Division of Immigration Health Services

Pediatric Physical Assessment Form
18-23 months old

DEVELOPMENTAL TASKS

NORMAL	ABNORMAL		NORMAL	ABNORMAL	
☐	☐	Parallel plays	☐	☐	May put two words together
☐	☐	Walk up stairs with help	☐	☐	Knows body parts
☐	☐	Sits in chair	☐	☐	Holds cup or glass without spilling
☐	☐	3-4 cubes tower	☐	☐	Takes off shoes
☐	☐	Copies parents' tasks	☐	☐	Feeds self, uses spoon
☐	☐	Imitates crayon stroke	☐	☐	Runs
☐	☐	4-10 words			

Describe abnormal findings:

DIET/ NUTRITION	IMMUNIZATIONS								LABORATORIES
Diet:	DTaP	☐	#1	☐	#2	☐	#3	☐ #4	
	IPV	☐	#1	☐	#2	☐	#3		
	Hib	☐	#1	☐	#2	☐	#3	☐ #4	
	Hep B	☐	#1	☐	#2	☐	#3		
Fluoride:	MMR	☐	#1						
	VAR	☐	#1						

SUBJECTIVE

OBJECTIVE

HEIGHT WEIGHT HEAD CIRCUMFERENCE HR RR

	NORMAL	ABNORMAL		NORMAL	ABNORMAL	Describe Physical findings
General appearance	☐	☐	Abdomen	☐	☐	
Skin	☐	☐	Genitalia	☐	☐	
HEENT	☐	☐	Extremities	☐	☐	
Eyes	☐	☐	Back	☐	☐	
Teeth	☐	☐	Neuro	☐	☐	
Chest	☐	☐	Gait	☐	☐	
Lungs	☐	☐	Hearing screening	☐	☐	
Heart	☐	☐				

ASSESSMENT

PLAN

ANTICIPATORY GUIDANCE

Provider's Signature

Provider's Stamp

Date

Next Appointment

Effects of passive smoking	☐	
Guards against falls, electrical injuries	☐	
Sleep patterns/ and night fear/ terrors	☐	
Temper tantrums	☐	LABS.(if not previously
BBTD	☐	Ordered)
UV light protection	☐	Hgb/Hct_____
Activities with parents	☐	O&P _____
	☐	Other: _____

DETAINEE LABEL