12 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)* ☐ Yes ☐ No	Current Medications/Vitamins/Herbal Supplements:	Risk Indicators of Hearing Loss: ☐ Yes ☐ No	Temp:	Pulse:	Resp:

Allergies:	Birth Weight: lb oz	Weight: lb oz %	Length: cm %	Head Circumference: cm %

Vision Screening:	Corrected: ☐Yes ☐No	Automated Device ☐	Right: ☐Pass ☐Refer	Left: ☐ Pass ☐Refer	Both: ☐ Pass ☐ Refer	☐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 baby? Do you feel safe in your home?*

BLOOD LEAD LEVEL REQUIRED ☐ (see below)

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

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

NUTRITIONAL SCREENING: ☐ Breastfeeding ☐ Whole Milk *Amount*_____ ☐ Milk Intake/Weaning from bottle

Adequate Weight Gain ☐ Yes ☐ No ☐ Solids:_____ ☐ Soda ☐ Juice ☐ Supplements_____

DEVELOPMENTAL SURVEILLANCE: https://www.cdc.gov/ncbddd/actearly/milestones/milestones-1yr.html

☐ First Steps ☐"Mama/Dada" Specific ☐Uses Single Words ☐Scribbles ☐Precise Pincer Grasp ☐Follows Simple One Step Requests

☐ Looks for Hidden Objects ☐ Extends Arm/Leg for Dressing ☐ Points to Objects ☐ Plays: Hides Object/Pushes Ball Back and Forth

☐ Other _____

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

☐ Car/Car Seat Safety (Rear-Facing) ☐ Passive Smoke ☐ Safety at Home/Child-Proofing ☐ Sun Safety ☐ Discipline/Praise ☐ Following Child's Lead in Play

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

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): ☐ Family Adjustment/Parent Responds Positively to Child ☐ Self-Calming ☐ Prefers Primary Caregiver Over All Others ☐Shy/Anxious with Strangers ☐ Tantrums ☐ 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 Led Testing** ☐ Finger Stick ☐ Venous (*Result* ___) ☐ Hgb/Hct *(Required, If not Done at 9 Months)*
☐ TB Skin Test *(If at Risk)* ☐ Other _____

IMMUNIZATIONS ORDERED: ☐ HepA ☐HepB ☐ MMR ☐ Varicella ☐ DTaP ☐ Hib ☐ IPV ☐ PCV ☐ Influenza
☐ 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:** _____

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