender-bender" can deploy a front airbag and seriously injure a child in the passenger seat.

Children should ride restrained for EVERY trip, no matter how short. Remember, it's your child's life you could be saving so **buckle up!**

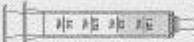
Infants', Children's and Jr. **TYLENOL**[®]

Dosing Information for Healthcare Professionals

Use this chart to determine the proper dose of **TYLENOL**[®] for your patient. **If possible, use weight to dose; otherwise use age.**

DOSE — Give your patient the dose indicated below every 4 hours as needed. Do not give more than 5 doses in 24 hours.

mL = milliliter
tsp = teaspoonful

Weight (lbs)	Age	 Infants' TYLENOL[®] Oral Suspension Active Ingredient: Acetaminophen 160mg (in each 5mL or 1 tsp) Use only as directed.	 Children's TYLENOL[®] Oral Suspension Active Ingredient: Acetaminophen 160mg (in each 5mL or 1 tsp) Use only as directed.	 Children's TYLENOL[®] Meltaway Chewable Tablets Use only as directed. Active Ingredient: Acetaminophen 80mg (in each tablet)	 Jr. TYLENOL[®] Meltaway Chewable Tablets Use only as directed. Active Ingredient: Acetaminophen 160mg (in each tablet)
6-11 lbs	0-3 mos	1.25 mL 	—	—	—
12-17 lbs	4-11 mos	2.5 mL 	—	—	—
18-23 lbs	12-23 mos	3.75 mL 	—	—	—
24-35 lbs	2-3 yrs	5 mL 	5 mL (1 tsp) 	2 tablets 	—
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp) 	3 tablets 	—
48-59 lbs	6-8 yrs	—	10 mL (2 tsp) 	4 tablets 	2 tablets 
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp) 	5 tablets 	2½ tablets 
72-95 lbs	11 yrs	—	15 mL (3 tsp) 	6 tablets 	3 tablets 

Remind parents and caregivers to:

- Read and follow the label on all **TYLENOL**[®] products
- Take every 4 hours as needed
- Do NOT exceed more than 5 doses in 24 hours
- Do NOT use with any other product containing acetaminophen
- Keep all medicines out of the reach of children
- Do NOT administer adult medicines to children
- Use only the dosing device that comes with a specific product:
 - Infants' **TYLENOL**[®] Oral Suspension — enclosed SimpleMeasure[™] syringe
 - Children's **TYLENOL**[®] Oral Suspension — enclosed measuring cup

- Children's **TYLENOL**[®] Meltaway Chewable Tablets are not the same concentration as Jr. Strength **TYLENOL**[®] Meltaway Chewable Tablets. Jr. **TYLENOL**[®] Meltaway Chewable Tablets contain 160mg of acetaminophen, while Children's **TYLENOL**[®] Meltaway Chewable Tablets contain 80mg of acetaminophen
- All Infants' and Children's **TYLENOL**[®] Oral Suspension products in stores have the same acetaminophen concentration (160mg/5mL)



Advil®

Relief you can trust

Measure dosing only with the device that comes with the product.



Available in three flavors!
• Fruit • Grape • Blue Raspberry



	Infants' Advil® Concentrated Drops for ages 6-23 months	Children's Advil® Suspension for ages 2-11 years	Advil® Tablets Advil® Liqui-Gels® for ages 12 and up
Active ingredients	Ibuprofen 50 mg (NSAID)* in each 1.25 mL	Ibuprofen 100 mg (NSAID)* in each 5 mL	Ibuprofen 200 mg (NSAID)* in each tablet
Indications	Fever reducer, relieves minor aches and pains due to cold, flu, headaches, and toothaches	Fever reducer, relieves minor aches and pains due to cold, flu, sore throat, headaches, and toothaches	Fever reducer, relieves minor aches and pains due to headache, toothache, backache, menstrual cramps, cold, muscular aches, minor pain of arthritis

Patient Dosing	Weight	Age	Infants' Advil® Concentrated Drops	Children's Advil® Suspension	Advil® Tablets or Advil® Liqui-Gels®
		under 6 months		do not use	do not use
	12-17 pounds	6-11 months	1.25 mL [†] every 6-8 hrs not to exceed 4 doses/24 hrs	Use Infants' Advil® Concentrated Drops	Use Infants' Advil® Concentrated Drops
	18-23 pounds	12-23 months	1.875 mL [†] every 6-8 hrs not to exceed 4 doses/24 hrs	↓	↓
	24-35 pounds	2-3 years	Use Children's Advil® Suspension	1 tsp [†] every 6-8 hrs not to exceed 4 doses/24 hrs	Use Children's Advil® Suspension
	36-47 pounds	4-5 years	↓	1½ tsp [†] every 6-8 hrs not to exceed 4 doses/24 hrs	↓
	48-59 pounds	6-8 years	↓	2 tsp [†] every 6-8 hrs not to exceed 4 doses/24 hrs	↓
	60-71 pounds	9-10 years	↓	2½ tsp [†] every 6-8 hrs not to exceed 4 doses/24 hrs	↓
	72-95 pounds	11 years	↓	3 tsp [†] every 6-8 hrs not to exceed 4 doses/24 hrs	↓
		12+ years	Use Advil® Tablets or Liqui-Gels®	Use Advil® Tablets or Liqui-Gels®	1 or 2 tablets [‡] every 4-6 hrs not to exceed 6 tablets/24 hrs

*Nonsteroidal anti-inflammatory drug.
[†]Measure dosing only with the device provided.
[‡]If pain or fever does not respond to 1 tablet, 2 tablets may be used.

Please refer to drug facts on the product label for complete warnings.

Important Instructions for Proper Use

- Read and keep the cartons for complete warnings and information on Advil® products
- Remind patients that if they are taking other drugs containing prescription or nonprescription NSAIDs (aspirin, ibuprofen, naproxen, or others), they should consult with you before taking any Advil® products
- Measure dosing only with the device provided
- Adult strength medicines should not be administered to children
- Products contain other ingredients. Please see full ingredient list on each package

Visit advil.com for drug facts, product updates, and additional information.

Name: _____ Date: _____

DOB : _____

M-CHAT

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

- | | | |
|--|-----|----|
| 1. Does your child enjoy being swung, bounced on your knee, etc.? | Yes | No |
| 2. Does your child take an interest in other children? | Yes | No |
| 3. Does your child like climbing on things, such as up stairs? | Yes | No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek? | Yes | No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? | Yes | No |
| 6. Does your child ever use his/her index finger to point, to ask for something? | Yes | No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something? | Yes | No |
| 8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them? | Yes | No |
| 9. Does your child ever bring objects over to you (parent) to show you something? | Yes | No |
| 10. Does your child look you in the eye for more than a second or two? | Yes | No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) | Yes | No |
| 12. Does your child smile in response to your face or your smile? | Yes | No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) | Yes | No |
| 14. Does your child respond to his/her name when you call? | Yes | No |
| 15. If you point at a toy across the room, does your child look at it? | Yes | No |
| 16. Does your child walk? | Yes | No |
| 17. Does your child look at things you are looking at? | Yes | No |
| 18. Does your child make unusual finger movements near his/her face? | Yes | No |
| 19. Does your child try to attract your attention to his/her own activity? | Yes | No |
| 20. Have you ever wondered if your child is deaf? | Yes | No |
| 21. Does your child understand what people say? | Yes | No |
| 22. Does your child sometimes stare at nothing or wander with no purpose? | Yes | No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar? | Yes | No |

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Cedar Park Pediatrics & Family Medicine
345 Cypress Creek Road • Cedar Park, Texas 78613

Patient's Name:	DOB:	Medicaid #:
Provider's Name:	Administered by:	Date:

Parent Questionnaire	Yes	Don't know	No																							
1 Does your child live in or visit a home, daycare or other building built before 1978?																										
2 Does your child live in or visit a home, daycare or other building with ongoing repairs or remodeling?																										
3 Does your child eat or chew on non-food things like paint chips or dirt?																										
4 Does your child have a family member or friend who has or did have an elevated blood lead level?																										
5 Is your child a newly arrived refugee or foreign adoptee?																										
6 Is your child exposed to any of the following (if YES, check all that apply):																										
<p>Contamination from a parent, relative, or friend with jobs or hobbies like these?</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> Radiator repair</td> <td style="width:33%;"><input type="checkbox"/> House construction or repair</td> <td style="width:33%;"><input type="checkbox"/> Chemical preparation</td> </tr> <tr> <td><input type="checkbox"/> Pottery making</td> <td><input type="checkbox"/> Battery manufacture or repair</td> <td><input type="checkbox"/> Valve and pipe fittings</td> </tr> <tr> <td><input type="checkbox"/> Lead smelting</td> <td><input type="checkbox"/> Burning lead-painted wood</td> <td><input type="checkbox"/> Brass/copper foundry</td> </tr> <tr> <td><input type="checkbox"/> Welding</td> <td><input type="checkbox"/> Automotive repair shop or junkyard</td> <td><input type="checkbox"/> Refinishing furniture</td> </tr> <tr> <td><input type="checkbox"/> Making fishing weights</td> <td><input type="checkbox"/> Going to a firing range or reloading bullets</td> <td><input type="checkbox"/> Other:</td> </tr> </table> <p>Sources of lead in food and remedies?</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;"><input type="checkbox"/> Imported or glazed pottery such as a Mexican bean pot</td> <td style="width:50%;"><input type="checkbox"/> Foods canned or packaged outside the U.S.</td> </tr> <tr> <td><input type="checkbox"/> Imported candy, (like Chaca Chaca) especially from Mexico</td> <td><input type="checkbox"/> Remedies such as greta, azarcón, alarcón, alkohol, bali goli, coral, ghasard, liga, pay-loo-ah, rueda</td> </tr> <tr> <td><input type="checkbox"/> Nutritional pills other than vitamins</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table>				<input type="checkbox"/> Radiator repair	<input type="checkbox"/> House construction or repair	<input type="checkbox"/> Chemical preparation	<input type="checkbox"/> Pottery making	<input type="checkbox"/> Battery manufacture or repair	<input type="checkbox"/> Valve and pipe fittings	<input type="checkbox"/> Lead smelting	<input type="checkbox"/> Burning lead-painted wood	<input type="checkbox"/> Brass/copper foundry	<input type="checkbox"/> Welding	<input type="checkbox"/> Automotive repair shop or junkyard	<input type="checkbox"/> Refinishing furniture	<input type="checkbox"/> Making fishing weights	<input type="checkbox"/> Going to a firing range or reloading bullets	<input type="checkbox"/> Other:	<input type="checkbox"/> Imported or glazed pottery such as a Mexican bean pot	<input type="checkbox"/> Foods canned or packaged outside the U.S.	<input type="checkbox"/> Imported candy, (like Chaca Chaca) especially from Mexico	<input type="checkbox"/> Remedies such as greta, azarcón, alarcón, alkohol, bali goli, coral, ghasard, liga, pay-loo-ah, rueda	<input type="checkbox"/> Nutritional pills other than vitamins		<input type="checkbox"/> Other:	
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If "Yes" or "Don't Know" Perform a Blood Lead Test																										

Cuestionario de Padre	Sí	No lo se	No																					
1 ¿Vive su hijo(a) o visita una casa, centro de guardería u otro edificio construida antes de 1978?																								
2 ¿Vive su hijo(a) o visita una casa, centro de guardería u otro edificio que está siendo pintada, remodelada, o en la que están pelando o lijando la pintura?																								
3 ¿Su hijo(a) come o mastica cosas que no son comida, como pedazos de pintura o tierra?																								
4 ¿Tienen parientes o compañeros de su hijo(a) que tienen o tuvieron altos niveles de plomo en la sangre?																								
5 ¿Es su hijo recién refugiado o adoptado del extranjero?																								
6 ¿Ha sido expuesto su hijo(a) a cualquier de los siguientes? (si SÍ, marque todos que apliquen):																								
<p>Contaminación de un padre, pariente, o amigo con trabajos o pasatiempos como estas?</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> Reparación de radiadores</td> <td style="width:33%;"><input type="checkbox"/> Construcción o reparación de casas</td> <td style="width:33%;"><input type="checkbox"/> Preparación de químicos</td> </tr> <tr> <td><input type="checkbox"/> Fabricación de cerámica</td> <td><input type="checkbox"/> Fabricación o reparación de baterías</td> <td><input type="checkbox"/> Partes sueltas para tubos de cañerías y válvulas</td> </tr> <tr> <td><input type="checkbox"/> Industria del plomo</td> <td><input type="checkbox"/> Quema de madera pintada con plomo</td> <td><input type="checkbox"/> Fundición de latón/cobre</td> </tr> <tr> <td><input type="checkbox"/> Soldadura</td> <td><input type="checkbox"/> Taller mecánico para autos o lote de chatarra</td> <td><input type="checkbox"/> Terminado de muebles</td> </tr> <tr> <td><input type="checkbox"/> Fabricación de pesas para pescar</td> <td><input type="checkbox"/> Ir a un campo de tiro o recargar balas</td> <td><input type="checkbox"/> Otros:</td> </tr> </table> <p>Fuentes de plomo en comidas y remedios?</p> <table style="width:100%; border: none;"> <tr> <td style="width:100%;"><input type="checkbox"/> Productos de cerámica importada o con recubrimiento de barniz, como una olla para frijoles de México</td> </tr> <tr> <td><input type="checkbox"/> Productos enlatados o empacados fuera de los Estados Unidos</td> </tr> <tr> <td><input type="checkbox"/> Dulces importados, (como Chaca Chaca) especialmente de México</td> </tr> <tr> <td><input type="checkbox"/> Remedios tradicionales como greta, azarcón, alarcón, alkohol, bali goli, coral, ghasard, liga, pay-loo-ah, rueda</td> </tr> <tr> <td><input type="checkbox"/> Píldoras alimenticias con excepción de las vitaminas</td> </tr> <tr> <td><input type="checkbox"/> Otros:</td> </tr> </table>				<input type="checkbox"/> Reparación de radiadores	<input type="checkbox"/> Construcción o reparación de casas	<input type="checkbox"/> Preparación de químicos	<input type="checkbox"/> Fabricación de cerámica	<input type="checkbox"/> Fabricación o reparación de baterías	<input type="checkbox"/> Partes sueltas para tubos de cañerías y válvulas	<input type="checkbox"/> Industria del plomo	<input type="checkbox"/> Quema de madera pintada con plomo	<input type="checkbox"/> Fundición de latón/cobre	<input type="checkbox"/> Soldadura	<input type="checkbox"/> Taller mecánico para autos o lote de chatarra	<input type="checkbox"/> Terminado de muebles	<input type="checkbox"/> Fabricación de pesas para pescar	<input type="checkbox"/> Ir a un campo de tiro o recargar balas	<input type="checkbox"/> Otros:	<input type="checkbox"/> Productos de cerámica importada o con recubrimiento de barniz, como una olla para frijoles de México	<input type="checkbox"/> Productos enlatados o empacados fuera de los Estados Unidos	<input type="checkbox"/> Dulces importados, (como Chaca Chaca) especialmente de México	<input type="checkbox"/> Remedios tradicionales como greta, azarcón, alarcón, alkohol, bali goli, coral, ghasard, liga, pay-loo-ah, rueda	<input type="checkbox"/> Píldoras alimenticias con excepción de las vitaminas	<input type="checkbox"/> Otros:
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Sí "sí" o "no lo se" Le haga al niño una prueba de plomo en el sangre																								

Fax completed form to 512-458-7699, or mail to the address below.