SIX 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 ☐ Yes ☐ No	Temp:	Pulse:	Resp:

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

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?*

VERBAL LEAD RISK ASSESSMENT: Child At Risk ☐*Yes* ☐ No *(If Yes, Appropriate Action to Follow)* Lives in High-Risk Zip Code ☐ Yes ☐ No

ORAL HEALTH: ☐ Parent Cleaning Baby's Gums with Washcloth/Infant Toothbrush ☐ Fluoride Supplement

☐ **Fluoride Varnish by PCP** *(Every 3 months)*

NUTRITIONAL SCREENING: ☐ **Breastfeeding** *Frequency/Duration*:_____ ☐ Supplements:_____ ☐ Vit D

☐ **Formula** *Type:* _____ *Amount/Duration*: _____ **Adequate Weight Gain** ☐ Yes ☐ No ☐ **Receiving WIC Services**

☐ Cereal *Type:* _____ ☐ Plan to Introduce Solids _____ ☐ Soda/Juice

DEVELOPMENTAL SURVEILLANCE: https://www.cdc.gov/ncbddd/actearly/milestones/milestones-6mo.html

☐ Using A String of Vowels ☐ Rolls Over Transfers ☐ Small Objects Vocal Imitation ☐ Sits with Support ☐ Explores with Hands and Mouth

☐ Peek-a-Boo/Patty Cake ☐ Other_____

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

☐ Car/Car Seat Safety (Rear-Facing) ☐ Safe Sleep Shaken Baby ☐ Prevention Passive ☐ Smoke Safety at Home/Childproofing ☐ Sun Safety

☐ Refrain from Jump Seat/Walker ☐ Sleep/Wake Cycle ☐ Introduce Cup ☐ Begin Using Highchair ☐ Wary of Strangers ☐Introduce Board Books ☐ Parent Reads to Child ☐ Other ____

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

☐ Appropriate Bonding/Responsive to Needs ☐ Recognizes Familiar People ☐ Distinguishes Emotions by Tone of Voice ☐ Self-Calming

☐ Enjoys Social Play ☐ Postpartum Depression Screen ☐ 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

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** *(Child at Risk)* ☐ Finger Stick (*Result*:_____) ☐ Venous ☐ Other_____

IMMUNIZATIONS ORDERED: ☐ Hep B ☐ DTaP ☐ Hib ☐ IPV ☐ PCV ☐ Influenza ☐ Rotavirus ☐ 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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