

## 18 - Month Child Health Supervision (EPSDT) Visit

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DOV: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ MED REC#: \_\_\_\_\_

HT: _____ (____%)	Temp: _____	Pulse: _____	Meds: _____
WT: _____ (____%)	Pulse Ox-Optional: _____		_____
HC: _____ (____%)	Resp: _____		_____
	Allergies: _____	<input type="checkbox"/> NKDA	_____
	Reaction: _____		

**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 \_\_\_\_\_

**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? (Suggested by AAP)  Yes  No

See instrument form:  PEDS  Ages & Stages

Other: \_\_\_\_\_

**DB Concerns:** (e.g. sleep/feeding) \_\_\_\_\_

\_\_\_\_\_

**PHYSICAL EXAMINATION (check appropriate box):**

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

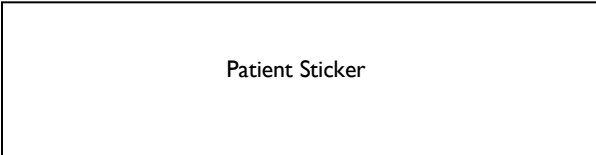
**Clinician Observations/History: (Suggested options)**

<b>Motor Skills</b> (observe head, trunk, and limb control)		
Walks up stairs	Y	N
<b>Fine Motor Skills</b>		
Uses spoon	Y	N
Scribbles spontaneously	Y	N
<b>Language/Socioemotional/Cognitive Skills</b>		
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 <b>(red flag)</b>	Y	N
Points <b>(red flag)</b>	Y	N
Plays peek-a-boo <b>(red flag)</b>	Y	N
<b>Parent - Infant Interaction</b>		
Interaction appears age appropriate	Y	N

Clinician concerns regarding interaction: \_\_\_\_\_

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NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
MED RECORD #: \_\_\_\_\_ DOV: \_\_\_\_\_



### 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 (eg 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

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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: \_\_\_\_\_