

Cornerstone Well Child Form – 24 month

Name: _____

Date of Birth: _____

Parents, please take a few minutes to answer the following questions ...

Nutrition

Calcium Intake

- Cow's milk _____ Milk Cheese Calcium supplement
 Soy milk Fortified juice Yogurt

Total servings of calcium daily

- None 1 2 3 4 or more

Other Food/Drink

- 3 meals/day Sufficient Fruit Drinks Juice _____ oz/day
 1-2 healthy snacks Sufficient Protein Drinks Soda
 Vegetarian Diet Sufficient Vegetables Too much junk food

Dietary Supplements

- None Yes: _____

Caregiver Concerns

- Developmental Concerns None Yes: _____
Nutrition Concerns None Yes: _____
Elimination Concerns None Yes: _____
Sleep Concerns None Yes: _____
Daycare Concerns None Yes: _____
Toilet Training Concerns None Yes: _____

Lead Risk

- Frequent exposure to persons with lead poisoning
 Frequent pre-1978 paint exposure or recent renovations
 Frequent exposure to lead paint

Developmental Milestones

- Pretend play 50+ words
 Sits in chair Puts 2 words together
 Walks up steps Names a picture
 Jumps in place Parents understand speech
 Imitates crayon stroke Knows body parts Shows affection
 Builds 5-6 cube tower Knows name Follows 2-step commands
 Throws, kicks ball Turns single pages

- Other Development Concerns: None Yes: _____

For Office Use Only

Weight: _____ Pulse: _____ HC: _____

Length: _____ Temp: _____

* Record M-CHAT result in the developmental milestones section