

**11-20  
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**

Changes in your family history? Yes  No

Has the patient had any new problems or illnesses since the last visit? Yes  No

**Problems/Concerns**

**Nutrition**

Adequate diet  Inadequate

Supplements  Physical Activity

**Elimination**

Stool \_\_\_\_\_

Urine \_\_\_\_\_

**Sleep**

Normal  Abnormal

**Sensory Screening**

**\*Hearing**

Audiometric Hearing Screen

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

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

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

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

(Record decibel level)

Pass \_\_\_\_\_ Fail \_\_\_\_\_

**\*Vision** (Required at ages 12 & 15)

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

Plus lens Pass \_\_\_\_\_ Fail \_\_\_\_\_

Alcohol and drug assessment Yes  No

Depression Screening Yes  No

**Developmental Surveillance**

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

Any problems in school? Yes  No

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

**Lab**

\*Hgb/Hct

\*Lipid profile (Required once between ages 9-11&18-21)

\*HIV (Required once between ages 16-18)

\*STI (if sexually active) \_\_\_\_\_

\*Cervical Dysplasia screening (required at age 21)

\*TB Testing

**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
- Bike helmet, street safety
- Swimming, water safety
- Firearm safety
- STI counseling/screening

**Health/Nutrition**

- Encourage sports, exercise
- Acne
- Brush teeth
- Exercise/Weight
- Healthy food choices
- Supplements
- Tobacco Cessation

**Psychosocial/Behavioral**

- Bullying
- Peer pressure
- Conflict resolution
- Limit TV, computer games

**Adolescent Counseling**

- Reproductive health
- Substance abuse
- Relationships
- Coping Skills
- Wellness

**Impression**

Well Child/ Adolescent, normal growth and development

**Plan/Referrals**

**Immunizations**

Up to date: Yes  No

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

Vaccine information given: Yes  No

**Dental referral:** Yes  No

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

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.