30 MONTHS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

Date	Last Name	First Name	AHCCCS ID #	DOB	Age

Primary Care Provider	PCP ph. #	Health Plan	Accompanied By (Name)	Relationship

Current Medications/Vitamins/Herbal Supplements:	Blood Pres-	Temp:	Pulse:	Resp:

Allergies:	Weight:		Height:		BMI:	
	lb / kg	%	cm	%	kg/m^2	%

Vision Screening:	Corrected:☐ Yes ☐ No	Automated Device ☐	Right: ☐ Pass ☐ Refer	Left: ☐ Pass ☐ Refer	Both:☐ Pass ☐ Refer
Hearing Screening:	Right: ☐ Pass ☐ Refer	Left: ☐ Pass ☐ Refer	☐Unable to Perform	Age-Appropriate Speech: ☐ Yes ☐ No	

FAMILY/SOCIAL HISTORY: *(Current Concerns/ Follow-Up on Previously Identified Concerns)*

PARENTAL/HEALTH CARE DECISION MAKER CONCERNS: *How are you feeling about your child? Do you feel safe in your home?*

DEVELOPMENTAL SCREENING TOOL COMPLETED: ☐ ASQ ☐ MCHAT ☐ PEDS

VERBAL LEAD RISK ASSESSMENT: Child At Risk ☐ Yes ☐ No *(If Yes, Appropriate Action to Follow)*

ORAL HEALTH: White Spots on Teeth: ☐ Yes ☐ No ☐ Daily Brushing *(Twice Daily by Parent)* ☐ Fluoride Supplement

☐ **Fluoride Varnish by PCP** *(Every 3 months)* Dental Appointment ☐ *Completed* ☐ *Scheduled* Dental Home: Provider Name _____

NUTRITIONAL SCREENING: ☐ Nutritionally Balanced Diet ☐ Junk Food ☐ Soda/Juice ☐ Supplements _____

☐ Activity/Family Exercise ☐ **Overweight** ☐ **Underweight** ☐ *Observation* ☐ *Referral*

DEVELOPMENTAL SURVEILLANCE: https://www.cdc.gov/ncbddd/actearly/milestones/milestones-30mo.html

☐ Uses Imaginary Characters/Plays Pretend ☐ Puts 3-5 Words Together ☐ Points to 6 body parts ☐ Other people can understand what your child is saying half the time ☐ Names Self & Others ☐ Begins to Play Interactive Games ☐ Jumps Up and Down in Place ☐ Puts on clothes with help ☐ Knows correct animal sound (i.e. cat meows) ☐ Washes and dries hands without help ☐ Other_____

Effective Dates: 03/01/19, 05/07/19, 03/01/19, 02/01/22, 10/01/22, 10/01/24, 10/01/25
Approval Dates: 07/01/01, 06/01/03, 11/01/03, 01/01/04, 11/01/07, 10/01/09, 04/01/14, 10/18/18, 02/21/19, 04/16/20, 10/07/21, 7/14/22,08/17/23, 08/26/24, 09/17/25

ANTICIPATORY GUIDANCE PROVIDED: ☐ Emergency/911 ☐ Gun Safety ☐ Drowning Prevention ☐ Choking Prevention ☐ Car /Car Seat Safety (Forward Facing) ☐ Safety at Home/Child-Proofing ☐ Sun Safety ☐ Sports/Helmet Use ☐ TV Screen Time ☐ Supervise Outdoor Play ☐ Positive Discipline/Redirect/Reinforce Limits ☐ Establish Routine for: Bed/Meals/Toileting ☐ Preschool ☐ Provide Opportunities for Fantasy Play/Problem Solving ☐ Allow Child to Play Independently/Be Available if Child Seeks You Out ☐ Encourage Literacy/Daily Reading ☐ Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): ☐ Family Adjustment/Parent Responds Positively to Child ☐ Manage Anger ☐ "Monster" Fear ☐ Frustration/Hitting/Biting/Impulse Control ☐ Separates Easily from Parent ☐ Shows Interest in Other Children ☐ Objects to Major Change in Routine ☐ Kind to Animals ☐ Other _____

COMPREHENSIVE PHYSICAL EXAM:

	WNL	Abnormal (see notes below)		WNL	Abnormal (see notes below)
Skin/Hair/Nails			Lungs		
Eyes/Vision			Abdomen		
Ear			Genitourinary		
Mouth/Throat/Teeth			Extremities		
Nose/Head/Neck			Spine		
Heart			Neurological		

ASSESSMENT/PLAN/FOLLOW UP

LABS ORDERED:	☐ Blood Lead Testing *(Child At Risk/Not Already Done at 12/24 Months)* ☐ TB Skin Test *(If at Risk)* ☐Hgb/Hct ☐ Other ___
IMMUNIZATIONS ORDERED:	☐ HepA ☐ HepB ☐ MMR ☐ Varicella ☐ DTaP ☐ Hib ☐ IPV ☐ PCV ☐ Influenza ☐ Had Chicken Pox ☐ Given at Today's Visit ☐ Parent Refused ☐ Delayed ☐ Deferred *Reason*: _____ ☐ Shot Record Updated ☐ Entered in ASIIS ☐ Importance of Immunizations Discussed ☐ Parent Refusal Form Completed
REFERRALS	☐ ALTCS ☐ Audiology ☐ ACC ☐ DDD ☐ Dental ☐ Head Start ☐ OT ☐ PT ☐ Speech ☐ WIC Specialist ☐ Developmental ☐ Behavioral ☐ Other _____

PROVIDER'S SIGNATURE: _____ **NPI:** _____ **DATE:** _____

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