

15 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	

Admitted to NICU: (Birth) <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Medications/Vitamins/Herbal Supplements:	Risk Indicators of Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No	Temp:	Pulse:	Resp:
Allergies:	Weight: lb oz %	Length: cm %	Head Circumference: cm %		
Vision Screening:	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No	Automated Device <input type="checkbox"/>	Right: Pass <input type="checkbox"/> Refer <input type="checkbox"/>	Left: Pass <input type="checkbox"/> Refer <input type="checkbox"/>	Both: Pass <input type="checkbox"/> Refer <input type="checkbox"/>
<input type="checkbox"/> Unable to Perform					

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

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

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) First Dental Appointment Completed Scheduled Dental Home Provider: _____

NUTRITIONAL SCREENING: Feeds Self Breastfeeding Whole Milk Nutritionally Balanced Diet Junk Food Soda/Juice

Solids Activity Supplements _____ Overweight Underweight Observation Referral

DEVELOPMENTAL SURVEILLANCE: <https://www.cdc.gov/ncbddd/actearly/milestones/milestones-15mo.html>

Says 3-6 words Says No Wide Range of Emotions Repeats Words from Conversation Uses Utensils Understands Simple Commands Climbs Stairs Walking Puts Objects In/Out of Container Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency /911 Gun Safety Drowning Prevention Choking Prevention Car/Car

Seat Safety (Rear-Facing) Safety at Home/Child-Proofing Sun Safety Helmet Use Growing Independence Defiant Behavior/Offer Child Choices Gentle Limit Setting/Redirection/Safety Reading/Parent Asks Child "What's that?" Follow Child's Lead in Play Offer Opportunity to Scribble/Explore Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child

Appropriate Bonding/Responsive to Needs Self-Calming Frustration/Hitting/Biting/Impulse Control Communication/Language

Social Interaction/Eye Contact/Comforts Others Begins to Have Definite Preferences Other: _____

COMPREHENSIVE PHYSICAL EXAM:

	WNL	Abnormal (see notes below)		WNL	Abnormal (see notes below)
Skin/Hair/Nails			Lungs		
Eyes/Vision/Red Reflex			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 Months*) Finger Stick (*Result:_____*) Venous

TB Skin Test (*If at Risk*) Other _____

IMMUNIZATIONS HepA HepB MMR Varicella DTaP Hib IPV PCV Influenza

ORDERED: Had chicken pox Other _____

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 AzEIP CRS DDD Dental Early Head Start OT PT Speech WIC Specialist:

Developmental Behavioral Other _____

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