### PHYSICAL EXAMINATION (check appropriate box):

<table>
<thead>
<tr>
<th>COMMENTS</th>
<th>N L</th>
<th>AB</th>
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<tbody>
<tr>
<td>General</td>
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<td>Skin</td>
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<td>Eyes: Red Reflex, Appearance</td>
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<td>Ears, TMs</td>
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<td>Nose</td>
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<td>Lips/Palate</td>
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<td>Teeth/Gums</td>
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<td>Tongue/Pharynx</td>
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<td>Neck/Nodes</td>
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<td>Chest/Breast</td>
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<td>Lungs</td>
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<td>Heart</td>
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<td>Abd/Umbilicus</td>
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<td>Genitalia/ Femoral Pulses</td>
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<td>Extremities, Clavicles, Hips</td>
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<td>Muscular</td>
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<td>Neuromotor</td>
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<tr>
<td>Back/Sacral Dimple</td>
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| Motor Skills   | Y   | N  |
| Walks up stairs |     |    |
| Fine Motor Skills |     |    |
| Uses spoon     | Y   | N  |
| Scribbles spontaneously | Y | N |
| Language/Socioemotional/Cognitive Skills | Y | N |
| Mature jargoning (mumbles with inflection) | Y | N |
| Understands 1-step command without gesture (16mos) | Y | N |
| Points to one or more body parts | Y | N |
| Cooperates while dressing | Y | N |
| Likes to be with other children | Y | N |
| Pretend play   | Y   | N  |
| Waves (red flag) | Y | N |
| Points (red flag) | Y | N |
| Plays peek-a-boo (red flag) | Y | N |
| Parent – Infant Interaction | Y | N |
| Interaction appears age appropriate | Y | N |

Clinician concerns regarding interaction:
(EPSDT) 30-Month Visit Page 2

NAME: ___________________________ DOB: _____________
MED RECORD #: ____________________ DOB: ___________

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)
- 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:
- Sleep Safety
- Read to infant (e.g. Reach Out and Read)
- Other: __________________________

Nutrition Counseling:
- Whole cow’s milk until 2 yrs
- Limit juice (4 oz or less/day)
- Feeding self solids/finger foods
- Vitamins
- No popcorn, peanuts, hard candy
- Other: __________________________

What to anticipate before next visit:
- May want more independence (especially in feeding)
- Variable appetite
- Child-proofing
- Discipline
- Help child learn self-control skills (e.g., not interrupting, not fighting with siblings)
- Different rates of development are normal
- Establish routines
- Offer simple choices
- For a sense of security, provide familiar objects for comfort
- Other: __________________________

PROCEDURES:
- Hematocrit of Hemoglobin
- TB test
- Blood lead test

DENTAL REMINDER
- PCP screen until 3
- Fluoride source?

IMMUNIZATIONS DUE at this visit:

HepA2 # ________
- Given
- Not Given
- Up to Date

Flu (yearly)
- Given
- Not Given
- Up to Date

Date Flu previously given: __________________________

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

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

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: __________________________

OHCA Revised 03/13/2014