

# Before your child's 2 year health check

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Print a translated copy of the Parent Evaluation of Developmental Status (PEDS) form from the website (to be inserted) and fill it in before your visit, or ask your child health nurse to help you.

Answer these questions about your child before you visit your nurse or doctor.

## Hearing

	Yes	No	Unsure
Are you worried about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child appear to understand some new words each week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child follow simple broken instructions, eg "get the ball"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child point to people, body parts or toys when asked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child continually learn new words to say, although they may be unclear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child listen to simple stories or songs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child combine two or more words in short phrases eg "more juice"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Vision

Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty seeing small objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child recognize familiar people and objects from a distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the family have vision problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If the answer to any of these questions is yes, tell your doctor or child and family health nurse**

**Outcome**    Normal    Refer    Review

## Topics for discussion at 2 years

- Child safety, supervision and changing mobility
- Family diet,
- Sleeping/night waking
- Temper tantrums
- Sibling issues
- Smoking
- Parenting practices eg discipline, setting limits
- Toilet training
- Care of teeth
- Sun protection
- Child care /play groups
- Self comforting behaviours eg thumb sucking, favourite toy, dummies
- Immunisation
- Speech and language
- Family supports and any other issues