



## 11 - 20 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):  
 Parent Concerns Discussed? (**Required**)  Yes  
 Standardized Screen Used? (Optional)  Yes  No  
 See instrument form:  Vanderbilt ADHD  
     Other \_\_\_\_\_  
**DB Concerns:** (e.g., behavior/sleep/school) \_\_\_\_\_

**SENSORY SCREENING:**  
**Any parent concerns about vision or hearing?**  Yes  No  
**Vision:** (one between 11 and 18 yrs)  
 Acuity (Allen cards, Snellen chart or HOTV test) done  Yes  No  
**Hearing:** (Subjective by history; required if not completed at school)  
 Passed Screen  Right  Left  Bilaterally  
 Failed Screen  Right  Left  Bilaterally  
 Referred for: Audiological evaluations

**PHYSICAL EXAMINATION (check appropriate box):**

	N L	AB	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				

<b>Clinician Observations/History: (HEADSS Suggested)</b>			
<b>Home</b>			
After home school monitoring-who?	Y	N	
Adequate family support system?	Y	N	
Feel safe in neighborhood?	Y	N	
Domestic Violence	Y	N	
<b>Education Grade:      School:</b>			
Strengths (e.g., gifted, artistic, athletic, etc.)	Y	N	
Feels connected to school? (e.g., favorite teacher)	Y	N	
Any learning/attention struggles at school?	Y	N	
Grade retention?	Y	N	
Plans for future?	Y	N	
<b>Activities</b>			
Extracurricular/religious activities	Y	N	
Has best friend(s)	Y	N	
<b>Danger/Drugs</b>			
Friends tried or using drugs or alcohol?	Y	N	
Pt tried or using and substances or TOBACCO?	Y	N	
Driving under the influence?	Y	N	
<b>Suicidality/Depression</b>			
Trouble sleeping, irritability, withdrawal?	Y	N	
Suicidal ideation?	Y	N	
Family history of depression?	Y	N	
Any concerns regarding body image?	Y	N	
<b>Sexuality</b>			
Boyfriend or girlfriend?	Y	N	
Has a parent or trusted adult to talk to?	Y	N	
Sexually active?	Y	N	
Birth control?	Y	N	
<b>Parent – Teen Interaction</b>			
Interaction appears age appropriate	Y	N	

Clinician concerns regarding interaction: \_\_\_\_\_

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NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
MED RECORD #: \_\_\_\_\_ DOV: \_\_\_\_\_

Patient Sticker

### ANTICIPATORY GUIDANCE:

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

#### Injury/Serious Illness Prevention:

- Seat belts  Drinking and driving  Smoke alarms  No smoking (Oklahoma Tobacco Helpline: 1.800.QUIT.NOW)
- Sun protection  Bicycle helmet
- Other: \_\_\_\_\_

#### Violence Prevention:

- Adequate support system?  Adequate supervision?  Feel safe in neighborhood?  Domestic Violence?  Gun Safety
- Other: \_\_\_\_\_

#### Family Interaction/Communication:

- Family meetings  Limit TV  Adequate exercise
- Other: \_\_\_\_\_

#### Nutrition Counseling:

- Begin 2% cow's milk (~16 oz/day)  Adequate fruits and vegetables
- Whole grains  Healthy snacks  Limit junk food  Vitamins
- Other: \_\_\_\_\_

#### What to anticipate before next visit:

- Discipline  Help teen have adequate balance of independence and supervision  Define unacceptable behavior; provide clear rules (e.g., no curfew violations, how to earn privileges)  Family meetings  Other: \_\_\_\_\_

### PROCEDURES:

- Hematocrit or Hemoglobin
- Urinalysis
- TB Test
- Cholesterol Screening
- STD Screening
- Pelvic Exam

### DENTAL REMINDER

- Yearly dental referral  Fluoride source?

### IMMUNIZATIONS DUE at this visit:

- Tdap #** \_\_\_\_\_  
 Given  Not Given  Up to Date

- MCV4 (meningococcal)**  
 Given  Not Given  Up to Date

- HPV (papilloma)**  
 Given  Not Given  Up to Date

- Flu (yearly)**  
 Given  Not Given  Up to Date  
 Date Flu previously given: \_\_\_\_\_

### Catch-up vaccines:

- MMR #** \_\_\_\_\_  
 Given  Not Given  Up to Date

- IPV #** \_\_\_\_\_  
 Given  Not Given  Up to Date

- Varicella#** \_\_\_\_\_  
 Given  Not Given  Up to Date

- HepA #** \_\_\_\_\_  
 Given  Not Given  Up to Date

- HepB #** \_\_\_\_\_  
 Given  Not Given  Up to Date

### Vaccines for HIGH-RISK:

- PPV (pneumonia)**  
 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Provider Signature:** \_\_\_\_\_