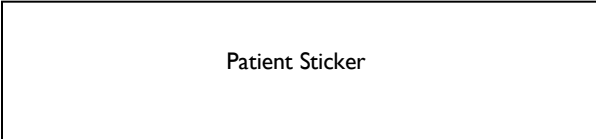


(EPSDT) 11 - 20 Year Visit Page 2

NAME: _____ DOB: _____
MED RECORD #: _____ DOV: _____



Patient Sticker

ANTICIPATORY GUIDANCE:

Select at least one topic in each category (as appropriate to family):

Injury/Serious Illness Prevention:

- Seat belts Drinking and driving Smoke alarms No smoking (Oklahoma Tobacco Helpline: 1.800.QUIT.NOW)
- Sun protection Bicycle helmet
- Other: _____

Violence Prevention:

- Adequate support system? Adequate supervision? Feel safe in neighborhood? Domestic Violence? Gun Safety
- Other: _____

Family Interaction/Communication:

- Family meetings Limit TV Adequate exercise
- Other: _____

Nutrition Counseling:

- Begin 2% cow's milk (~16 oz/day) Adequate fruits and vegetables
- Whole grains Healthy snacks Limit junk food Vitamins
- Other: _____

What to anticipate before next visit:

- Discipline Help teen have adequate balance of independence and supervision Define unacceptable behavior; provide clear rules (e.g., no curfew violations, how to earn privileges) Family meetings Other: _____

PROCEDURES:

- Hematocrit or Hemoglobin
- Urinalysis
- TB Test
- Cholesterol Screening
- STD Screening
- Pelvic Exam

DENTAL REMINDER

- Yearly dental referral Fluoride source?

IMMUNIZATIONS DUE at this visit:

- Tdap #** _____
 Given Not Given Up to Date

- MCV4 (meningococcal)**
 Given Not Given Up to Date

- HPV (papilloma)**
 Given Not Given Up to Date

- Flu (yearly)**
 Given Not Given Up to Date
 Date Flu previously given: _____

Catch-up vaccines:

- MMR #** _____
 Given Not Given Up to Date

- IPV #** _____
 Given Not Given Up to Date

- Varicella#** _____
 Given Not Given Up to Date

- HepA #** _____
 Given Not Given Up to Date

- HepB #** _____
 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: _____

Provider Signature: _____ Date: _____