

**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** (Required once between ages 11-14, 15-17 & 18-20)

Audiometric Hearing Screen **Pass** **Failed**

<u>Right</u>	<u>Left</u>
500 hz _____	500 hz _____
1000 hz _____	1000 hz _____
2000 hz _____	2000 hz _____
4000 hz _____	4000 hz _____
6000 hz _____	6000 hz _____
8000 hz _____	8000 hz _____

(Record decibel level)

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

Reading: L _____ R _____

***Sudden Cardiac Arrest/Death Assessment** Yes No

***Tobacco, Alcohol and Drug Assessment** Yes No

Depression Screening (begins at age 12) Yes No

Developmental Surveillance

Grade level _____

Any problems in school? Yes No

Student progress: _____

Lab

***Anemia testing** (Hgb/Hct)

***Lipid profile** (Required once between ages 9-11&17-20)

***HIV** (Required once between ages 15-18)

***STI** (if sexually active) _____

***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: Yes No

Vaccine information given: Yes No

Dental referral: Yes No

***Fluoride Supplementation** Yes No

(Assess fluoride supplementation needs through age 16)

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 Recommendations for Preventive Pediatric Health Care - Bright Futures/American Academy of Pediatrics.*

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