

**13 TO 17 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 <sup>2</sup>	%

Vision Chart Exam:	Right	Left	Both	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No	Unable to Perform <input type="checkbox"/>
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Audiometry: <input type="checkbox"/> Within Normal Limits <input type="checkbox"/> Abnormal <input type="checkbox"/> Unable to perform	Menses:	Menarche:	LMP:
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FAMILY/SOCIAL HISTORY: (Current Concerns/ Follow-Up on Previously Identified Concerns)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
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**PARENTAL/HEALTH CARE DECISION MAKER CONCERNS:** How are you feeling about your teenager? Do you feel safe in your home?

**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:**  School Attendance  Reading at Grade Level  Dating  Sexuality/Orientation  
 Risk-Taking  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 \_\_\_\_\_

**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  Parent Refused  Delayed  Deferred Reason: \_\_\_\_\_  
 Shot Record Updated  Entered in ASIS  Importance of Immunizations Discussed  Parent Refusal Form Completed

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

**PROVIDER'S**

**SIGNATURE:** \_\_\_\_\_ NPI: \_\_\_\_\_ Date: \_\_\_\_\_