### PHYSICAL EXAMINATION (check appropriate box):

<table>
<thead>
<tr>
<th>N L</th>
<th>AB</th>
<th>N E</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>NL-normal, AB-abnormal, NE-not examined</strong></td>
</tr>
</tbody>
</table>

- **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**

### SENSORY SCREENING:

- Any parent concerns about vision or hearing? □ Yes □ No
- Vision: Follows objects and eyes team together: □ Yes □ No
- Hearing: Responds to sounds: □ 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. sleep/tantrums) ____________________________________________

### 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 __________________________

### CLINICIAN OBSERVATIONS/HISTORY:

- **Motor Skills** (observe head, trunk, and limb control)
  - Still holds onto stairs railings when walking stairs □ Y □ N

- **Fine Motor Skills**
  - Enjoys scribbling □ Y □ N
  - Uses 2-3 word sentences □ Y □ N
  - Imitates parents; enjoys affection and attention □ Y □ N
  - Need time to change activities; destructive if mad □ Y □ N
  - Can’t sit still or play with a toy > a few minutes □ Y □ N
  - Shows interest in dressing, brushing hair/teeth □ Y □ N
  - Potty trained (okay if not) □ Y □ N
  - Plays more **alongside** than with friends; doesn’t cooperate or share well □ Y □ N

- **Language/Socioemotional/ Cognitive Skills**
  - Interaction appears age appropriate □ Y □ N

- **Parent – Infant Interaction**
  - Interaction appears age appropriate □ Y □ N

Clinicin concerns regarding interaction: ________________________________
**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
- Sun protection
- Walkers
- Hanging cords
- Fever management
- Other:

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

**Sleep Safety Counseling:**
- Bedtime interaction
- Read to child (e.g. Reach out and Read)
- Other:

**Nutrition Counseling:**
- Begin 2% cow’s milk (~16 oz/day)
- Limit juice (4 oz or less/day)
- Whole grains
- Vitamins
- No popcorn, peanuts, hard candy
- Other:

**What to anticipate before next visit:**
- Child-proofing
- Establishes routines
- Discipline
- Help child learn self-control skills (e.g., not interrupting, not fighting with siblings)
- Offer clear and simple choices
- Don’t expect sharing
- Different rates of development are normal
- Other:

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**PROCEDURES:**
- Hematocrit or Hemoglobin
- TB Test
- Cholesterol Screening
- Blood lead test (is required at this age)

**DENTAL REMINDER**
- PCP screen until 3
- Fluoride source?

**IMMUNIZATIONS DUE at this visit:**
**Flu (yearly)**
- Given
- Not Given
- Up to Date

**Catch-up on vaccines:**
- **HepB #**
- Given
- Not Given
- Up to Date
- **DTap #**
- Given
- Not Given
- Up to Date
- **Hib #**
- Given
- Not Given
- Up to Date
- **IPV #**
- Given
- Not Given
- Up to Date
- **PCV #**
- Given
- Not Given
- Up to Date
- **MMRV #**
- Given
- Not Given
- Up to Date

**Vaccines for High-Risk:**
- **MPSV4 (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

**NOTE:** See 9 month form if child’s mother was HEPBsAg positive

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**ASSESSMENT:**
- Healthy, no problems

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**PLAN/RECOMMENDATIONS:**
- Do vaccines/procedures marked above
- Other
- Anticipatory guidance discussed (as described in box above)

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**Next Health Supervision (EPSDT) Visit Due:**

**Provider Signature:** ____________________________  **Date:** ____________________________

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