

6 - 10 Year Child Health Supervision (EPSDT) Visit

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

HT: _____ (____%) Temp: _____ Pulse: _____ Meds: _____
 WT: _____ (____%) Pulse Ox-Optional: _____
 HC: _____ (____%) Resp: _____
 Allergies: _____ 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: (optional)
 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
 Acoustic emittance testing (including reflexes) or OAEs

PHYSICAL EXAMINATION (check appropriate box):

	N L	AB	N E	COMMENTS NL-normal, AB-abnormal, NE-not examined
General				
Skin				
Fontanel				
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				

DEVELOPMENTAL/BEHAVIORAL ASSESSMENT:
 Parent Concerns Discussed? **(Required)** Yes
 Standardized Screen Used? (Optional) Yes No
 See instrument form: PEDS Vanderbilt ADHD
 Other: _____
DB Concerns: (e.g. behavior/sleep/school) _____

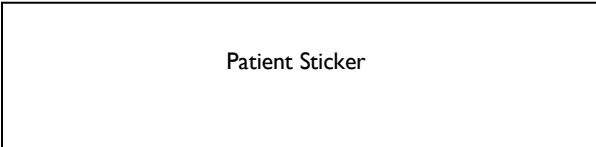
Clinician Observations/History: (Suggested options)

Motor Skills	
Rides a bike well	Y N
Concerns about coordination	Y N
Fine Motor Skills	
Any handwriting struggles at school	Y N
Language/Socioemotional/Cognitive Skills	
Child is learning to read or can read-no problems	Y N
School is going well	Y N
Has age-appropriate attention span	Y N
Likes to be with other children, able to cooperate and share well but doesn't always wants to	Y N
Has best friend(s)	Y N
Extracurricular activities	Y N
Parent - Infant Interaction	
Interaction appears age appropriate	Y N

Clinician concerns regarding interaction: _____

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MED RECORD #: _____ DOV: _____



ANTICIPATORY GUIDANCE:

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

Injury/Serious Illness Prevention:

- Seat belts 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 Counseling/Interaction:

- Bedtime Interaction Managing out of bed behavior with bedtime pass Read to child (e.g. Reach out and Read) Limit TV (day and nighttime)
- Other: _____

Nutrition Counseling:

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

What to anticipate before next visit:

- Discipline Help child learn self-control skills (e.g., not interrupting, not fighting with siblings) Define unacceptable behavior; provide clear rules (e.g., washing hands before eating) Other:

PROCEDURES:

- TB Test
- Cholesterol Screening
- Blood lead test (up to 72 mos)

DENTAL REMINDER

- Yearly dental referral Fluoride source?

IMMUNIZATIONS DUE at this visit:

Flu (yearly)

- Given Not Given Up to Date
- Date Flu previously given: _____

Catch-up on vaccines:

- Td #** _____
- Given Not Given Up to Date
- IPV #** _____
- Given Not Given Up to Date
- MMRV#** _____
- Given Not Given Up to Date
- HepA #** _____
- Given Not Given Up to Date
- HepB #** _____
- 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: _____ (visits required on even years from 6-12 years)

Provider Signature: _____ Date: _____