11-20 Years Visit EPSDT Screening Date		Medicaid ID#										
Name	Rirthde	ite		L	lictoria	n						
Weightlbsoz. Heighti	n. BN	⁄ИI		B/P _			Tem	p	P		R	
History Update	Physi	ical Exam (UNC	LOT	HED Y	Yes□	No□)	√=norn	nal X =	= abno	rmal	
Changes in your family history? Yes□ No□		General										
TT d d d d 1	Head Neck											
Has the patient had any new problems or illnesses since the last visit? Yes□ No□	Eyes											
innesses since the last visit: Test 1400]							
Problems/Concerns		t/Mouth/Teet	1.									
	- Chest	i/Mouth/Tee	.n									
Nutrition	Bre	asts										
Adequate diet \square Inadequate \square	Lungs											
Supplements □ Physical Activity □	Heart Abdor											
Supplements □ Physical Activity □		al Pulses										
Elimination	Genita]							
□ Stool	Fema											
□ Urine	Male Spine											
Sleep	Extrer											
□ Normal □ Abnormal	Skin											
Sensory Screening	Neuro]							
*Hearing (Required once between ages 11-14 & 18-21)	Anticine	atory Guid	ance/	Safet	v							
Audiometric Hearing Screen Pass Failed		Smoke dete						Impression	n			
Right Left		in home						Well Child/ Adolescent, normal growth a				
500 hz 500 hz		Seat belt						developm	ent			
1000 hz 1000 hz		Bike helmet, street safety										
2000 hz 2000 hz		Swimming, water safety										
4000 hz 4000 hz		Firearm safety						Plan/Referrals				
6000 hz 6000 hz		STI counseling/screening										
8000 hz 8000 hz		Nutrition						-	.•			
(Record decibel level)		8 1 /						Immunizations Up to date: Yes \square No \square				
₩₹7* *		Acne						-				
*Vision (Required at ages 12 & 15)		Brush teeth	_1.4					Immuniz	ation(s)	given:		
Reading: L R		Exercise/Weight Healthy food choices					Vaccine	informat	ion giv	ven: Ves		
□*Tobacco, Alcohol and drug assessment Yes □ No □		Supplements					v deemie	mioimat	ion gr	ven. 1es		
☐ Depression Screening (begins at age 12) Yes ☐ No ☐		Гоbассо Се	ssatio	n				Dental r	eferral:	Yes	□ No □	
	Psychoso	cial/Behav	ioral									
Grade level	-	Bullying						*Fluorid	e Supple	menta	tion Yes	 □ No □
Any problems in school? Yes □ No □		Peer pressure						(Assess fluoride supplementation needs through age 16)				
Student progress:		Conflict resolution						••			,	
Lab		Limit TV, c			mes							
□*Anemia testing (Hgb/Hct)		ent Counse	-	υ				Next EP	SDT vis	it:		
□*Lipid profile (Required once between ages 9-11&17-21)		Reproductiv	_	lth								
□*HIV (Required once between ages 15-18)		Substance a										
□*STI (if sexually active)		Relationships										
□ *Cervical Dysplasia screening (required at age 21)		Coping Skil										
□ *TB Testing		Joping Skii Wellness	15					MD/ND	Cianata			
1 1D Testing		vv eiiiiess						MD/NP	orgnature	<u> </u>		

^{*} 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 2010American Medical Association. All rights reserved.

