

## 2 year check

Child's Name \_\_\_\_\_

(please circle all that apply)

My child can:

walks up and down stairs   use a spoon

My child speaks:

lots of single words   2 word phrases   short sentences

My child:

listens to stories (with pictures)   helps undress

My child enjoys watching/interacting with other children:

not much   loves it   not sure

My child eats/drinks:

whole milk   other milk   same foods as the family   special foods   bottles

We brush my child's teeth:

rarely   daily   2x daily   with toothpaste

My child is having problems with:

sleep   constipation   diarrhea   behavior

We have started potty-training:

yes   no

My child rides in:

Carseat – (Forward or Backwards)   booster seat

My child sleeps in:

our bed   a crib   own bed

My child routinely spends time in a building built before 1978?

My child has seen the following specialists since our last visit: \_\_\_\_\_

yes   no

I think our family's stress level right now:

is low   is pretty average   is high

The insurance I have is through:

work   the state   health care exchange

Are there any recent or upcoming changes for the family (moves, births, etc.)?

yes   no

Do you have any questions or concerns? (if yes, please list on the back)