

## 6 - 10 Year Child Health Supervision (EPSDT) Visit

Patient Sticker	

NAME:	DOB:		DOV:	A	GE:		SEX:	MED REC#:
HT:(%) WT:(%) HC:(%)	Temp: Pulse Ox-Optional: Resp: <b>Allergies:</b> Reaction:		Pulse:				Meds:	
HISTORY: Parent Concerns:			SENSORY SCREENING: Any parent concerns about vision or hearing?  Yes No Vision: (optional) Acuity (Allen cards, Snellen chart, or HOTV test) done Yes Hearing: Passed Screen Right Left Bilaterally Failed Screen Right Left Bilaterally Referred for: Audiological evaluations Conditioned play audiometry Acoustic emittance testing (including reflexes) or OAEs  PHYSICAL EXAMINATION (check appropriate box):    NL   AB   NE   COMMENTS   NL-normal, AB-abnormal, NE-not					
			General Skin Fontanels Eyes: Red Reflex, Appearance Ears, TMs Nose Lips/Palate					examined
Clinician Observations/History: (1)  Motor Skills  Rides a bike well  Concerns about coordination  Fine Motor Skills  Any handwriting struggles at school  Language/Socioemotional/Cogr  Child is learning to read or can read  School is going well  Has age-appropriate attention span  Likes to be with other children, able and share well but doesn't always well as best friend(s)  Extracurricular activities  Parent – Infant Interaction  Interaction appears age appropriate  Clinician concerns regarding interaction	nitive Skills -no problems e to cooperate ants to	Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N	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					

(EPSDT) 6 - 10 Year Visit Page 2 Patient Sticker \_\_\_\_\_ DOB: \_\_ NAME: DOV: \_\_\_\_\_ MED RECORD #: PROCEDURES: ANTICIPATORY GUIDANCE: ☐ TB Test Select **at least one** topic in each category (as appropriate to family): ☐ Cholesterol Screening ☐ Blood lead test (up to 72 mos) **Injury/Serious Illness Prevention:** ☐ Seat belts ☐ Smoke alarms ☐ No passive smoke (Oklahoma **DENTAL REMINDER** Tobacco Helpline: I.800.QUIT.NOW) ☐ Sun protection ☐ Water ☐ Yearly dental referral ☐ Fluoride source? safety ☐ Bicycle helmet ☐ Playground safety ☐ Other: **IMMUNIZATIONS DUE** at this visit: Flu (yearly) Violence Prevention: ☐ Given ☐ Not Given ☐ Up to Date ☐ Adequate support system? ☐ Adequate respite? ☐ Feel safe in Date Flu previously given: neighborhood? ☐ Domestic Violence? ☐ Gun Safety ☐ Stranger safety □Other: Catch-up on vaccines: Td# Sleep Counseling/Interaction: ☐ Given ☐ Not Given ☐ Up to Date ☐ Bedtime Interaction ☐ Managing out of bed behavior with bedtime pass ☐ IPV# Read to child (e.g. Reach out and Read) Limit TV (day and nighttime) ☐ Given ☐ Not Given ☐ Up to Date MMRV# ☐ Given ☐ Not Given ☐ Up to Date **Nutrition Counseling:** HepA# ☐ Begin 2% cow's milk (~16 oz/day) ☐ Limit juice/soft drinks (4 oz or ☐ Given ☐ Not Given ☐ Up to Date less/day) Whole grains Healthy snacks Vitamins HepB# □Other: ☐ Given ☐ Not Given ☐ Up to Date What to anticipate before next visit: Vaccines for HIGH-RISK: ☐ Discipline ☐ Help child learn self-control skills (e.g., not interrupting, not MPSVA (Meningococcal) fighting with siblings)  $\square$  Define unacceptable behavior; provide clear rules (e.g., ☐ Given ☐ Not Given ☐ Up to Date washing hands before eating)  $\square$  Other: 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 (visits required on even years from 6-12 years) Next Health Supervision (EPSDT) Visit Due: \_\_\_\_\_ Provider Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_