



4 - Year Child Health Supervision (EPSDT) Visit

NAME: _____ DOB: _____ DOV: _____ AGE: _____ SEX: _____ MED REC#: _____

HT: _____ (____%)	Temp: _____	Pulse: _____	Meds: _____
WT: _____ (____%)	Pulse Ox-Optional: _____		
HC: _____ (____%)	Resp: _____		
	Allergies: _____	<input type="checkbox"/> NKDA	
	Reaction: _____		

HISTORY:
Parent Concerns:

Initial/Interval History:

FSH: FSH form reviewed (check other topics discussed):
 Daily care provided by Daycare Parent
 Other: _____

Adequate support system? Yes No _____

Adequate respite? Yes No _____

SENSORY SCREENING:
Any parent concerns about vision or hearing? Yes No

Vision: (at least 1 acuity/alignment exam required between 3 and 5 yrs)
Acuity (Allen cards, Snellen chart, or HOTV test) done Yes No

Hearing:
 Passed Screen Right Left Bilaterally
 Failed Screen Right Left Bilaterally
 Referred for: Audiological evaluations Conditioned play audiometry or
 Acoustic emittance testing (including reflexes) or OAEs

PHYSICAL EXAMINATION (check appropriate box):

DEVELOPMENTAL/BEHAVIORAL ASSESSMENT:
 Parent Concerns Discussed? (Required) Yes
 Standardized Screen Used? (Optional) Yes No
 See instrument form: PEDS Ages & Stages
 Other: _____

DB Concerns: (e.g. sleep/feeding) _____

	N L	A B	N E	COMMENTS NL-normal, AB-abnormal, NE-not examined
General				
Skin				
Fontanels				
Eyes: Red Reflex, Appearance				
Ears, TMs				
Nose				
Lips/Palate				
Teeth/Gums				
Tongue/Pharynx				
Neck/Nodes				
Chest/Breast				
Lungs				
Heart				
Abd/Umbilicus				
Genitalia/ Femoral Pulses				
Extremities, Clavicles, Hips				
Muscular				
Neuromotor				
Back/Sacral Dimple				

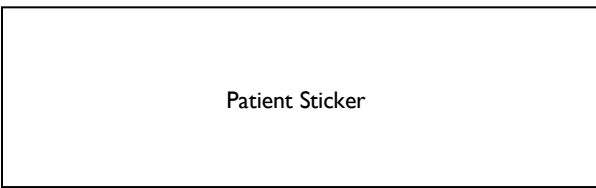
Clinician Observations/History: (Suggested options)

Motor Skills		
Hops on 1 foot; summersaults; catch bounced ball	Y	N
Fine Motor Skills		
Can use scissors, markers, pencils, clay	Y	N
Can brush teeth, wash hands, get a drink	Y	N
Language/Socioemotional/Cognitive Skills		
Can follow 3-step command	Y	N
Uses complex sentences; knows age, name, town	Y	N
Has 15-20 minute attention span in a group	Y	N
Toilet trained (occasional nighttime wetting ok)	Y	N
Can dress and undress independently	Y	N
Learning to tie shoes, zippers, and buttons	Y	N
Likes to be with other children, able to cooperate and share well but doesn't always wants to	Y	N
Still has confusion between reality and fantasy	Y	N
Parent - Infant Interaction		
Interaction appears age appropriate	Y	N

Clinician concerns regarding interaction: _____

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NAME: _____ DOB: _____
MED RECORD #: _____ DOV: _____



ANTICIPATORY GUIDANCE:

Select at least one topic in each category (as appropriate to family):

Injury/Serious Illness Prevention:

- Booster car seat until 80 lbs
- Smoke alarms
- No passive smoke (Oklahoma Tobacco Helpline: 1.800.QUIT.NOW)
- Sun protection
- Water safety
- Bicycle helmet
- Playground safety
- Other: _____

Violence Prevention:

- Adequate support system?
- Adequate respite?
- Feel safe in neighborhood?
- Domestic Violence?
- Gun Safety
- Stranger safety
- Other: _____

Sleep Safety Counseling:

- Bedtime Interaction
- May not need naps
- Managing out of bed behavior with bedtime pass
- Read to child (eg. Reach out and Read)
- Limit TV (day and nighttime)
- Other: _____

Nutrition Counseling:

- Begin 2% cow's milk (~16 oz/day)
- Limit juice (4 oz or less/day)
- Whole grains
- Healthy snacks
- Vitamins
- Other: _____

What to anticipate before next visit:

- Discipline
- Help child learn self-control skills (eg., not interrupting, not fighting with siblings)
- Define unacceptable behavior; introduce a few clear rules (eg., washing hands before eating)
- Other: _____

PROCEDURES:

- Hematocrit or Hemoglobin
- TB Test
- Cholesterol Screening
- Blood lead test (is required at this age)

DENTAL REMINDER

- Yearly dental referral
- Fluoride source?

IMMUNIZATIONS DUE at this visit:

DTap5 # _____

- Given
- Not Given
- Up to Date

IPV4 # _____

- Given
- Not Given
- Up to Date

MMRV2# _____

- Given
- Not Given
- Up to Date

Flu (yearly)

- Given
- Not Given
- Up to Date

Date Flu previously given: _____

Catch-up on vaccines:

HepA # _____

- Given
- Not Given
- Up to Date

HepB # _____

- Given
- Not Given
- Up to Date

Hib # _____

- Given
- Not Given
- Up to Date

PCV # _____

- Given
- Not Given
- Up to Date

Vaccines for HIGH-RISK:

MPSVA (Meningococcal)

- Given
- Not Given
- Up to Date

Reason Not Given if due: List Vaccine(s) not given:

- Vaccine not available _____
- Child ill _____
- Parent Declined _____
- Other _____

ASSESSMENT: Healthy, no problems

PLAN/RECOMMENDATIONS: Do vaccines/procedures marked above Other _____
 See box above for Anticipatory Guidance Topics discussed at today's visit

Next Health Supervision (EPSDT) Visit Due: _____

Provider Signature: _____ Date: _____