**DATE: SITE: REVIEWER:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Chart Code** |  |  |  |  |  |  |  |
| **Date of Visit** |  |  |  |  |  |  |  |
| **Reason for Visit**  |  |  |  |  |  |  |  |
| **PREVENTIVE:** LHD verified with child’s medical home on need for age-appropriate EPSDT exam |  |  |  |  |  |  |  |
| **Name/DOB** Same On All Chart Labels |  |  |  |  |  |  |  |
| **Age of child at visit** |  |  |  |  |  |  |  |
| **Consent Signed and Dated** |  |  |  |  |  |  |  |
| **Labels On All Forms** |  |  |  |  |  |  |  |
| **Correct Site on Labels** |  |  |  |  |  |  |  |
| **Allergies** clearly labeled on/in chart |  |  |  |  |  |  |  |
| **Documentation: Legibility Good** |  |  |  |  |  |  |  |
| **Correct Spelling** |  |  |  |  |  |  |  |
| **Error Corrections Documented Appropriately** |  |  |  |  |  |  |  |
| **Form Blanks Filled In** |  |  |  |  |  |  |  |
| **Medicaid Eligibility Documented at Each Visit** |  |  |  |  |  |  |  |
| **Documentation Appropriate** |  |  |  |  |  |  |  |
| **PEF Coded Correctly** |  |  |  |  |  |  |  |
| **PEF Keyed Correctly** |  |  |  |  |  |  |  |
| **Date Same On All Forms Related to Each School Health visit** |  |  |  |  |  |  |  |
| **Recall (Immunization & EPSDT In Schools)** |  |  |  |  |  |  |  |
| **Immunization Record In Chart** |  |  |  |  |  |  |  |
| **Immunization Record On KYIR** |  |  |  |  |  |  |  |
| **Report required completed school health services on KDE ‘Infinite Campus Information’ website.**  |  |  |  |  |  |  |  |
| **Master Index Card** |  |  |  |  |  |  |  |
| **COMMENTS:** |  |  |  |  |  |  |  |