### By 1-Month Child Health Supervision (EPSDT) Visit

#### HISTORY:
- **Parent Concerns:**
  - [ ] Birth HX form reviewed
  - [ ] Initial/Interval History:

#### Maternal & Birth History:
- [ ] Birth HX form reviewed

#### FSH:
- [ ] Yes
- [ ] No

#### Initial/Interval History:
- [ ] Adequate support system? [ ] Yes [ ] No
- [ ] Adequate respite? [ ] Yes [ ] No

#### DEVELOPMENTAL/BEHAVIORAL ASSESSMENT:
- **Parent Concerns Discussed? (Required):** [ ] Yes
- **Standardized Screen Used? (Optional):** [ ] Yes [ ] No
- [ ] PEDS [ ] Ages & Stages
- [ ] Other:

#### DB Concerns:
- [ ] (e.g. crying/colic)

#### Clinician Observations/History (Suggested options):
- **Motor skills** (observe head, trunk and limb control)
  - Visually tracks objects horizontally and vertically
    - Yes
    - No
  - Moves arms and legs equally
    - Yes
    - No
  - Arms and legs are not always flexed
    - Yes
    - No
  - Partial head lag in pull to sit from supine
    - Yes
    - No
  - Raises chest off table in prone
    - Yes
    - No

- **Fine Motor skills**
  - Hands are often unfisted
    - Yes
    - No
  - Still grasps objects reflexively
    - Yes
    - No

- **Language/Socioemotional skills**
  - Vocalizes/Coo's
    - Yes
    - No
  - Smiles at seeing parents' face
    - Yes
    - No
  - Startles at loud noise
    - Yes
    - No
  - Turns head toward direction of sound
    - Yes
    - No

- **Parent - Infant Interaction** (maternal depression present in 50% of post-partum mothers):
  - Interaction appears age appropriate
    - Yes
    - No

#### SENSORY SCREENING:
- Any parent concerns about vision or hearing? [ ] Yes [ ] No

- **Vision:**
  - Blinks in reaction to bright light:
    - Yes
    - No
  - Blinks in reaction to visual threat:
    - Yes
    - No

- **Hearing:**
  - Passed NBHS (B): [ ] Yes [ ] Not Given [ ] U/K [ ] Failed NBHS
  - Responds to sounds:
    - Yes
    - No
    - Left
    - Right

#### PHYSICAL EXAMINATION (check box):

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#### COMMENTS
- NL-normal, AB-abnormal, NE-not examined

**HT:** [ ]
- [ ]
- [ ]
- [ ]

**WT:** [ ]
- [ ]
- [ ]
- [ ]

**HC:** [ ]
- [ ]
- [ ]
- [ ]

**Temp:**

**Pulse:** [ ]

**Allergies:**

**Reaction:**

**Pulse Ox-Optional:**

**Meds:**

**Father Concerns:**

**Sensory Screen:**

**Any parent concerns about vision or hearing?**

**Vision:**

**Hearing:**

**Passed NBHS (B):**
- [ ] Yes
- [ ] Not Given
- [ ] U/K
- [ ] Failed NBHS

**Fingers/Palmar reflex:**
- [ ] Yes
- [ ] No

**Motor skills:**

**Fingers/Palmar reflex:**
- [ ] Yes
- [ ] No

**Language/Socioemotional skills:**

**Parent - Infant Interaction:**

**Clinician Observations:**

**Congenital Anomalies:**

**Deafness:**
- [ ] Yes
- [ ] No

**Spasticity:**
- [ ] Yes
- [ ] No

**Reactive:**
- [ ] Yes
- [ ] No

**Motor skills (observe head, trunk and limb control):**

**Fine Motor skills:**

**Language/Socioemotional skills:**

**Parent - Infant Interaction:**

**Clinician Observations:**

**Congenital Anomalies:**

**Deafness:**
- [ ] Yes
- [ ] No

**Spasticity:**
- [ ] Yes
- [ ] No

**Reactive:**
- [ ] Yes
- [ ] No

**Motor skills:**

**Fine Motor skills:**

**Language/Socioemotional skills:**

**Parent - Infant Interaction:**

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**Clinician concerns re 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 (Oklahoma Tobacco Helpline: 1.800.QUIT.NOW)
- No sun exposure
- Fever management
- Other:

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

Sleep Safety Counseling:
- Sleep (on back)
- Sleep Safety
- Normal for newborns to sleep most of the day and night
- Other:

Nutrition Counseling:
- Breast
- Formula
- Solids (4-6mo)
- 3-4 hour between feeding
- Less frequent stools typical for bottle fed infants
- 5-8 wet diapers/day
- Vitamins
- No honey
- No bottle prop
- No microwave
- No infant feeders
- Other:

What to anticipate before next visit:
- Sleep cycle gets more regular
- Change in feeding/stooling patterns
- Rolling over by 4 mos
- Okay to add cereal at 4 mos
- Back to work?
- Weaning?
- Temperament may become more evident
- Other:

Assessment:
健康的，无问题

Plan/Recommendations:
- Do vaccines/procedures marked above?
- Other:

DENTAL REMINDER
PCP screen 1st tooth eruption

IMMUNIZATIONS DUE at this visit:
- HepB1 (if needed) #
  - Given
  - Not Given
  - Up to Date

Reason Not Given if due:
- List Vaccine(s) not given:
  - Vaccine not available
  - Child ill
  - Parent Declined
  - Other

PROCEDURES:
- Hereditary/Metabolic Screening needed
- Hereditary/Metabolic Screening results reviewed – Normal
- Hereditary/Metabolic Screening results reviewed – Other:

Next Health Supervision (EPSDT) Visit Due: ____________________

Provider Signature: ____________________ Date: ____________________

OHCA Revised 03/13/2014