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

**HISTORY:**

Parent Concerns:

Initial/Interval History:

**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

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

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<th>N</th>
<th>L</th>
<th>AB</th>
<th>NE</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>General</td>
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<td></td>
<td></td>
<td>NL-normal, AB-abnormal, NE-not examined</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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<td>Back/Sacral Dimple</td>
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**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) __________________

Clinician Observations/History: (Suggested options)

**Motor Skills** (observe head, trunk, and limb control)

- Walks up stairs  
  - Y  
  - N

**Fine Motor Skills**

- Uses spoon  
  - Y  
  - N

- Scrivbles spontaneously  
  - Y  
  - N

**Language/Socioemotional/Cognitive Skills**

- 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**

- Interaction appears age appropriate  
  - Y  
  - N

Clinician concerns regarding interaction:
**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 (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:** ____________________________

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**OHCA Revised 03/13/2014**