

**5-10  
Years  
Visit**

EPSDT  
Screening  
Date

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Medicaid  
ID#

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Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Historian \_\_\_\_\_  
Age \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_  
Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Height \_\_\_\_\_ in \_\_\_\_\_ BMI \_\_\_\_\_ B/P \_\_\_\_\_ Temp. \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_

**History Update**

Any changes in your family history? Yes  No

Has the patient had any new problems or illnesses since the last visit?

No  Yes

**Problems/Parental Concerns**

**Nutrition**

Low fat milk? Yes  No

Variety of fruits/vegetables? Yes  No

Eats breakfast? Yes  No

Eats supper with family Yes  No

**\*Hearing Screen** (Required at ages 5, 6, 8 & 10)

Audiometric Pass  Fail

Right 500 hz \_\_\_\_\_ Left 500 hz \_\_\_\_\_

1000 hz \_\_\_\_\_ 1000 hz \_\_\_\_\_

2000 hz \_\_\_\_\_ 2000 hz \_\_\_\_\_

4000 hz \_\_\_\_\_ 4000 hz \_\_\_\_\_

(Record decibel level)

**\*Vision Screen** (Required at ages 5, 6, 8 & 10)

Reading: L \_\_\_\_\_ R \_\_\_\_\_

**Developmental Surveillance**

Grade level \_\_\_\_\_

Any problems in school? Yes  No

Student progress: \_\_\_\_\_

**Labs:**

Lead risk assessment: High \_\_\_\_\_ Low \_\_\_\_\_

\*Blood lead test \_\_\_\_\_

\*Anemia Testing (Hgb or Hct) \_\_\_\_\_

\*Lipid Panel (Ages 5-8\*, required once between ages 9-11)

\*TB Test \_\_\_\_\_

\*Other test \_\_\_\_\_

**Physical Exam (UNCLOTHED)** Yes  No  √ = normal X = abnormal

- General
- Head
- Neck
- Eyes
- Ears
- Nose
- Throat/Mouth/Teeth
- Chest
- Breasts
- Lungs
- Heart
- Abdomen
- Femoral Pulses
- Genitalia
- Female
- Male
- Spine
- Extremities
- Skin
- Neuro

**Anticipatory Guidance**

**Safety**

- Smoke detectors
- No smoking in home
- Seat belt use
- Stranger Danger
- Booster seat
- Bike helmet, street safety
- Water safety, swimming lessons
- Firearm safety
- Sunburn prevention

**Health/Nutrition**

- Low fat milk and snacks
- Encourage fruits and vegetables
- Encourage active play, sports
- Diet/Supplements
- Brush teeth

**Psychosocial/Behavioral**

- Bullying
- Peer Pressure
- Counseling for physical Activity
- Limit TV, computer games
- Give choices, encourage independence
- Set limits, provide consequences
- Puberty changes

**Impression**

Well Child, normal growth and development

**Plan/Referrals**

**Immunizations**

Up to date: Yes  No

Immunization(s) given: \_\_\_\_\_

Vaccine information given: Yes  No

Next EPSDT visit: \_\_\_\_\_

**Dental Referral:** Yes  No

\*Fluoride Supplementation Yes  No

MD/NP Signature \_\_\_\_\_

\* Risk Assessment to be performed with appropriate actions to follow, if positive, otherwise at the standard age according to AAP/Bright Futures CPT only copyright 2010 American Medical Association. All rights reserved.