

**NINE TO TWELVE 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:
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 <input type="checkbox"/> Unable to	
Audiometry:	<input type="checkbox"/> Within Normal Limits	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Unable to perform	Menses:	Menarche:
FAMILY/SOCIAL HISTORY: (Current Concerns/ Follow-Up on Previously Identified Concerns)				<input type="checkbox"/> Yes <input type="checkbox"/> No	LMP:

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

**HEALTH RISK ASSESSMENT:**  Early Adolescent GAPS (Beginning at 10 Years)  Other \_\_\_\_\_

**ORAL HEALTH:** White Spots on Teeth:  Yes  No  Daily Brushing 2x Daily/Flossing  Dental Sealants  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/Family Exercise (1 hr/day)  Overweight  Underweight  Observation  Referral

**DEVELOPMENTAL SURVEILLANCE:**  School Attendance  Reading at Grade Level  Discuss Body Changes  Dating

Sexuality/Orientation  Performing Well in School  Other \_\_\_\_\_

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

Car/Seat Belt Safety  Safety at Home  Sports/Injury Prevention  Bullying/Violence Prevention  Sun Safety

Safety Rules with Adults  Sex Education/STI  Monitor TV/Computer Time  Peer Refusal Skills  Self-Control

Depression/Anxiety  Tobacco/Alcohol/Drugs/Rx Drugs/Inhalants  Risks of Tattoos/Piercing

After-School Activities/Supervision  Educational Goals/Activities  Other \_\_\_\_\_

**SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT):**  Comfortable Body Image  Feels Good About Self

Is Child Happy?  Social Interaction  Suicide Screen (10 years of age or greater)  SUD Screen (12 years of age)  Other \_\_\_\_\_

**COMPREHENSIVE PHYSICAL EXAM:**

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

**ASSESSMENT/PLAN/FOLLOW UP**

**LABS ORDERED:**  TB Skin Test (If at Risk)  Hgb/Hct  Other \_\_\_\_\_

**IMMUNIZATIONS**  Tdap (11 – 12 Years)  Meningococcal (11 – 12 Years)  HPV (11 – 12 Years)  HepA  HepB  MMR

**ORDERED:**  Varicella  Td  IPV  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  CRS  DDD  Dental  OB/GYN  OT  PT  Speech

Specialist:  Developmental  Behavioral  Other \_\_\_\_\_

**PROVIDER'S**

**SIGNATURE:** \_\_\_\_\_ **NPI:** \_\_\_\_\_ **DATE:** \_\_\_\_\_