



Joint Follow-up: 2 years

♂ Boy ♀ Girl Date of the visit: _____ Age: _____ Accompanied by: _____

Parental Concerns

Life Context

- Type of day-care?: _____ Social support network?: _____
 Change in the family?: _____ Difficulties in feeding the family?: _____
 Other _____

Health Monitoring

Number of bouts of otitis in past few months?: _____

Current Lifestyle Habits

Nutrition

- Breast-feeding: nbr of times/day:** _____
 Water offered during meals?: _____
 Cow's milk 2% or enriched soy milk (max 20 oz. or 600 ml/day)? _____
 Other types of milk?: _____
 Still drinking from the bottle? Drinks from glass

Drinks juice? (avoid)

Vitamin D: 400 IU/day supplement

- Vegetarianism? _____
 Other supplements/natural products? _____
 Proportion of foods from the 3 food groups?: _____
 Autonomy?: _____

Guidance

- Variations in appetite (small portions, quality)
 Use of utensils

Sleep (nbr of hours/24 h)?: _____ **Is exposed to screens (nbr min/d)?** _____ **Various physical activities (nbr of hours/d)?:** _____

Development Surveillance (age corrected if premature)

Cognitive

- Reproduces a circular scribble (demonstration may be necessary).
 Correctly places 4 simple shapes in the proper shaped hole.
 Imitates an action or behavior observed earlier (delayed imitation).
 Pretend play: uses toys to reproduce some actions of daily life (e.g.: feeds the doll with a spoon and makes her drink her bottle).
 Understands the meaning of "again" and "inside".

Physical and Motor

- Runs and stops without bumping into objects or falling.
 Carries a large object while walking (e.g., a balloon).
 Inserts a coin into a slot and aligns it correctly (e.g., tokens in a piggy bank).
 Turns the pages of a book one at a time.
 Eats with a spoon or fork independently; needs help occasionally to finish a meal.
 Takes off some articles of clothing without help (socks, shoes if loose, hat).

Language

- Points to at least 4 parts of his/her own body when asked (e.g., "Show me your nose, mouth, hair, ears, hands, feet").
 Points out at least 2 pictures of things that are named to him/her from basic categories (animals, food, clothing, etc.).
 Responds to verbal instructions involving one or two items without the support of gestures or images (e.g., "Put the toy on the table", "Go get your coat and hat").
 Expresses him/herself by combining at least 2 words (e.g., "Want milk" or "Daddy gone").
 Makes requests using words (with or without gestures).

Development Surveillance (age corrected if premature) • Continued

Social and Emotional

- Plays with other children (mainly parallel play).
- Plays and actively explores his/her environment, at a distance from the adult.
- Demonstrates several types of emotions (e.g., embarrassment, pride, shame).
- Likes to do tasks independently.
- Asserts himself/herself by expressing disagreement (e.g., "Don't sleep" or "Don't want to").
- Seeks help from the adult.

Red Flags

- Moves one side of his body little or not at all in relation to the other side (asymmetrical use: avoids using one hand, keeps one hand more closed than the other).
- Cannot walk unaided. Always walks on tiptoes.
- Does not look at the person when talking to him/her (lack of eye contact).
- Does not show any interest in the adults or children around him/her.
- Does not point with a finger to ask or show.
- Seems to hear poorly.
- Seems not to be able to see well.
- Loses a skill he or she has already learned (regression).

Physical Examination (age corrected on growth charts if premature)

Weight: _____ Perc: _____ Height: _____ Perc: _____ BMI: _____ Perc: _____

General appearance: _____

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Red reflex <input type="checkbox"/> Corneal reflex <input type="checkbox"/> Modified cover test <input type="checkbox"/> Eye pursuit | <ul style="list-style-type: none"> <input type="checkbox"/> ENT <li style="padding-left: 20px;">Eardrums: _____ <input type="checkbox"/> Dentition (cavities?): _____ <input type="checkbox"/> Heart <input type="checkbox"/> Lungs | <ul style="list-style-type: none"> <input type="checkbox"/> Abdomen <input type="checkbox"/> External genital organs <input type="checkbox"/> Teguments: _____ <li style="padding-left: 20px;">Suspicious lesions?: _____ <input type="checkbox"/> Gait: _____ |
|--|--|---|

Observations _____

Promotion of Healthy Lifestyles and Preventive Advices

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Encourage weaning from pacifier <input type="checkbox"/> Avoid juice, offer water instead <input type="checkbox"/> Offer a variety of foods from the 3 food groups: vegetables and fruits, whole grain products and protein foods <input type="checkbox"/> Promote healthy eating behaviours: provide nutritious meals and snacks at regular times, eat at the table and not in front of the screen, avoid rewarding with food, respect the child's hunger and satiety cues <input type="checkbox"/> Recommend tooth brushing 2 times a day with fluoride toothpaste (the size of a grain of rice) | <ul style="list-style-type: none"> <input type="checkbox"/> Limited screen time (maximum 1 hour) <input type="checkbox"/> Promotion of various physical activities (≥ 3 hours/day for an active lifestyle) <input type="checkbox"/> Encourage good hygiene of sleep (between 11-14 hours/24 h) <input type="checkbox"/> Encourage a quality day-care attendance (especially if underprivileged environment) <input type="checkbox"/> Encouraging reading awareness <input type="checkbox"/> Supporting parenting skills: attitude relative temper tantrums, discipline (consistency and coherence between parents), patience with toilet training, etc. | <ul style="list-style-type: none"> <input type="checkbox"/> Encouraging a smoke-free environment <input type="checkbox"/> Safety (sun protection and seasonal protection, choking, poisoning, drowning, supervision outdoors, dog bites) <input type="checkbox"/> Encouraging a good playing posture on the ground <input type="checkbox"/> Stimulation of development (see guide) <input type="checkbox"/> Promoting immunization: support for reluctant parents <input type="radio"/> Prevention of sexual abuse |
|---|---|---|

Impressions and Conducts

Impressions

- Physical health: _____
- Growth: _____
- Development: _____
- Other impression(s): _____

Conducts

General conduct

- Immunization:**
 Refused Postponed
- Polysaccharide pneumococcal vaccine (Pneumovax®) (*)**
 - Regular visits to the dentist (in priority if cavities)**
 - Lipid profile? (*)
 - Referral if overweight or obesity**
 - Blood lead test? (*)**
 - Hearing test if retarded language skills and/or questionable sensitivity
 - Tools or resources for parents: _____

Signature : _____ Next appointment: _____

(*) If the child is at risk, see guide. Recommendations: **bold = A**, *italic = B*, regular = C or I, **underlined** = MSSSQ good clinical prevention practices.
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