

**SIX MONTHS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE**

<b>Date</b>	<b>Last Name</b>	<b>First Name</b>	<b>AHCCCS ID #</b>	<b>DOB</b>	<b>Age</b>
<b>Primary Care Provider</b>	<b>PCP ph. #</b>	<b>Health Plan</b>	<b>Accompanied By (Name)</b>	<b>Relationship</b>	

<b>Admitted to NICU: (Birth)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Current Medications/Vitamins/Herbal Supplements:</b>	<b>Risk Indicators of Hearing Loss:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Temp:</b>	<b>Pulse:</b>	<b>Resp:</b>
<b>Allergies:</b>	<b>Birth Weight:</b>	<b>Weight:</b>		<b>Length:</b>		<b>Head Circumference:</b>
	<b>lb oz</b>	<b>lb oz</b>	<b>%</b>	<b>cm</b>	<b>%</b>	<b>cm %</b>

**FAMILY/SOCIAL HISTORY:** (Current Concerns/ Follow-Up on Previously Identified Concerns)

**PARENTAL/HEALTH CARE DECISION MAKER CONCERNS:** How are you feeling about baby? Do you feel safe in your home?

**VERBAL LEAD RISK ASSESSMENT:** Child At Risk  Yes  No (If Yes, Appropriate Action to Follow) Lives in High Risk Zip Code  Yes  No

**ORAL HEALTH:**  Parent Cleaning Baby's Gums with Washcloth/Infant Toothbrush  Fluoride Supplement  **Fluoride Varnish by PCP**

**NUTRITIONAL SCREENING:**  **Breastfeeding** Frequency/Duration: \_\_\_\_\_  **Supplements:** \_\_\_\_\_  Vit D  
 **Formula Type:** \_\_\_\_\_ **Amount/Duration:** \_\_\_\_\_ **Adequate Weight Gain**  Yes  No  **Receiving WIC Services**  
 **Cereal Type:** \_\_\_\_\_  **Plan to Introduce Solids** \_\_\_\_\_  **Soda/Juice**

**DEVELOPMENTAL SURVEILLANCE:** <https://www.cdc.gov/ncbddd/actearly/milestones/milestones-6mo.html>

Using A String of Vowels  Rolls Over  Transfers Small Objects  Vocal Imitation

Sits with Support  Explores with Hands and Mouth  Peek-a-Boo/Patty Cake  Other \_\_\_\_\_

**ANTICIPATORY GUIDANCE PROVIDED:**  Emergency/911  Gun Safety  Drowning Prevention  Choking Prevention  
 Car/Car Seat Safety (Rear-Facing)  Safe Sleep  Shaken Baby Prevention  Passive Smoke  Safety at Home/Childproofing  
 Sun Safety  Refrain from Jump Seat/Walker  Sleep/Wake Cycle  Introduce Cup  Begin Using Highchair  
 Wary of Strangers  Introduce Board Books  Parent Reads to Child  Other \_\_\_\_\_

**SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT):**  Family Adjustment/Parent Responds Positively to Baby  
 Appropriate Bonding/Responsive to Needs  Recognizes Familiar People  Distinguishes Emotions by Tone of Voice  
 Self-Calming  Enjoys Social Play  **Postpartum Depression Screen**  other \_\_\_\_\_

**COMPREHENSIVE PHYSICAL EXAM:**

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

**ASSESSMENT/PLAN/FOLLOW-UP:**

**LABS ORDERED:**  **Blood Lead Testing** (Child at Risk)  Finger Stick (Result: \_\_\_\_\_)  Venous  Other \_\_\_\_\_

**IMMUNIZATIONS ORDERED:**  Hep B  DTaP  Hib  IPV  PCV  Influenza  Rotavirus  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  AzEIP  CRS  DDD  Dental  Early Head Start  OT  PT  Speech  WIC Specialist:  
 Developmental  Behavioral  Other \_\_\_\_\_

**PROVIDER'S**

**SIGNATURE:** \_\_\_\_\_ **NPI:** \_\_\_\_\_ **Date:** \_\_\_\_\_