

C&TC/Well-Child Exam

2 Year Visit

= C&TC
Mandatory
Components

This is a C&TC:
Yes No

If no label:

Name _____

Birth Date _____

Date of Encounter _____

Ht. _____

Wt. _____

Primary MD _____

Allergies _____

Medications _____

Head Circumference _____

Temperature _____

Recent injury/illness/surgery/hospitalization _____

Staff Signature _____

Health History

Parent concerns:

Family Social History/Medical History:

Caregivers:

Who brought child in? _____

Who lives with child? _____

Caregiver working/in school? Yes No

Who cares for child during work/school day?

Parent/Relative Day Care

Stresses for caregivers _____

Environment: Check areas discussed

Housing Drug use Alcohol

Domestic Violence Guns

Exposure to secondhand smoke TB exposure

Lead risk Other risks _____

No environmental problems identified

Daily Activities:

Nutrition (variety, misses meals, wt. concern)

Milk: (whole, 2%, 1%, skim) _____

Sleep: bedtime _____ awakens _____ Naps _____

Exercise: _____

Recreation/TV: _____

Dental

Brushing _____

Dental Varnish D-1206

Anticipatory Guidance Circle areas discussed

Healthy Habits: Car seat/air bags; smoke detectors/childproof home; close supervision; smoke free environment: eliminate lead risks; family meals/healthy meals and snacks; first aid/syrup of ipecac; curiosity about sex, use correct terms; infection risk reduction.

Social Competence: Individual attention; praise, talking, interactive reading; socialization; choices, limits, time out; help with fears/nightmares; toilet training; exploration, physical activity; community programs, preschool.

Parenting: Affection: sibling relationships; listen, respect, interest in activities; model healthy habits; preparation for new baby; help child express joy, anger; play with child.

Pamphlet/Information Sheet Given

Requires additional Health Education

99401 - 15min
99402 - 30min

Mental Health

No Concerns Concerns Explain:

Development

Give developmental screening results or complete chart.

Screening Tool (name)

Normal Abnormal

Age _____

Developmental Screening Test or equivalent 96110

	by Hx	observed		by Hx	observed
Brush teeth with help			Walks up steps		
Makes tower of 6 cubes			Runs		
Uses 6 words			Jump up		
Points to 2 pictures					
Follows 2 step commands					
Uses two word phrases					
Kicks ball forward					
Removes garment					
Uses spoon/fork					

Physical Exam

(✓) N=normal A=abnormal

N A

	N	A
General appearance		
Skin: color • character		
Nodes: cervical • axillary • inguinal		
Head: shape • hair		
Eyes: red reflex • corneal light reflex • cross cover PERL • EOM • accommodation • lids		
Vision: follows objects		
Ears: pinna • canals • TMs		
Hearing: localization of sound		
Nose: patency • turbinates • nares		
Mouth: mucosa • throat • tonsils • teeth		
Neck: ROM • thyroid		
Chest: lungs • shape • symmetry • respiration rate		
CV: rate • rhythm • S 1 • S 2 • murmur • femoral pulses		
Abd: contour • liver • spleen • masses • bowel sounds • anus		
GU: ♀ labia • vaginal mucosa ♂ penis • testes • hydrocele • hernia		
MS: ROM • gait • spine		
Neuro: DTRs • clonus • motor strength • sensory • Babinski		

Physical Exam
(Health History included)

Billing Codes: 99381-99385
99391-99395
99431-99432

OR

With Dx codes
V20-V20.2 and/or
V70.0 and/or
V70.3-V70.9
99201-99205
99211-99215

Parent-Child Interaction

No concerns Concerns (Explain)

Labs

Lead: 83655

Blood lead
(mandatory at 24 months regardless of risk)

Other labs ordered: _____

Vision/Hearing

Vision concerns?

Hearing concerns?

Immunizations

Immunizations: Reviewed On schedule

Deferred - reason: _____

Parent refused Previous reaction? Yes No

Given: Hepatitis B DTaP IPV Hib MMR

Varicella Has had Chicken Pox infection

Other _____

MNVFC: 90471 or 90472.

List actual immunization given with an SL modifier and a \$.01 charge.

Assessment and Plan See dictation

Child and Teen Checkup Completed, child well

Other:

Referral _____

Encourage smoking cessation-parent

IPECAC prescription

Poison control number

WIC enrolled, if eligible

Recommended dental visit

3 year visit scheduled

MD Signature _____

C&TC Referral Codes (Box 24H-CMS 1500): Check One

NU	No referral was made	
ST	Referral	
S2	Patient is currently under treatment	
AV	Patient refused referral	

If all mandatory components completed and Alpha Code in box 24H: S0302