

18 TO 21 YEARS 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 Pressure:	Temp:	Pulse:	Resp:

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

Vision Chart Exam:	Right	Left	Both	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unable to Perform
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Audiometry:	<input type="checkbox"/> Within Normal Limits	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Unable to perform	Menses:	Menarche:	LMP:
FAMILY/SOCIAL HISTORY/CONCERNS: (Current Concerns/ Follow-Up on Previously Identified Concerns)				<input type="checkbox"/> Yes <input type="checkbox"/> No		

HEALTH RISK ASSESSMENT: HEADSS GAPS Other _____

ORAL HEALTH: White Spots on Teeth: Yes No Daily Brushing 2x Daily/Flossing Fluoride Supplement
 Last Dental Appointment: _____ Future Dental Appointment Scheduled Dental Home: Provider Name _____

NUTRITIONAL SCREENING: Nutritionally Balanced Diet 5 Servings of Fruits & Veggies Junk Food Soda/Energy Drinks
 Supplements _____ Activity/Exercise (1 hr/day) Overweight Underweight Observation Referral

DEVELOPMENTAL SURVEILLANCE: Abstract Thinking School Attendance Sexuality/Orientation
 Physical Growth and Development Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Violence Prevention/Gun Safety/Bullying Drowning/Sun Safety
 Car/Seat Belt/Driving Safety Safety at Home Sports/Injury prevention Peer Refusal Skills Age-Appropriate Limits
 Sexual Orientation/Dating Sex Education/STI/Resources Availability of Family Planning Services Social Interaction
 Tobacco/Alcohol/Drugs/Rx Drugs/Inhalants Risks of Tattoos/ Piercing Educational Goals/Activities Job/Career Planning
 Community Involvement After-School Activities/Supervision Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Philosophical/Idealistic Comfortable Body Image
 Self-Confident Building Intimate/Complex Relationships Depression/Anxiety/Sleep Issues Mood Changes Suicide Screen
 SUD Screen

COMPREHENSIVE PHYSICAL EXAM:

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

ASSESSMENT/PLAN/FOLLOW UP

LABS ORDERED: TB Skin Test (if at Risk) Hgb/Hct Lipid Profile Syphilis Test (15 years +) Other _____

IMMUNIZATIONS ORDERED: HepA MMR Varicella Hep B Tdap Influenza Meningococcal HPV IPV Td Had Chicken Pox
 Other _____ Given at Today's Visit Refused Delayed Deferred Reason: _____
 Shot Record Updated/Entered in ASIIS Importance of Immunizations Discussed Refusal Form Completed

REFERRALS: ALTCS Audiology CRS DDD Dental OB/GYN PT OT Speech
 Specialist: Developmental Behavioral Other _____

PROVIDER'S SIGNATURE: _____ NPI: _____ Date: _____