

I I - 20 Year Child Health Supervision (EPSDT) Visit

Patient Sticker

| | | | | | | | | MED REC#: | |
|---|-------|-----------------|--|------|------|--------|------------|-------------------------------------|--|
| | | | Pulse: | | | | Meds: | | |
| HT:(%) Temp: WT:(%) Pulse Ox-O | ntion | al· | | | | | | | |
| HC: (%) Resp: | ption | ai | | | | | | | |
| Allergies: | | | | ΠN | KDA | | | | |
| Reaction | | | | | | | | | |
| HISTORY: | | | SENSORY SC | RFFN | ING∙ | | | | |
| Parent Concerns: | | | | | | ut vis | ion or hea | uring? 🛛 Yes 🔲 No | |
| | | | | | | | | | |
| | | | Vision: (one between 11 and 18 yrs) Acuity (Allen cards, Snellen chart or HOTV test) done I Yes | | | | | | |
| | | | | | | | | ot completed at school) | |
| | | | Passed Screen Right Left Bilaterally Failed Screen Right Left Bilaterally | | | | | | |
| Initial/Interval History: | | | | | | | | | |
| | | | Referred for: Audiological evaluations | | | | | | |
| | J | · · · · · · · · | | 0 | | | | | |
| FSH: FSH form reviewed (check other topics | | ssea): | | | | | | | |
| Parent Concerns Discussed? (Required) Ye Standardized Screen Used? (Optional) Yes | | | | | | | | | |
| See instrument form: Vanderbilt ADHD | INO | | | XAMI | ΙΤΑΙ | ON (| check app | ropriate box): | |
| | | | | | 1 | | | | |
| DB Concerns: (e.g., behavior/sleep/school) | | | - | NL | AB | NE | | | |
| | | | | | AD | | NL-norma | al, AB-abnormal, NE-not examined | |
| Clinician Observations/History: (HEADSS S | igges | ted) | General | | | | | | |
| Home | 00 | , | Skin | | | | | | |
| After home school monitoring-who? | Y | Ν | Fontanels | | | | | | |
| Adequate family support system? | Y | | Fontaneis | | | | | | |
| Feel safe in neighborhood? | Y | Ν | Eyes: Red Reflex, | | | | | | |
| Domestic Violence | Y | Ν | Appearance | | | | | | |
| Education Grade: School: | | | Ears, TMs | | | | | | |
| Strengths (e.g., gifited, artistic, athletic, etc.) | Y | | Nose | | | | | | |
| Feels connected to school? (e.g., favorite teacher | | | Lips/Palate | | | | | | |
| Any learning/attention struggles at school? | Υ | | | | | | | | |
| Grade retention? | Y | Ν | Teeth/Gums | | | | | | |
| Plans for future? | Y | Ν | Tongue/Pharyn> | ¢ | | | | | |
| Activities | | _ | Neck/Nodes | | | | | | |
| Extracurricular/religious activities | Y | N | Chest/Breast | | | | | | |
| Has best friend(s) Danger/Drugs | Y | Ν | Lungs | | | | | | |
| Friends tried or using drugs or alcohol? | Y | Ν | | | | | | | |
| Pt tried or using and substances or TOBACCO? | Ý | N | Heart | | | | | | |
| Driving under the influence? | Y | Ν | Abd/Umbilicus | | | | | | |
| Suicidality/Depression | | | Genitalia/ | | | | | | |
| Trouble sleeping, irritability, withdrawal? | Y | Ν | Femoral Pulses | | | | | | |
| Suicidal ideation? | Y | | Extremities, | | | | | | |
| Family history of depression? | Y | N | Clavicles, | | | | | | |
| Any concerns regarding body image? | Y | Ν | Hips | | | | | | |
| Sexuality Boyfriend or girlfriend? | Y | Ν | 1 | + | | | | | |
| Has a parent or trusted adult to talk to? | Y | N | Muscular | | | | | | |
| Sexually active? | Ý | N | Neuromotor | | | | | | |
| Birth control? | Ý | N | Back/Sacral | | | | | | |
| Parent – Teen Interaction | | | Dimple | | | | | | |
| | | Ν | · | | I | | | | |
| Interaction appears age appropriate | Y | | | | | | | | |

| (EPSDT) - 20 Year Visit Page 2 NAME: DOB: | Patient Sticker | | | | | |
|---|---|--|--|--|--|--|
| MED RECORD #: DOV: | _ | | | | | |
| ANTICIPATORY GUIDANCE: | PROCEDURES: | | | | | |
| Select at least one topic in each category (as appropriate to family): | Hematocrit or Hemoglobin | | | | | |
| | 🖵 Urinalysis | | | | | |
| Injury/Serious Illness Prevention: | TB Test | | | | | |
| □ Seat belts □ Drinking and driving □ Smoke alarms □ No smoking | Cholesterol Screening | | | | | |
| (Oklahoma Tobacco Helpline: 1.800.QUIT.NOW) | | | | | | |
| Sun protection 🛛 Bicycle helmet | Pelvic Exam | | | | | |
| □ Other: | | | | | | |
| | □ Yearly dental referral □ Fluoride source? | | | | | |
| Violence Prevention: | IMMUNIZATIONS DUE at this visit: | | | | | |
| □ Adequate support system? □ Adequate supervision? □ Feel safe in | Tdap # □ Given □ Not Given □ Up to Date | | | | | |
| neighborhood? Domestic Violence? Gun Safety | MCV4 (meningococcal) | | | | | |
| Other | Given Not Given Up to Date | | | | | |
| | HPV (papilloma) | | | | | |
| Family Interraction/Communication: | Given Not Given Up to Date | | | | | |
| | Flu (yearly) | | | | | |
| | Given 🗍 Not Given 🛛 Up to Date | | | | | |
| Nutrition Counseling: | Date Flu previously given: | | | | | |
| Begin 2% cow's milk (~16 oz/day) Adequate fruits and vegetables | Catch-up vaccines: | | | | | |
| 🗆 Whole grains 🛛 Healthy snacks 🍎 Limit junk food 🖵 Vitamins | MMR # | | | | | |
| | Given Not Given Up to Date | | | | | |
| | | | | | | |
| What to anticipate before next visit: | Given Vot Given Up to Date | | | | | |
| Discipline Help teen have adequate balance of independence and | Varicella# | | | | | |
| supervision 🖵 Define unacceptable behavior; provide clear rules (e.g., no | □ Given □ Not Given □ Up to Date HepA # | | | | | |
| curfew violations, how to earn privileges) \Box Family meetings \Box Other: | 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 | | | | | | |

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| PLAN/RECOMMENDATIONS: Do vaccines/procedures marked above D Oth | ner |
|---|-----|
| See box above for Anticipatory Guidance Topics discussed at today's visit | |

Next Health Supervision (EPSDT) Visit Due: _____ Provider Signature: _____

Date: _____