

(EPSDT) 11 - 20 Year Visit Page 2

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: _____

Provider Signature: _____ Date: _____