

II - 20 Year Child Health Supervision (EPSDT) Visit

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Option	al:	SENSORY SCR	□ NI EENI	KDA		Meds:				
Option	al:	SENSORY SCR	□ NI EENI	KDA						
		SENSORY SCR	EENI							
		SENSORY SCR Any parent con-	EENI							
		Any parent con-								
		Any parent con-								
				NG:						
		1	cerns	abo	ut vis	ion or hea	aring? 🗆 Yes 📮 No			
		Vision: (one between 11 and 18 yrs)								
					Acuity (Allen cards, Snellen chart or HOTV test) done \Box Yes \Box 1					
					Hearing: (Subjective by history; required if not completed at school) Passed Screen □ Right □ Left □ Bilaterally					
	Initial/Internal History									
Initial/Interval History:				Failed Screen Right Left Bilaterally						
		Referred for: Audiological evaluations								
discu	issed):									
		PHYSICAL EX	ΔΜΙΝ	JATI	ON (check ann	ronriate hov):			
		I III SICAL LA	~! !!!	1711	UII (спеск арр	opriace box).			
		_					COMMENTS			
			NL	AB	ΝE		al, AB-abnormal, NE-not			
		┥					examined			
Clinician Observations/History: (HEADSS Suggested)										
		Skin								
		Fontanels								
		1								
Υ	N	1								
1 3/		1								
		Nose								
		Lips/Palate								
		Teeth/Gums								
		I -								
	- 11	1 '								
Y	N	 								
	N	Chest/Breast								
		Lungs								
		Heart								
		Abd/Limbilious								
Y	N	I 								
V	N									
Y	N	1								
	N									
		Hips								
	N	Muscular								
		Neuromotor								
Y	_ N									
V	N	Billiple								
	Gugges V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Suggested) Y N Y N Y N Y N Y N Y N Y N Y N Y N Y	Referred for: Audio stadiscussed): Yes No PHYSICAL EXA General Skin Fontanels Eyes: Red Reflex, Appearance Ears, TMs Nose Lips/Palate Teeth/Gums Tongue/Pharynx Neck/Nodes Chest/Breast Lungs Y N Y N Y N Y N Y N Y N Y N Y	Referred for: Audiological Statistics of the state of th	Referred for: Audiological evaluation of the strength of the s	Referred for: Audiological evaluations st discussed): Yes PHYSICAL EXAMINATION (NL AB NE Guggested) Skin Fontanels 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	Referred for: Audiological evaluations st discussed): (es			

DOV: MED RECORD #: PROCEDURES: ANTICIPATORY GUIDANCE: ☐ Hematocrit or Hemoglobin Select at least one topic in each category (as appropriate to family): ☐ Urinalysis ☐ TB Test **Injury/Serious Illness Prevention:** ☐ Cholesterol Screening ☐ Seat belts ☐ Drinking and driving ☐ Smoke alarms ☐ No smoking ☐ STD Screening (Oklahoma Tobacco Helpline: I.800.QUIT.NOW) ☐ Pelvic Exam ☐ Sun protection ☐ Bicycle helmet **DENTAL REMINDER** Other: ☐ Yearly dental referral ☐ Fluoride source? **IMMUNIZATIONS DUE** at this visit: **Violence Prevention:** Tdap #_ ☐ Adequate support system? ☐ Adequate supervision? ☐ Feel safe in ☐ 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 ☐ Family meetings ☐ Limit TV ☐ Adequate exercise Flu (yearly) ☐ Other: ☐ Given ☐ Not Given ☐ Up to Date Date Flu previously given: **Nutrition Counseling:** Catch-up vaccines: ☐ Begin 2% cow's milk (~16 oz/day) ☐ Adequate fruits and vegetables MMR# ☐ Whole grains ☐ Healthy snacks ☐ Limit junk food ☐ Vitamins ☐ Given ☐ Not Given ☐ Up to Date □ Other IPV # ☐ Given ☐ Not Given ☐ Up to Date What to anticipate before next visit: Varicella# ☐ Discipline ☐ Help teen have adequate balance of independence and ☐ Given ☐ Not Given ☐ Up to Date supervision \Box Define unacceptable behavior; provide clear rules (e.g., no **HepA** #_ curfew violations, how to earn privileges) ☐ Family meetings ☐ Other: ☐ Given ☐ Not Given ☐ Up to Date НерВ #__ ☐ 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: ___ _____ Date: Provider Signature: ___

Patient Sticker

(EPSDT) | | - 20 Year Visit Page 2