Agency: Date: Reviewer:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Chart Code**  |  |  |  |  |  |  |  |  |  |  |
| **Date** **of Visit** |  |  |  |  |  |  |  |  |  |  |
| **Reason for Visit**  |  |  |  |  |  |  |  |  |  |  |
| **LHD VERIFIED** *with child’s medical home on need for age-appropriate EPSDT exam*  |  |  |  |  |  |  |  |  |  |  |
| **Allergies** on outside of chart |  |  |  |  |  |  |  |  |  |  |
| **Age** of child at visit |  |  |  |  |  |  |  |  |  |  |
| **HISTORY****Initial/Interval** | **HRA** or Medical H&P HRA section completed |  |  |  |  |  |  |  |  |  |  |
| **LEAD** Poisoning Verbal Risk Assessment- (*begin @ 6 mo)* |  |  |  |  |  |  |  |  |  |  |
| **HCV:** Infants born to HBV and HCV positive moms(*screen at 2-4 mo)* |  |  |  |  |  |  |  |  |  |  |
| **MEASURMENTS** | **Growth Chart** **HT/WT/BMI** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Head circumference** *NB-24 months* |  |  |  |  |  |  |  |  |  |  |
| **Vital Signs: T/P/R** *temp/pulse/respirations* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **BP** *(begin 3yrs of age)* |   |  |  |  |  |  |  |  |  |  |
| **SENSORY** | **Vision** at-risk &@*3,4,5,6,8,10,12,15,18 yrs* |  |  |  |  |  |  |  |  |  |  |
| **Hearing –** *at-risk & @ 4,5,6,8,10 yrs* |  |  |  |  |  |  |  |  |  |  |
| **DEVELOPMENTAL/ BEHAVORIAL ASSESSMENT**  | **Developmental Screen** *@ 9, 18, & 30 mo* |  |  |  |  |  |  |  |  |  |  |
| **Age Appropriate Developmental Surveillance** *(see age appropriate H&P)* |  |  |  |  |  |  |  |  |  |  |
| **Autism Screen** *@ 18 & 24 mo* |  |  |  |  |  |  |  |  |  |  |
| **Psychosocial/Behavioral Assessment:** *NB-21 yrs (see age appropriate H&P)* |  |  |  |  |  |  |  |  |  |  |
| **Alcohol/Drug Use Assessment** *@ risk 11-21 yrs* |  |  |  |  |  |  |  |  |  |  |
| **Depression Screening @** *11-21 yrs* |  |  |  |  |  |  |  |  |  |  |
| **PHYSICAL EXAMINATION** | **All Ped. Preventive Exam Components Completed** *(see age appropriate H&P)* |  |  |  |  |  |  |  |  |  |  |
| **Breasts/Genitalia Exam** *provide @ 7-21 yrs* |  |  |  |  |  |  |  |  |  |  |
| **PROCEDURES** | **Newborn Blood Screen** *3-5 days* |  |  |  |  |  |  |  |  |  |  |
| **Critical Congenital Heart Defect Screen** *NB Screen documented* |  |  |  |  |  |  |  |  |  |  |
| **Immunizations** *Assess/give* | A  G | A  G | A  G | A  G | A  G | A  G | A  G | A  G | A  G | A  G |
| **Immunization Consent signed** | Y / N N/A | Y / N N/A | Y / N N/A | Y / N N/A | Y / N N/A | Y / N N/A | Y / N N/A | Y / N N/A | Y / N N/A | Y / N N/A |
| **Tuberculin Skin Test (TST***) at-risk screening* |  |  |  |  |  |  |  |  |  |  |
| **STI/HIV** *at-risk screen* |  |  |  |  |  |  |  |  |  |  |
| **Cervical Dysplasia Screen** *@ 21 yrs* |  |  |  |  |  |  |  |  |  |  |
| **LABS** | **HgB & HCT**-*@ 12 mo & at-risk screens* |  |  |  |  |  |  |  |  |  |  |
| **Dyslipidemia** *@ 10 & 20 yrs, & at-risk*  |  |  |  |  |  |  |  |  |  |  |
| **LEAD**- all at-risk children <72 mo of age @ *9-****12*** *mo &* ***24*** *mo, then if at- risk, screen @ 25-72 mo* |  |  |  |  |  |  |  |  |  |  |
| **ORAL HEALTH** | **Water Source** *Id’d* |  |  |  |  |  |  |  |  |  |  |
| **OH -9** Fluoride Supp*- 6ms-6yr, can provide up to 16 yr* |  |  |  |  |  |  |  |  |  |  |
| **Fluoride Varnish-** *erupt of 1st tooth* |  |  |  |  |  |  |  |  |  |  |
| **OH-11** KID’S Smile form |  |  |  |  |  |  |  |  |  |  |
| **TOBACCO** | **Tobacco Use Assess** |  |  |  |  |  |  |  |  |  |  |
| **Tobacco** Use or exposure **displayed** |  |  |  |  |  |  |  |  |  |  |
| **2nd hand smoke****ASK/ Advise/ Refer** |  |  |  |  |  |  |  |  |  |  |
| **GUIDANCE** | *Bright Futures* Age appropriate anticipatory guidance provided to family/ adolescent @ *all ages* |  |  |  |  |  |  |  |  |  |  |
| **Referrals** | **Elevated BLLs** |  |  |  |  |  |  |  |  |  |  |
| **MNT** |  |  |  |  |  |  |  |  |  |  |
| **Environmental** |  |  |  |  |  |  |  |  |  |  |
| **Pediatrician**  |  |  |  |  |  |  |  |  |  |  |
| **Dental** Visit: Refer- *12mos & 3 yrs; At-risk begin @ 6 mos* |  |  |  |  |  |  |  |  |  |  |
| **Other**- specify |  |  |  |  |  |  |  |  |  |  |
| **Comments** |  |  |  |  |  |  |  |  |  |  |  |