

Date: [Insert Date]

To the Parents/Guardians of: [Child's Name]

Subject: Two-Year Well-Child Visit Summary

Dear Parent/Guardian,

It was a pleasure seeing [Child's Name] for their two-year checkup. This is an exciting milestone as your child transitions from infancy into the "terrific twos." Below is a summary of their growth and development.

Growth Measurements

- Weight: [Insert Weight] ([Insert Percentile]%)
- Height: [Insert Height] ([Insert Percentile]%)
- Head Circumference: [Insert Measurement] ([Insert Percentile]%)

Developmental Milestones

At two years old, most children are achieving the following:

- Physical: Walking, running, kicking a ball, and climbing on furniture.
- Language: Using two-word phrases (e.g., "more milk"), pointing to pictures in books, and knowing names of familiar people.
- Cognitive: Following simple two-step instructions and beginning to sort shapes and colors.
- Social/Emotional: Copying others, showing more independence, and occasionally showing defiant behavior (tantrums).

Nutrition and Health

- Diet: Your child should be eating three meals and two snacks a day, focusing on a variety of fruits, vegetables, and lean proteins.
- Milk: You may now transition to low-fat (1%) or non-fat milk. Limit intake to 16-24 ounces per day.
- Dental: Schedule a dental visit if you haven't already. Brush teeth twice daily with a pea-sized amount of fluoride toothpaste.

Safety and Guidance

- Screen Time: Limit screen time to high-quality programming and view it together with your child.
- Car Seat: Keep your child in a rear-facing car seat until they reach the highest weight or height allowed by the manufacturer.

- Potty Training: Many children show interest at this age. Look for signs of readiness, such as staying dry for longer periods.

Next Steps

The next routine well-child visit is scheduled for age 2.5 or 3 years. Please ensure all recommended immunizations are up to date.

If you have any questions or concerns regarding your child's behavior or health, please do not hesitate to contact our office.

Sincerely,

[Provider Name]
[Clinic Name]
[Phone Number]