

## 4 - Month 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:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Maternal & Birth History:**  Birth HX form reviewed  
**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 \_\_\_\_\_

**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. crying/colic) \_\_\_\_\_

**Clinician Observations/History: (Suggested options)**

<b>Motor Skills</b> (observe head, trunk, and limb control)	
Visually tracks objects beyond midline	Y N
Moves arms and legs equally	Y N
Rolls over stomach to back	Y N
Supports on wrists in prone	Y N
ATNR (fencer position) no longer obligate	Y N
Sits with support	Y N
<b>Fine Motor skills</b>	
Hands are unfisted	Y N
Manipulates fingers	Y N
<b>Language/Socioemotional Skills</b>	
Vocalizes/Coos	Y N
Orients to voice	Y N
Laughs out loud	Y N
<b>Parent – Infant Interaction</b> (maternal depression present in 50% of post-partum mothers):	
Interaction appears age appropriate	Y N

Clinical concerns regarding interaction:

**SENSORY SCREENING:**

**Any parent concerns about vision or hearing?**  Yes  No

**Vision:**

Blinks in reaction to bright light:  Yes  No

Blinks in reaction to visual threat:  Yes  No (normal by 3 mos)

**Hearing:**

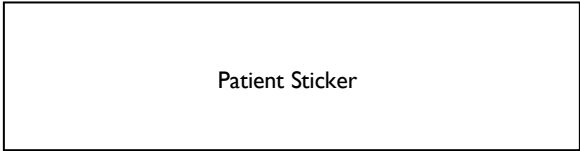
Responds to sounds:  Yes  No  Left  Right

**PHYSICAL EXAMINATION (check box):**

	N L	A B	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				

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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:**

- Car Seat  Falls  No strings around neck  No shaking
- Burns-hot water heater max temp 125 degrees F  Smoke alarms
- No passive smoke (Oklahoma Tobacco Helpline: 1.800.QUIT.NOW)  No sun exposure  Fever management
- Other: \_\_\_\_\_

**Violence Prevention:**

- Adequate support system?  Adequate respite?  Feel safe in neighborhood?
- Domestic Violence?  No Shaking  Gun Safety
- Other: \_\_\_\_\_

**Sleep Safety Counseling:**

- Sleep (on back)  Sleep Safety
- Other: \_\_\_\_\_

**Nutrition Counseling:**

- Breast  Formula  Solids (4-6mo)  3-4 hour between feeding
- Less frequent stools typical for bottle fed infants  5-8 wet diapers/day  Vitamins  No honey  No bottle prop  No microwave  No infant feeders
- Other: \_\_\_\_\_

**What to anticipate before next visit:**

- Sleep cycle gets more regular  Change in feeding/stooling patterns
- Sitting alone by 6 mos  Okay to add solids at 6 mos  Back to work?
- Weaning?  Temperment style  Different rates of development are normal  Other: \_\_\_\_\_

**PROCEDURES:**

**DENTAL REMINDER**

PCP screen 1<sup>st</sup> tooth eruption

**IMMUNIZATIONS DUE at this visit:**

**HepB2 (if needed) #** \_\_\_\_\_  
 Given  Not Given  Up to Date

**DTap2 #** \_\_\_\_\_  
 Given  Not Given  Up to Date

**Hib2 #** \_\_\_\_\_  
 Given  Not Given  Up to Date

**IPV2 #** \_\_\_\_\_  
 Given  Not Given  Up to Date

**PCV2 #** \_\_\_\_\_  
 Given  Not Given  Up to Date

**Rotavirus2 #** \_\_\_\_\_  
 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 \_\_\_\_\_

Anticipatory guidance discussed (as described in box above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Health Supervision (EPSDT) Visit Due: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_