

MEDICAL GROUP
CHILDHOOD ANTICIPATORY GUIDANCE

Note Date/MD Init On Approp. Lines	ANTICIPATORY GUIDANCE	DEVELOPMENT
1 Month _____ Date _____ MD init	<input type="checkbox"/> Auto Safety Seat <input type="checkbox"/> Falls - ability to roll <input type="checkbox"/> Safety information given	<input type="checkbox"/> Hearing <input type="checkbox"/> Follows to midline <input type="checkbox"/> Lifts head when prone
2 Months _____ Date _____ MD init	<input type="checkbox"/> Auto safety seat <input type="checkbox"/> Burns (smoke detectors & hot water temp 120 F) <input type="checkbox"/> Immunizations risks	<input type="checkbox"/> Social (responsive) smile <input type="checkbox"/> Vocalizes <input type="checkbox"/> Head raised to 45 when prone <input type="checkbox"/> Grasps
4 Months _____ Date _____ MD init	<input type="checkbox"/> Auto safety seat <input type="checkbox"/> Choking - appropriate foods & small objects out of reach <input type="checkbox"/> Burns - hot liquids	<input type="checkbox"/> Sits with head steady <input type="checkbox"/> Follows 180 <input type="checkbox"/> Orients to voices <input type="checkbox"/> Goos (ohh, ohh, ahh, ahh)
6 Months _____ Date _____ MD init	<input type="checkbox"/> Falls - stairs/gates, walkers, furniture <input type="checkbox"/> Burns - hot surfaces and hot liquids, kitchen safety <input type="checkbox"/> Poison - Poison Control # Ipccac, drugs/household <input type="checkbox"/> Safety information given	<input type="checkbox"/> Orients to bell <input type="checkbox"/> Rolls over <input type="checkbox"/> Sits briefly, leaning forward <input type="checkbox"/> Reaches for objects <input type="checkbox"/> Babbles (repetitive strings of consonants, i.e. babababa)
9 to 12 Months _____ Date _____ MD init	<input type="checkbox"/> Auto safety seat <input type="checkbox"/> Poisoning <input type="checkbox"/> Dental care <input type="checkbox"/> Drowning/water safety <input type="checkbox"/> Safety information given	<input type="checkbox"/> Works for toys out of reach <input type="checkbox"/> Peek-a-boo <input type="checkbox"/> Sits alone <input type="checkbox"/> Pull self up <input type="checkbox"/> Says mama/dada/baba (paired consonants) <input type="checkbox"/> Looks directly at ringing bell
15 Months _____ Date _____ MD init	<input type="checkbox"/> Falls - climbing <input type="checkbox"/> Burns - hot objects, matches <input type="checkbox"/> Street safety <input type="checkbox"/> Dental care, baby bottle caries	<input type="checkbox"/> Neat pincer grasp <input type="checkbox"/> Mama/dada/correct/specific <input type="checkbox"/> Walks alone well <input type="checkbox"/> Stoops and recovers <input type="checkbox"/> Indicates wants (without crying) <input type="checkbox"/> 3 word vocabulary
18 Months to 2 Years _____ Date _____ MD init	<input type="checkbox"/> Auto safety seat <input type="checkbox"/> Poisoning <input type="checkbox"/> Water safety/drowning <input type="checkbox"/> Dental care - brushing, fluoride care <input type="checkbox"/> Falls easily - watch play equipment <input type="checkbox"/> Auto - pedestrian <input type="checkbox"/> Safety information given	<u>18 Months:</u> <input type="checkbox"/> 7 - 20 words vocabulary <input type="checkbox"/> Walks fast <u>24 Months:</u> <input type="checkbox"/> Uses spoon well <input type="checkbox"/> Helps in house <input type="checkbox"/> Identifies one body part <input type="checkbox"/> Combines 2 different words <input type="checkbox"/> Kicks a ball <input type="checkbox"/> Scribbles <input type="checkbox"/> Tower of 4 blocks <input type="checkbox"/> Throws a ball

Note Date/MD Init On Approp. Lines	ANTICIPATORY GUIDANCE	DEVELOPMENT
2 Years _____ Date _____ MD init	<input type="checkbox"/> Injury prevention <input type="checkbox"/> Use of toothbrush <input type="checkbox"/> Water safety <input type="checkbox"/> Car seat <input type="checkbox"/> Limit setting <input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Runs <input type="checkbox"/> Uses 2 word sentences <input type="checkbox"/> Scribbles <input type="checkbox"/> Uses spoon
3 Years _____ Date _____ MD init	<input type="checkbox"/> Injury prevention <input type="checkbox"/> Discipline <input type="checkbox"/> Dental Care <input type="checkbox"/> Day Care/Nursery School <input type="checkbox"/> Toilet training <input type="checkbox"/> Water safety	<input type="checkbox"/> Follows 2 commands <input type="checkbox"/> Puts on cloths <input type="checkbox"/> Knows first name <input type="checkbox"/> Demonstrates ability to copy circle
4 Years _____ Date _____ MD init	<input type="checkbox"/> Injury prevention/Water <input type="checkbox"/> Toilet training <input type="checkbox"/> Nursery School/Day Care <input type="checkbox"/> Sex education <input type="checkbox"/> Water safety <input type="checkbox"/> Discipline <input type="checkbox"/> Strangers <input type="checkbox"/> Dental care	<input type="checkbox"/> Stands on one foot <input type="checkbox"/> Uses past tense <input type="checkbox"/> Dresses with supervision <input type="checkbox"/> Demonstrates ability to copy cross
5 Years _____ Date _____ MD init	<input type="checkbox"/> Injury prevention/Water <input type="checkbox"/> School readiness <input type="checkbox"/> Sex education <input type="checkbox"/> Dental care <input type="checkbox"/> Discipline	<input type="checkbox"/> Follows 3 commands <input type="checkbox"/> Skips <input type="checkbox"/> Dresses alone <input type="checkbox"/> Demonstrates ability to copy square
6-7 Years _____ Date _____ MD init	<input type="checkbox"/> Good health habits/diet <input type="checkbox"/> Maintains appropriate weight <input type="checkbox"/> Regular physical activity <input type="checkbox"/> Dental care <input type="checkbox"/> Bicycle safety <input type="checkbox"/> TV Limits <input type="checkbox"/> Learn to swim <input type="checkbox"/> Parents to establish rules <input type="checkbox"/> Spend time with child <input type="checkbox"/> Allowance	<input type="checkbox"/> Rides bicycle <input type="checkbox"/> Ties shoelaces <input type="checkbox"/> Counts to 10 <input type="checkbox"/> Prints first name <input type="checkbox"/> Numbers up to 10 <input type="checkbox"/> Knows right from left <input type="checkbox"/> Draws person with 6 parts, including clothing <input type="checkbox"/> Review school reports
8-9 Years _____ Date _____ MD init	<input type="checkbox"/> Good health habits <input type="checkbox"/> Appropriate weight <input type="checkbox"/> Regular physical activity <input type="checkbox"/> Limit TV & video games <input type="checkbox"/> Dental care <input type="checkbox"/> Swimming safety <input type="checkbox"/> Communication - Parents <input type="checkbox"/> Allowance - Parents <input type="checkbox"/> Adult Supervision - Parents <input type="checkbox"/> Establish fair rules - Parents	<input type="checkbox"/> Tells time <input type="checkbox"/> Reads for pleasure <input type="checkbox"/> Sense of humor <input type="checkbox"/> Self care of belongings <input type="checkbox"/> Knows rules <input type="checkbox"/> Home chores