N

Comprehensive He Under 1 Month Old	Actual Age:	Date:
Medical Record #		
Gender	🗆 Male 🛛 Fema	lle
Accompanied by	□ Mother □ Fathe	er 🗆 Other:
Parent's Primary		
Language Interpreter Requested	□ Yes □ No	□ Refused
Name of Interpreter		
Intake		Vital Signs
Allergies		Temp
Height		Pulse
Weight		Resp
Head Circumference		
Birth History	Birth Weight:	Gestation:
Delivery	□ Vaginal □ C-Section	Complications □ Yes □ No
OB/GYN Provider		
Post-Partum		
Appointment Date		
	□ Redness/swelling	
Appointment Date Cord	□ Redness/swelling I ificant Conditions: □	□ Yellow drainage See Problem List
Appointment Date Cord Chronic Problems/Sign	□ Redness/swelling I ificant Conditions: □	□ Yellow drainage See Problem List
Appointment Date Cord Chronic Problems/Sign Current Medications/Vi	Redness/swelling  ificant Conditions:  tamins:  See Medication  Breastfed every  Formula	Yellow drainage See Problem List On List List List List List List List List
Appointment Date Cord Chronic Problems/Sign Current Medications/Vi Interval History	Redness/swelling  ificant Conditions:  tamins:  See Medication  Breastfed every	Yellow drainage See Problem List Dn List hours every hours d:
Appointment Date Cord Chronic Problems/Sign Current Medications/Vi Interval History Nutrition	Redness/swelling  ificant Conditions:  tamins:  See Medicati  Breastfed every  Formulaoz Formula Type or Brai	Yellow drainage See Problem List Dn List hours every hours d:
Appointment Date Cord Chronic Problems/Sign Current Medications/Vit Interval History Nutrition Elimination	Redness/swelling  ificant Conditions:  tamins:  See Medicati  Breastfed every  Formula  oz  Formula  Normal  Abnorm	Yellow drainage See Problem List Dn List hours every hours d:
Appointment Date Cord Chronic Problems/Sign Current Medications/Vit Interval History Nutrition Elimination Has WIC	Redness/swelling  ificant Conditions:  tamins:  Breastfed every  Formula  Formula  Normal  Normal  Normal  Normal  Normal  Normal  Normal  Normal  Redness/swelling  Redness	Yellow drainage See Problem List Dn List List List List List List List List
Appointment Date Cord Chronic Problems/Sign Current Medications/Vit Interval History Nutrition Elimination Has WIC Sleep	Redness/swelling  ificant Conditions:  tamins:     See Medicati  Breastfed every  Formulaoz Formula Type or Brar  Normal Yes No Normal Normal (2-4 hours)	Yellow drainage See Problem List  Dn List  List  List  Abours
Appointment Date Cord Chronic Problems/Sign Current Medications/Vit Interval History Nutrition Elimination Has WIC Sleep Sleeping Position	Redness/swelling      ificant Conditions:      tamins:         See Medication          Breastfed every          Formulaoz          Formula Type or Bran          Normal          Abnorm          Yes         No          Normal (2-4 hours)          Supine         Prone      } }	Yellow drainage See Problem List  Interpretation List Interpretation L
Appointment Date Cord Chronic Problems/Sign Current Medications/Vit Interval History Nutrition Elimination Has WIC Sleep Sleeping Position Vaccines Up to Date	Redness/swelling      ificant Conditions:      tamins:         See Medication          Breastfed every          Formulaoz          Formula Type or Brar          Normal          Abnorm          Yes         No          Supine         Prone          Yes         No	Yellow drainage See Problem List  Don List  List  List  Abnormal  Side See <u>CAIR</u>
Appointment Date Cord Chronic Problems/Sign Current Medications/Vit Interval History Nutrition Elimination Has WIC Sleep Sleeping Position Vaccines Up to Date Family History	Redness/swelling      ificant Conditions:      tamins:         See Medication      Breastfed every          Formulaoz          Formula Type or Bran          Normal Abnorm          Yes No          Normal (2-4 hours)          Supine Prone          Yes No          Unremarkable	Yellow drainage See Problem List  Don List  List  List  Abnormal  Side See <u>CAIR</u> Diabetes
Appointment Date Cord Chronic Problems/Sign Current Medications/Vit Interval History Nutrition Elimination Has WIC Sleep Sleeping Position Vaccines Up to Date Family History Heart disease High cholesterol Childhood hearing	Redness/swelling      ificant Conditions:      tamins:         See Medication          Breastfed every          Formulaoz          Formula Type or Brar          Normal          Abnorm          Yes         No          Normal (2-4 hours)          Supine         Prone          Yes         No          Unremarkable          HTN	Yellow drainage See Problem List  Interpretation List  Interpretation  Provide the set of the set
Appointment Date Cord Chronic Problems/Sign Current Medications/Vit Interval History Nutrition Elimination Has WIC Sleep Sleeping Position Vaccines Up to Date Family History Heart disease High cholesterol	Redness/swelling  ificant Conditions:  tamins:  See Medication  Formula  Formula  Normal  Normal  Yes No  Normal  Yes No  Ves No  Ves No  Unremarkable  HTN  Cancer  Other:  WNL - Stable relations  Changes in family sinc  Problems with housing	<ul> <li>Yellow drainage</li> <li>See Problem List</li> <li>See Problem List</li> <li>See Problem List</li> <li>In List</li></ul>

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PAPF</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developr	nent		
Prone, lifts head briefly	Turns head side to side	□ Responds to	o sound
□ Moro reflex	□ Blinks at bright light	□ Keeps hand	s in a fist
Physical Examination	1		WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. open	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	k, no lesions	
Mouth / Palate	Oral mucosa pink, no cle	ft lip or palate	
Neck	Supple, no masses, thyroid not enlarged		
Chest	Symmetrical, no masses		
Heart	No organic murmurs, reg	jular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction, leg leng	ths equal	
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesic	ons	
Neurologic	Alert, no gross sensory o	or motor deficit	
Subjective / Objective	9		

Comprehensive He	alth Assessment		Name:		DOB:
			Anticipatory Guidance	e (AG) / Education (	if discussed)
			Diet, Nutrition & Exer	cise	
			□ Breastfeeding / formula	□ No cow's milk	□ No honey until 1 year old
_			□ Feeding position	□ No bottle in bed	Colic
			Accident Prevention	& Guidance	
			□ Lead poisoning	□ Rear-facing Infant	□ Stimulation from hanging
Assessment			prevention Call MD for fever	car seat	objects & bright colors
			□ Family support, social interaction & communication	Never shake baby	Physical growth
			<ul> <li>Signs of maternal depression</li> </ul>	Matches / burns	□ Stools
			□ Post-Partum Checkup	□ Violence prevention, gun safety	Sneezing
			<ul> <li>Hot liquid away from baby</li> </ul>	Poison control phone number	□ Hiccups
			Effects of passive     smoking	□ Smoke detector	□ Bathing
			□ Skin cancer prevention	□ Hot water temp < 120° F	Circumcision care
			□ Sleeping position	Drowning / tub safety	Cord care
			Next Appointment	1	
			□ 1 year	RTC PRN	□ Other:
Plan			Documentation Remi	nders	
			Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	Weight & Head Circumference measurements plotted in WHO growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
			MA / Nurse Signature	Title	Date
			Provider Signature	Title	Date
Referrals			Notes (include date, tin	me, signature, and titl	e on all entries)
	□ Audiologist	<ul> <li>Optometrist / Ophthalmologist</li> </ul>			
<ul> <li>Maternal Behavioral Health</li> </ul>	□ Regional Center	□ Early Start or Local Education Agency			
□ CA Children's Services (CCS)	□ Other:				
Orders					
Hep B vaccine	<ul> <li>Newborn metabolic screen</li> </ul>	<ul> <li>Obtain newborn hospital records &amp; hearing screen results</li> </ul>			
□ Other:					Under 1 Month Old - Page 2 of 2

Comprehensive He 1 to 2 Months Old	Actual Age:	Date:
Medical Record #	5	
Gender	🗆 Male 🛛 Fem	ale
Accompanied by	□ Mother □ Fath	er 🗆 Other:
Parent's Primary		
Language Interpreter Requested	□ Yes □ No	□ Refused
Name of Interpreter		-
Intake		Vital Signs
Allergies		Temp
Height		Pulse
Weight		Resp
Head Circumference		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Chronic Problems/Sigr	hificant Conditions: □	See Problem List
Current Medications/Vi	itamins: □ See Medicat	ion List
	itamins: □ See Medicat	ion List
Current Medications/Vi		
	Breastfed every	hours every hours
Interval History	□ Breastfed every □ Formulaoz	hours every hours ind:
Interval History Feedings	Breastfed every     Formulaoz     Formula Type or Bra	hours every hours ind:
Interval History Feedings Elimination	Breastfed every	hours every hours ind:
Interval History Feedings Elimination Has WIC	Breastfed every     Formulaoz     Formula Type or Bra     Normal    Abnorr     Yes    No	hours every hours ind:
Interval History Feedings Elimination Has WIC Sleep	Breastfed every	hours everyhours ind: nal
Interval History Feedings Elimination Has WIC Sleep Sleep Position	Breastfed every     Formulaoz     Formula Type or Bra     Normal Abnorr     Yes No     Normal Abnorr     Supine Prone	hours every hours ind: nal mal  Side
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date	Breastfed every     Formulaoz     Formula Type or Bra     Normal Abnorr     Yes No     Supine Prone     Yes No	hours every hours ind: nal mal Side Side
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History	Breastfed every	hours everyhours ind: nal mal Side See <u>CAIR</u> Diabetes
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History Heart disease	Breastfed every	hours every hours nd: mal mal Side See <u>CAIR</u> Diabetes Diabetes Diabetes Diabetes Diabetes Diabetes Diabetes Diabetes
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History  Heart disease Heart disease	Breastfed every	hours every hours ind: inal  mal  mal  □ Side □ See CAIR □ Diabetes □ Asthma □ Family Hx of unexpected or sudden death < 50 YO  ships w/ social/emotional support ce last visit (move, job, death) g, food, employment tal illness, drugs, violence/abuse)

Name:	Comoning Toolo	DOB	High Risk
AAP Risk Screener	Screening Tools Used	Low Risk	(see Plan/ Orders/AG)
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Develop	nent		
□ Prone, lifts head 45°	Vocalizes (cooing)	□ Grasps rattle	e
□ Kicks	<ul> <li>Follows past midline</li> </ul>	<ul> <li>Smiles response</li> <li>(social)</li> </ul>	onsively
Physical Examination	ı		WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. open	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	I	
Nose	Passages clear, MM pink	, no lesions	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, test	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction, leg leng	ths equal	
Femoral pulses	Present and equal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesio	ns	
Neurologic	Alert, no gross sensory o	r motor deficit	
Subjective / Objective	9		

Comprehensive He	ealth Assessmer	nt	Name:		DOB:
-			Anticipatory Guidance	e (AG) / Education (	√ if discussed)
			Diet, Nutrition & Exer	cise	
			□ Breastfeeding / formula	□ No cow's milk	□ No honey until 1 year old
			□ Feeding position	□ No bottle in bed	□ Signs of hunger
			Accident Prevention	& Guidance	
Assessment			□ Lead poisoning	□ Rear-facing Infant	Childcare plan
			prevention □ Call MD for fever	car seat □ Choking hazards	Crying
			□ Hot liquid burns	Never shake baby	□ Family spacing
			□ Signs of maternal depression	□ Matches / burns	□ Sibling and family relationships
			<ul> <li>Family support, social interaction &amp; communication</li> </ul>	□ Violence prevention, gun safety	Physical growth
			Diaper rash	Poison control phone number	Bathing
			□ Skin cancer prevention	Smoke detector	Sleeping position
_				□ Hot water temp < 120° F	□ Bedtime
			<ul> <li>Effects of passive smoking</li> </ul>	<ul> <li>Drowning / tub safety</li> </ul>	□ Thumb sucking
DL			Next Appointment		
Plan			□ 1 year	RTC PRN	□ Other:
			Documentation Remi		
			<ul> <li>Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, &amp; signed by provider</li> </ul>	Weight & Head Circumference measurements plotted in WHO growth chart	<ul> <li>Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)</li> </ul>
			MA / Nurse Signature	Title	Date
			Provider Signature	Title	Date
Referrals					
	Dietician / Nutritionist	□ Audiologist			
Maternal Behavioral Health	<ul> <li>Optometrist /</li> <li>Ophthalmologist</li> </ul>	□ Pulmonologist	Notes (include date, tin	me, signature, and titl	e on all entries)
CA Children's Services (CCS)	□ Regional Center	<ul> <li>Early Start or Local</li> <li>Education Agency</li> </ul>			
□ Other:					
Orders					
🗆 DTaP	□ IPV	CBC / Basic metabolic     panel			
Hep B vaccine		□ Hct / Hgb			
🗆 Hib	□ Rotavirus	□ ECG □ COVID 19 test			
□ Other:					1 to 2 Months Old - Page 2 of 2

3 to 4 Months Old		_
	Actual Age:	Date:
Medical Record #		
Gender	🗆 Male 🛛 Fema	le
Accompanied by	□ Mother □ Fathe	er 🗆 Other:
Primary Language		
Interpreter Requested	□ Yes □ No	□ Refused
Name of Interpreter		
Intake		Vital Signs
Allergies		Temp
Height		Pulse
Weight		Resp
Head Circumference		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Chronic Problems/Sigr		
Current Medications//i	tominal - O. M. P. M.	
	tamins:   See Medication	on List
		on List
		on List
		on List
Interval History		on List
Interval History	□ Breastfed every	hours
		hours every hours
Interval History	Breastfed every     Formulaoz	hours every hours id:
Interval History Feedings	□ Breastfed every □ Formulaoz Formula Type or Brar	hours every hours id:
Interval History Feedings Elimination	Breastfed every	hours every hours nd: al
Interval History Feedings Elimination Has WIC	Breastfed every	hours every hours nd: al
Interval History Feedings Elimination Has WIC Sleep	Breastfed every	hours everyhours nd: al
Interval History Feedings Elimination Has WIC Sleep Sleep Position	Breastfed every	hours every hours nd: al al Side
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date	Breastfed every	<pre> hours every hours id: al al</pre>
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History	Breastfed every	<pre>hours everyhours nd: al al     Side     See CAIR     Diabetes</pre>
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History □ Heart disease	Breastfed every	hours every hours al al I Side See CAIR I Diabetes Asthma I Family Hx of unexpected
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History □ Heart disease □ High cholesterol	Breastfed every	hours every hours al al I Side See CAIR I Diabetes Asthma I Family Hx of unexpected
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History Heart disease High cholesterol Other: Psychosocial & Behavioral	Breastfed every	hours every hours id: hours </td
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History High cholesterol Other: Psychosocial & Behavioral Assessment, Family/	Breastfed every	hours every hours id: hours id: hours id: hours id: hours al al<
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History Heart disease High cholesterol Other: Psychosocial & Behavioral	Breastfed every	hours every hours d: al al al al I Side Side Side See <u>CAIR</u> I Diabetes I Asthma I Family Hx of unexpected or sudden death < 50 YO hips w/ social/emotional support e last visit (move, job, death) , food, employment al illness, drugs, violence/abuse)

AAP Risk Screener	Screening Tools Used	Low Risk	(see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9,</u> □ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner	□ <u>PEARLS</u> , □ H&P,		
Violence Psychosocial / Behavioral	□ Other: □ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Screener,</u> □ H&P, □ Other:		
Growth and Developn	nent		
Head steady when sitting	□ Squeals or coos	Orients to ve	pices
□ Eyes follow 180°	Rolls form stomach to back	□ Brings hand	s together
□ Grasps rattle	□ Gums objects	Laughs alou	ıd
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect evider		
Head	Symmetrical, A.F. open	cm	
Eyes	PERRLA, conjunctivae 8 Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pinl	k, no lesions	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest	Symmetrical, no masses		
Heart	No organic murmurs, reg	jular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal exter	nal appearance	
Hips	Good abduction, leg leng	gths equal	
Femoral pulses	Present and equal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesio	ons	
Neurologic	Alert, no gross sensory of	or motor deficit	
Subjective / Objective	•		

	alth Assessmer		Name: Anticipatory Guidanc	o (AG) / Education (	(if discussed)
				. , .	v if discussed)
			Diet, Nutrition & Exer		
			Breastfeeding / formula	□ No cow's milk	□ No honey until 1 year ol
			□ Feeding position	□ No bottle in bed	Signs of hunger
			Accident Prevention	& Guidance	
Assessment			□ <u>Lead poisoning</u> prevention	<ul> <li>Rear facing infant car seat</li> </ul>	Childcare plan
			<ul> <li>Signs of maternal depression</li> </ul>	□ Choking hazards	□ Rolling
			<ul> <li>Family support, social interaction &amp; communication</li> </ul>	Storage of drugs / toxic chemicals	□ Family spacing
			<ul> <li>Effects of passive smoking</li> </ul>	Matches / burns	<ul> <li>Sibling and family relationships</li> </ul>
			□ Skin cancer prevention	<ul> <li>Violence prevention, gun safety</li> </ul>	□ Physical growth
			□ Sleeping position	Poison control phone number	□ Reaching for objects
			$\Box$ No bottle in bed	□ Smoke detector	□ Bathing
			□ Falls	□ Hot water temp < 120° F	□ Bedtime
Plan			□ Minor illness care	Drowning / pool fence	□ Teething
			Next Appointment		
			□ 1 year	RTC PRN	□ Other:
			Documentation Remi	nders	
			Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	□ Weight & Head Circumference measurements plotted in WHO growth chart	Vaccines entered in CAI (manufacturer, lot #, VIS publication dates, etc.)
			MA / Nurse Signature	Title	Date
Referrals					
⊐ WIC	Dietician / Nutritionist	□ Audiologist	Provider Signature	Title	Date
Maternal Behavioral Health	<ul> <li>Optometrist / Ophthalmologist</li> </ul>	Pulmonologist			
□ CA Children's Services (CCS)	□ Regional Center	Early Start or Local Education Agency			
□ Other:			Notes (include date, ti	me, signature, and title	e on all entries)
Orders					
□ COVID 19 vaccine	Influenza vaccine	□ CBC / Basic metabolic panel			
⊐ DTaP	□ IPV	□ Hct / Hgb			
□ Hep B vaccine (if not up to date)		□ PPD skin test □ QFT			
⊐ Hib	□ Rotavirus	ECG     COVID 19 test			
⊐ DTaP	□ IPV	□ Iron-fortified formula □ Iron supplements			
□ Other:		· ·			

5 to 6 Months Old	Actual Age:		Date:	
Medical Record #	/ totadi / tge.		Dute.	
Gender	□ Male □	⊐ Fema	le	
Accompanied by				
Parent's Primary				
Language Interpreter Requested	□ Yes □	⊐ No	□ Refused	
Name of Interpreter				
Intake			Vital	Signs
Allergies			Temp	
Height			Pulse	
Weight			Resp	
Head Circumference				
Pain	Location: Scale: 0 1	23	45678	9 10
Dental Provider			Last visit date:	
Chronic Problems/Sign	ificant Conditio	ons: 🗆 S	See Problem List	t
Current Medications/Vi	tamins: □ See I	Medicatio	n List	
	tamins:	Medicatio	n List	
Current Medications/Vi Interval History Feedings	Breastfed even Formula	ery oz e	hours	urs
Interval History Feedings	□ Breastfed eve	ery oz   e e or Bran	hours every ho d:	urs
Interval History	□ Breastfed even □ Formula Formula Type □ Normal □	ery oz   e e or Bran	hours every ho d:	urs
Interval History Feedings Elimination	Breastfed even     Formula     Formula Type     Normal     Yes	ery oz e e or Bran Abnorma	hours every ho d: al	urs
Interval History Feedings Elimination Has WIC	Breastfed even     Formula     Formula Type     Normal     Yes     Normal	eryoz e e or Bran Abnorma No	hours every ho d: al	urs
Interval History         Feedings         Elimination         Has WIC         Sleep	Breastfed even     Formula     Formula Type     Normal     Yes     Normal     Supine	ery oz e e or Bran Abnorma No Abnorma	hours every ho d: al	urs
Interval History Feedings Elimination Has WIC Sleep Sleep Position Fluoridated Water	Breastfed even     Formula Formula Type     Normal     Yes     Normal     Supine	ery oz e e or Bran Abnorma No Abnorma Abnorma I Prone	hours every ho d: al	urs
Interval History         Feedings         Elimination         Has WIC         Sleep         Sleep Position         Fluoridated Water         Supply	Breastfed even     Formula Formula Type     Normal     Yes     Normal     Supine     Yes     Date last applied	ery oz e e or Bran Abnorma No Abnorma Abnorma I Prone	hours every ho d: al	urs
Interval History         Feedings         Elimination         Has WIC         Sleep         Sleep Position         Fluoridated Water         Supply         Fluoride Varnish	Breastfed even     Formula Formula Type     Normal     Yes     Normal     Supine     Yes     Date last applied	ery oz e e or Bran Abnorma No Abnorma I Prone No d: No	hours every ho d: al al Side	
Interval HistoryInterval HistoryFeedingsEliminationHas WICSleepSleep PositionFluoridated Water SupplyFluoride VarnishVaccines Up to Date	Breastfed even     Formula	ery oz e e or Bran Abnorma No Abnorma I Prone No d: No	hours every ho d: al al	urs
Interval HistoryInterval HistoryFeedingsEliminationHas WICSleepSleep PositionFluoridated Water SupplyFluoride VarnishVaccines Up to DateFamily History	Breastfed even     Formula	ery oz e e or Bran Abnorma No Abnorma I Prone No d: No	hours every ho d: al al I Side I Side I See <u>CAIR</u> I Diabetes I Asthma I Family Hx o	f unexpected
Interval History Interval History Icentified Interval History Icentified Icen	Breastfed even     Formula	ery oz e e or Bran Abnorma No Abnorma I Prone No d: No	hours every ho d: al al I Side I Side I See <u>CAIR</u> I Diabetes I Asthma I Family Hx o	

Name:		DOB:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Blood Lead	□ <u>Lead Assessment,</u> □ H&P, □ Other:		
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developn			
No head lag when pulled to sitting	□ Sits briefly alone	□ Orients to be	ell
□ Bears weight on legs	□ Rolls both ways	Bangs small surface	objects on
□ Reaches for objects	□ Gums objects	□ Babbles	
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. open	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see	sclerae clear strabismus	
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III	IV V	
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal Tanner stage: I II III	IV V	
Male	Circ / uncircumcised, test	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction, leg leng	ths equal	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesio	ons	

Neurologic	Alert, no gross sensory of	or motor deficit
Subjective / Objective	e	
Assessment		
Plan		
Referrals		
Referrals		□ Audiologist
	<ul> <li>Optometrist / Ophthalmologist</li> </ul>	□ Audiologist
WIC     Maternal Behavioral	Ophthalmologist	□ Audiologist □ Pulmonologist
	Ophthalmologist	Pulmonologist     Early Start or Local
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center	Pulmonologist
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> </ul>	Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center	Pulmonologist     Early Start or Local
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center	Pulmonologist     Early Start or Local
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Orders</li> <li>COVID 19 vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Other: IPV	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Orders</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Other:	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Orders</li> <li>COVID 19 vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Other: IPV	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if high</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Other: IPV PCV Rotavirus Hep B Panel (if	Pulmonologist     Early Start or Local     Education Agency      CBC / Basic metabolic     panel     Hct / Hgb     PPD skin test     QFT     CXR
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if high risk)</li> <li>Hep B vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Other: UIPV PCV Rotavirus Hep B Panel (if high risk)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  CHct / Hgb  PPD skin test QFT  CXR Urinalysis
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if high risk)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Other: IPV PCV Rotavirus Hep B Panel (if	Pulmonologist     Early Start or Local     Education Agency      CBC / Basic metabolic     panel     Hct / Hgb     PPD skin test     QFT     CXR

# Name:

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Diet, Nutrition & Exercise			
□ Introduction to solids	<ul> <li>Fortified Infant Cereals</li> </ul>	□ Start solid one at a time	
□ Breastfeeding / formula	□ No cow's milk	□ Start feeder cup	
Accident Prevention	& Guidance		
□ <u>Lead poisoning</u> prevention	<ul> <li>Rear facing infant car seat</li> </ul>	Electrical outlet covers	
□ Routine dental care	□ Choking hazards	□ Blocks	
Brush teeth with fluoride toothpaste	Storage of drugs / toxic chemicals	□ Repetitive games	
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	□ Play with cloth book	
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	<ul> <li>Violence prevention, gun safety</li> </ul>	□ Physical growth	
□ Caution with strangers	Poison control phone number	□ Bathing	
$\Box$ Skin cancer prevention	□ Smoke detector	□ Limit screen time	
<ul> <li>Signs of maternal depression</li> </ul>	□ Hot water temp < 120° F	□ Bedtime	
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Teething	
Next Appointment			
□ 1 year	RTC PRN	□ Other:	

#### **Documentation Reminders**

Staying Healthy     Assessment / IHEBA     forms reviewed,     completed, dated, &     signed by provider	Weight & Head Circumference measurements plotted in WHO growth chart	<ul> <li>Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)</li> </ul>
	-	

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

5 to 6 Months Old - Page 2 of 2

Comprehensive He 7 to 9 Months Old	Actual Age:		Date:	
Medical Record #			2 0101	
Gender	🗆 Male 🗆 F	ema	le	
Accompanied by				
Parent's Primary		aure		
Language				
Interpreter Requested		١o	□ Refused	
Name of Interpreter				
Intake			Vital S	Signs
Allergies			Temp	
Height			Pulse	
Weight			Resp	
Head Circumference			I	I
Pain	Location: Scale: 0 1 2	3	4 5 6 7 8	9 10
Dental Provider			Last visit date:	5 10
Chronic Problems/Sigr	nificant Condition	s: □ :	See Problem List	
Current Medications/V	itamins' 🗆 Soo Mo	dicatio	on List	
Current Medications/Vi	itamins: □ See Me	dicatio	on List	
	itamins: □ See Me	dicatio	on List	
Interval History				
	□ Regular □ Irc	on-rich	foods	
Interval History		on-rich	foods □ Other: hours everyhou	
Interval History Diet / Nutrition	□ Regular □ Iro □ Breastfed every □ Formula Formula Type o	on-rich	foods	
Interval History Diet / Nutrition Feedings	□ Regular □ Iro □ Breastfed every □ Formula Formula Type o	on-rich oz r Brar	foods	
Interval History         Diet / Nutrition         Feedings         Elimination	Regular     Irc     Breastfed every     Formula     Formula Type o     Normal     At     Yes     Normal	on-rich oz r Brar	foods	
Interval History         Diet / Nutrition         Feedings         Elimination         Has WIC	Regular     Irc     Breastfed every     Formula     Formula Type o     Normal     At     Yes     Normal	on-rich oz r Brar onorm	foods	
Interval History         Diet / Nutrition         Feedings         Elimination         Has WIC         Sleep         Sleep Position         Fluoridated Water	Regular     Irc     Breastfed every     Formula Formula Type o     Normal     At     Yes     Normal     At	on-rich oz ( r Brar onorm o onorm	foods	
Interval History         Diet / Nutrition         Feedings         Elimination         Has WIC         Sleep         Sleep Position	Regular Irc     Breastfed every     Formula     Formula Type o     Normal At     Yes Noc     Normal At     Normal At	on-rich oz ( r Brar onorm o onorm	foods	
Interval History         Diet / Nutrition         Feedings         Elimination         Has WIC         Sleep         Sleep Position         Fluoridated Water         Supply	Regular     Regular     Breastfed every     Formula     Formula Type o     Normal     At     Yes     Normal     At     Supine     Pr	on-rich oz r Brar onorm o o o o	foods	
Interval History         Diet / Nutrition         Feedings         Elimination         Has WIC         Sleep         Sleep Position         Fluoridated Water         Supply         Fluoride Varnish	Regular     Regular     Regular     Restfed every     Formula Type o     Normal     At     Yes     Normal     At     Supine     Pr     Yes     Normal     At     Date last applied:	on-rich oz r Brar onorm o o o o	foods  Other: hours every hours every hours d: al Side	
Interval HistoryDiet / NutritionDiet / NutritionFeedingsEliminationHas WICSleepSleep PositionFluoridated Water SupplyFluoride VarnishVaccines Up to Date	Regular       Irc         Breastfed every         Formula         Formula Type o         Normal       At         Yes       No         Supine       Pr         Yes       No         Yes       No         Date last applied:       No	on-rich oz r Brar onorm o o o o	foods  Other:hours everyhou d: al al Side Side See <u>CAIR</u>	
Interval History Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History	Regular Irc     Breastfed every     Formula     Formula Type o     Normal At     Yes No     Normal At     Supine Pr     Yes No     Date last applied:     Yes No     Unremarkable	on-rich oz r Brar onorm o o o o	foods  Other: hours every hours every hours every hours al al Side Side See <u>CAIR</u> Diabetes Asthma Family Hx of	JITS
Interval History Diet / Nutrition Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History Heart disease	Regular Inc     Breastfed every     Formula     Formula Type o     Normal At     Yes No     Normal At     Supine Pr     Yes No     Date last applied:     Yes No     Unremarkable     HTN	on-rich oz r Brar onorm o o o o	foods  Other: hours every hours every hours every hours al al Side Side See <u>CAIR</u> Diabetes Asthma Family Hx of	
Interval History Diet / Nutrition Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History Heart disease High cholesterol	Regular Inc     Breastfed every     Formula     Formula Type o     Normal At     Yes No     Normal At     Supine Pr     Yes No     Date last applied:     Yes No     Unremarkable     HTN	on-rich oz ( r Brar onorm o onorm rone o	foods  Other: hours every hou d: al al Side See CAIR Diabetes Asthma Family Hx o' or sudden d	f unexpected eath < 50 YO
Interval History Diet / Nutrition Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoridated Water Supply Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History  High cholesterol  High cholesterol Other: Psychosocial & Behavioral	Regular     Inc     Breastfed every     Formula Type o     Normal     Yes     Normal     At     Yes     Normal     At     Supine     Yes     Not     Yes     Normal     At     Supine     Pr     Yes     Normal     At     Cancer      WNL - Stable rel     Changes in famil	on-rich oz r Brar onorm onorm onorm onorm o onorm o o o o o o o o o o o o o o o o o o	foods □ Other: hours everyhou d: al al □ Side □ Side □ Diabetes □ Asthma □ Family Hx of or sudden d hips w/ social/emole	f unexpected eath < 50 YO tional support ob, death)
Interval History Diet / Nutrition Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History I Heart disease High cholesterol Other: Psychosocial & Behavioral Assessment, Family/	Regular     Inc     Breastfed every     Formula Type o     Normal     Yes     Normal     At     Yes     Normal     At     Supine     Yes     Normal     At     Yes     Normal     At     Unremarkable     HTN     Cancer      WNL - Stable rel     Changes in famil     Problems with ho	on-rich oz r Brar onorm onorm onorm onorm o onorm o o o o o o o o o o o o o o o o o o	foods □ Other: hours everyhou d: al al □ Side □ Side □ See <u>CAIR</u> □ Diabetes □ Asthma □ Family Hx of or sudden d hips w/ social/emole e last visit (move, j food, employmen	f unexpected eath < 50 YO tional support ob, death) t
Interval History Diet / Nutrition Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoridated Water Supply Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History  High cholesterol  High cholesterol Other: Psychosocial & Behavioral	Regular   Irc     Breastfed every     Formula Formula Type o     Normal   At     Yes   Nc     Ves   Nc     Supine   Pr     Yes   Nc     Date last applied:     Yes   Nc     Unremarkable     HTN     Cancer      WNL - Stable rel     Changes in famil     Problems with ho     Family stressors	on-rich oz r Brar onorm onorm onorm onorm o onorm o o o o o o o o o o o o o o o o o o	foods □ Other: hours everyhours everyhours everyhours everyhours al al □ Side □ Side □ Side □ Diabetes □ Diabetes □ Diabetes □ Asthma □ Family Hx of or sudden do hips w/ social/emore a last visit (move, j food, employmen al illness, drugs, vi	f unexpected eath < 50 YO tional support ob, death) t

Name:		DOB	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder (9 Months)	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ H&P, □ Other:		
Hepatitis B	$\Box$ H&P, $\Box$ Other:		
Intimate Partner	□ <u>PEARLS</u> , □ H&P,		
Violence Psychosocial / Behavioral	□ Other: □ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developm	nent		
□ Sits without support	Transfers object hand to hand	□ Looks for to	y dropped
□ Begins to crawl	□ Rolls over	□ Says "mama	a" or "dada"
□ Pulls to stand	□ Feeds self, cracker	□ Scribbles	
Physical Examination	l		WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	Symmetrical, A.F. open	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pinl	k, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III	IV V	
Heart	No organic murmurs, reg	jular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage:		
Male	Circ / uncircumcised, testes in scrotum $\hfill \square$		
Female	No lesions, normal extern	nal appearance	
Hips Formarel autoes	Good abduction		
Femoral pulses	Normal		
Extremities Skin	No deformities, full ROM		
Neurologic	Clear, no significant lesio		
neurologic	men, no gross sensory c		

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Assessment		
Plan		
Deferrale		
		- 4 - 14 - 24
	Optometrist /     Ophthalmologist	□ Audiologist
UIC	<ul> <li>□ Optometrist /</li> <li>○ Ophthalmologist</li> <li>□ Dietician /</li> </ul>	□ Audiologist □ Pulmonologist
□ WIC □ Dentist	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist
WIC     Dentist     CA Children's Services	Ophthalmologist	Pulmonologist     Early Start or Local
UNIC Dentist CA Children's Services (CCS)	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist
WIC Dentist CA Children's Services (CCS) Other:	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
WIC Dentist CA Children's Services (CCS) Other:	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
WIC Dentist CA Children's Services (CCS) Other: Drders	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic
WIC Dentist CA Children's Services (CCS) Other: Drders COVID 19 vaccine	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel     Hct / Hgb
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if high</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if high risk)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel     Hct / Hgb     Lipid panel (if high risk)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if high risk)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel     Hct / Hgb
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Drders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if high risk)</li> <li>Hep B vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date)	Pulmonologist  Early Start or Local Education Agency  COUNTRY CBC / Basic metabolic panel CBC / Basic metabolic panel CUNTRY CHT Hgb CUNTRY CHT Hgb CUNTRY CHT Hgb CUNTRY CHT Hgb CUNTRY CUNTR
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Other:</li> <li>DTders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if high risk)</li> <li>Hep B vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date) Rotavirus	Pulmonologist  Early Start or Local Education Agency  C CBC / Basic metabolic panel  Hct / Hgb  Lipid panel (if high risk)  PPD skin test QFT
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Drders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if high risk)</li> <li>Hep B vaccine</li> <li>Hib (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date) Rotavirus Hep B Panel (if high risk) Rx Fluoride drops /	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>
COVID 19 vaccine COVID 19 vaccine DTaP (if not up to date) Hep A vaccine (if high	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date) Rotavirus Hep B Panel (if high risk) Rx Fluoride drops / chewable tabs 0.25-	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Drders <ul> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if high risk)</li> <li>Hep B vaccine</li> <li>Hib (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date) Rotavirus Hep B Panel (if high risk) Rx Fluoride drops /	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>

# Name:

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Anticipatory Guidance (AG) / Education ( $\sqrt{if discussed}$ )			
Diet, Nutrition & Exercise			
Introduction to meats & proteins	<ul> <li>Fortified Infant Cereals</li> </ul>	□ Mashed table food	
Whole grains / iron-rich foods	□ Finger foods	□ Start feeder cup	
Physical activity / exercise	Healthy food choices	$\Box$ No bottles in bed	
Accident Prevention	& Guidance		
Lead poisoning prevention	<ul> <li>Rear facing infant car seat</li> </ul>	Electrical outlet covers	
□ Routine dental care	□ Choking hazards	$\hfill \Box$ Allow to feed self	
<ul> <li>Brush teeth with fluoride toothpaste</li> </ul>	Storage of drugs / toxic chemicals	Understands "no" but not discipline	
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	□ Play with cloth book	
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	<ul> <li>Violence prevention, gun safety</li> </ul>	□ Physical growth	
□ Childcare plan	Poison control phone number	□ Decreased appetite	
$\square$ Skin cancer prevention	□ Smoke detector	□ Limit screen time	
□ Falls	□ Hot water temp < 120° F	□ Bedtime	
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Teething	
Next Appointment			
□ 1 year	RTC PRN	□ Other:	

Documentation Reminders		
<ul> <li>Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, &amp; signed by provider</li> </ul>	<ul> <li>Weight &amp; Head Circumference measurements plotted in WHO growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)	

7 to 9 Months Old - Page 2 of 2

Comprehensive He	aith Assessment	[
10 to 11 Months Old	Actual Age:	Date:
Medical Record #		
Gender	🗆 Male 🛛 🗆 Fema	le
Accompanied by	□ Mother □ Fathe	er 🗆 Other:
Parent's Primary		
Language Interpreter		
Requested		□ Refused
Name of Interpreter		
Intake		Vital Signs
Allergies		Temp
Height		Pulse
Weight		Resp
Head Circumference		· · · · ·
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Dental Provider		Last visit date:
Chronic Problems/Sign	ificant Conditions: □	See Problem List
Oursent Mariliantiana M	1	
Current Medications/Vi	tamins:   See Medication	on List
Interval History	r	
Diet / Nutrition	🗆 Regular 🛛 Iron-rich	
Feedings	<ul> <li>□ Breastfed everyoz</li> <li>□ Formulaoz</li> <li>Formula Type or Brar</li> </ul>	every hours
Elimination	Normal     Abnorm	al
Has WIC	🗆 Yes 🗆 No	
Sleep	Normal     Abnorm	al
Sleep Position	□ Supine □ Prone	□ Side
Fluoridated Water Supply	□ Yes □ No	
Fluoride Varnish	Date last applied:	
Vaccines Up to Date	🗆 Yes 🗆 No	□ See <u>CAIR</u>
Family History	Unremarkable	Diabetes
□ Heart disease	HTN	□ Asthma
□ High cholesterol	Cancer	□ Family Hx of unexpected or sudden death < 50 YO
□ Other:		
Psychosocial &	WNL - Stable relations	hips w/ social/emotional support
Behavioral		e last visit (move, job, death)
Assessment, Family/ Social Factors	<ul> <li>Problems with housing, food, employment</li> <li>Family stressors (mental illness, drugs, violence/abuse)</li> </ul>	
Lives with	□ 1 Parent □ 2 Pare □ Other:	

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Develop	ment		
□ Pulls self to standing	□ Walks with help	Drop object	in cup
□ Stands holding on	□ Plays pat-a-cake	□ Says "mama	a" or "dada"
□ Thumb-finger grasp	□ Holds cup to drink	□ Scribbles	
Physical Examination	า		WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. opencm		
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see		
Ears	Canals clear, TMs normal  Appears to hear		
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities, grossly normal		
Mouth / Pharynx	Oral mucosa pink, no lesions		
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III IV V □		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bilaterally		
Abdomen		Soft, no masses, liver & spleen normal $\hfill \square$	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes	Circ / uncircumcised, testes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction		
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesio	ons	
Neurologic	Alert, no gross sensory o	or motor deficit	
Subjective / Objective	e		

			Auticia da Oli	
			Anticipatory Guidane	
			Diet, Nutrition & Exer	cise
			Introduction to meats & proteins	□ Weanir breast
			Whole grains / iron-rich foods	□ Finger
			Physical activity / exercise	□ Health choice
A +			Accident Prevention	& Guidan
Assessment			Lead poisoning prevention	Rear fa car sea
			□ Routine dental care	Chokin
			<ul> <li>Brush teeth with fluoride toothpaste</li> </ul>	□ Storag toxic c
			Fluoride varnish treatment	□ Matche
			<ul> <li>Family support, social interaction &amp; communication</li> </ul>	□ Violeno gun sa
Plan			□ Caution with strangers	Poison     phone
r idli			□ Skin cancer prevention	□ Smoke
			□ Falls	□ Hot wa < 120°
			□ Effects of passive smoking	Drowni fence
			Next Appointment	
			□ 1 year	🗆 RTC P
			Documentation Remi	inders
			Staying Healthy     Assessment / IHEBA	U Weight
Referrals			forms reviewed, completed, dated, &	plotted
	Optometrist /	□ Audiologist	signed by provider	growth
Dentist	Ophthalmologist	Pulmonologist	[	
CA Children's Services	Nutritionist	Early Start or Local	MA / Nurse Signature	-
(CCS)		Education Agency		
			Provider Signature	1
Orders				
□ COVID 19 vaccine	<ul> <li>Meningococcal (if high risk)</li> </ul>	<ul> <li>CBC / Basic metabolic panel</li> </ul>		
□ DTaP (if not up to date)	$\Box$ MMR (if high risk)	□ Hct / Hgb (at 12 months)		
<ul> <li>Hep A vaccine (if high risk)</li> </ul>	<ul> <li>PCV (if not up to date)</li> </ul>	□ Lipid panel (if high risk)	Notes (include date, ti	ime, signa
<ul> <li>Hep B vaccine (if not up to date)</li> </ul>	<ul> <li>Hep B Panel (if high risk)</li> </ul>	□ PPD skin test □ QFT		
□ Hib (if not up to date)	□ Blood Lead (at 12 months)	□ CXR □ Urinalysis		
Influenza vaccine	□ Rx Fluoride drops / chewable tabs 0.25- 0.50 mg QD	COVID 19 test		
□ IPV (if not up to date)	□ Fluoride varnish application	□ Iron-fortified formula		
□ Other:				

		-
Anticipatory Guidance (AG) / Education (√ if discussed)		
Diet, Nutrition & Exer	cise	
Introduction to meats & proteins	Weaning breastfeeding	□ Mashed table food
Whole grains / iron-rich foods	□ Finger foods	□ Start feeder cup
Physical activity / exercise	<ul> <li>Healthy food choices</li> </ul>	$\Box$ No bottles in bed
Accident Prevention	& Guidance	
□ <u>Lead poisoning</u> prevention	<ul> <li>Rear facing infant car seat</li> </ul>	Electrical outlet covers
□ Routine dental care	□ Choking hazards	$\hfill \Box$ Allow to feed self
Brush teeth with fluoride toothpaste	□ Storage of drugs / toxic chemicals	□ Looks in mirror
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	□ Play with cloth book
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	<ul> <li>Violence prevention, gun safety</li> </ul>	□ Physical growth
□ Caution with strangers	Poison control phone number	□ Decreased appetite
□ Skin cancer prevention	□ Smoke detector	□ Limit screen time
□ Falls	□ Hot water temp < 120° F	□ Bedtime
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Toileting habits / training
Next Appointment		
□ 1 year	RTC PRN	□ Other:
	·	L
Documentation Remi	nders	
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	□ Weight & Head Circumference measurements plotted in WHO growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)
10 to 11 Months Old - Page 2 of

10 to 11 Months Old - Page 2 of 2

12 to 15 Months Old	Actual Age:	Date:	
Medical Record #			
Gender	🗆 Male 🛛 Fema	le	
Accompanied by	Mother      Fathe	er 🗆 Other:	
Parent's Primary			
Language Interpreter			
Requested	□ Yes □ No	□ Refused	
Name of Interpreter			
Intake		Vital S	Signs
Allergies		Temp	
Height		Pulse	
Weight		Resp	
Head Circumference			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Dental Provider		Last visit date:	
Chronic Problems/Sigr	nificant Conditions:	See Problem List	
Current Medications/Vi	itamins: □ See Medicatio	on List	
	itamins: □ See Medicatio	on List	
Current Medications/Vi Interval History Diet / Nutrition		on List	
Interval History	[	foods 🗆 Other:	
Interval History Diet / Nutrition	□ Regular □ Iron-rich	foods 🗆 Other:	
Interval History Diet / Nutrition Elimination	□ Regular □ Iron-rich □ Normal □ Abnorm	r foods  □ Other: al	
Interval History Diet / Nutrition Elimination Has WIC	□ Regular       □ Iron-rich         □ Normal       □ Abnorm         □ Yes       □ No         □ Inactive (little or none         □ Some (< 30 min/day)	r foods  □ Other: al	ht time fears
Interval History Diet / Nutrition Elimination Has WIC Physical Activity Sleep Fluoridated Water	□ Regular       □ Iron-rich         □ Normal       □ Abnorm         □ Yes       □ No         □ Inactive (little or none         □ Some (< 30 min/day)	i foods  □ Other: al )	ht time fears
Interval History Diet / Nutrition Elimination Has WIC Physical Activity Sleep	□ Regular       □ Iron-rich         □ Normal       □ Abnorm         □ Yes       □ No         □ Inactive (little or none         □ Some (< 30 min/day)	i foods  □ Other: al )	ht time fears
Interval History         Diet / Nutrition         Elimination         Has WIC         Physical Activity         Sleep         Fluoridated Water         Supply	□ Regular       □ Iron-rich         □ Normal       □ Abnorm         □ Yes       □ No         □ Inactive (little or none         □ Some (< 30 min/day)	i foods  □ Other: al )	ht time fears
Interval HistoryDiet / NutritionEliminationHas WICPhysical ActivitySleepFluoridated WaterSupplyFluoride Varnish	□ Regular       □ Iron-rich         □ Normal       □ Abnorm         □ Yes       □ No         □ Inactive (little or none         □ Some (< 30 min/day)	l foods □ Other: lal ) egression □ Nigi	ht time fears
Interval History Diet / Nutrition Elimination Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date	Regular       Iron-rick         Normal       Abnorm         Yes       No         Inactive (little or none         Some (< 30 min/day)	al Other: al Other: pegression I Nig	ht time fears
Interval History Diet / Nutrition Elimination Has WIC Assep Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History	□       Regular       □       Iron-rich         □       Normal       □       Abnorm         □       Yes       □       No         □       Inactive (little or none       Some (< 30 min/day)	foods  Other:  a  foods  Other:  fo	unexpected
Interval History Diet / Nutrition Elimination Has WIC Has WIC Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History Heart disease	□       Regular       □       Iron-rich         □       Normal       □       Abnorm         □       Yes       □       No         □       Inactive (little or none       Some (< 30 min/day)	foods  Other:  a  foods  Other:  fo	
Interval History Diet / Nutrition Elimination Has WIC Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History Heart disease High cholesterol Other: Psychosocial &	Regular  Abnorm  Abnorm  Yes Abnorm	I foods  Other: Ial  Degression  Nigl  Gegression  Nigl  Diabetes  Asthma  Family Hx of or sudden d  Nigs w/ social/emot	unexpected eath < 50 YO
Interval History Diet / Nutrition Elimination Has WIC Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History Heart disease High cholesterol Other: Psychosocial & Behavioral Assessment, Family/	Regular  Abnorm  Yes  Abnorm  Abnorm	I foods  Other: Ial  O O O O O O O O O O O O O O O O O O	unexpected eath < 50 YO ional support ob, death)
Interval History Diet / Nutrition Elimination Has WIC Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History Heart disease High cholesterol Other: Psychosocial & Behavioral	Regular       Iron-rich         Normal       Abnorm         Yes       No         Inactive (little or none         Some (< 30 min/day)	I foods  Other: Ial Ot	unexpected eath < 50 YO ional support ob, death) t

Name:	DOB:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developm	nent		
□ Walks alone well	Three-word vocabulary	□ Stacks two-I	block tower
$\hfill\square$ Stoops and recovers	□ Plays pat-a-cake	Says "mama	a" or "dada"
<ul> <li>Takes lids off containers</li> </ul>	□ Feeds self	□ Scribbles	
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	Symmetrical, A.F. open	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs normal		
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities, grossly normal		
Mouth / Pharynx	Oral mucosa pink, no lesions		
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage:	IV V	
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction		
Femoral pulses	Normal		
Extremities	No deformities, full ROM □		
Extremities		Clear, no significant lesions	
Skin		ons	

Subjective / Objective	9	
Assessment		
Plan		
Referrals		
	Optometrist /	□ Audiologist
	<ul> <li>Optometrist /</li> <li>Ophthalmologist</li> </ul>	□ Audiologist
	Ophthalmologist	Audiologist     Pulmonologist
UWC Dentist	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist
UNIC Dentist CA Children's Services	Ophthalmologist	Pulmonologist     Early Start or Local
UNIC Dentist CA Children's Services (CCS)	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist
WIC Dentist CA Children's Services (CCS) Other:	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
Referrals UVIC Dentist CA Children's Services (CCS) Other: Orders	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
WIC Dentist CA Children's Services (CCS) Other: Orders	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if	Pulmonologist     Early Start or Local
WIC Dentist CA Children's Services (CCS) Other: Orders COVID 19 vaccine	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
UVIC Dentist CA Children's Services (CCS) Other:	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR PCV	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (at 12 months)</li> <li>Lipid panel (if high risk)</li> </ul>
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  CBC / Basic metabolic panel  Lipid panel (if high risk)  PPD skin test
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine</li> <li>Hep B vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR PCV Varicella	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  CBC / Basic metabolic panel  Lipid panel (if high risk)  PPD skin test QFT
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine</li> <li>Hep B vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR PCV Varicella Hep B Panel (if	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  CHC / Hgb (at 12 months)  Lipid panel (if high risk)  PPD skin test QFT CXR
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine</li> <li>Hep B vaccine</li> <li>Hib</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR PCV Varicella Hep B Panel (if high risk)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (at 12 months)</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>
WIC Dentist CA Children's Services (CCS) Other: Orders COVID 19 vaccine	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR PCV Varicella Hep B Panel (if high risk) Blood Lead (at 12	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (at 12 months)</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine</li> <li>Hep B vaccine</li> <li>Hib</li> <li>Influenza vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR PCV Varicella Hep B Panel (if high risk) Blood Lead (at 12 months)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (at 12 months)</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> </ul>
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine</li> <li>Hep B vaccine</li> <li>Hib</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR PCV Varicella Hep B Panel (if high risk) Blood Lead (at 12	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (at 12 months)</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>

#### Name:

#### DOB:

Anticipatory Guidance (AG) / Education ( $\sqrt{i}$ if discussed)			
Diet, Nutrition & Exerc	cise		
Weight control / obesity	□ Vegetables, fruits	□ Table food	
Whole grains / iron-rich foods	□ Encourage solids	□ Using cup	
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Healthy food choices</li> </ul>	$\Box$ No bottles in bed	
Accident Prevention &	& Guidance		
Lead poisoning prevention	<ul> <li>Rear facing toddler car seat</li> </ul>	□ Feeding self	
□ Routine dental care	□ Choking hazards	□ Simple games	
<ul> <li>Brush teeth with fluoride toothpaste</li> </ul>	Storage of drugs / toxic chemicals	Temper tantrum	
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	□ Family play	
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	□ Violence prevention, gun safety	<ul> <li>Mindful of daily movements</li> </ul>	
□ Caution with strangers	Poison control phone number	□ Treatment of minor cuts	
□ Skin cancer prevention	□ Smoke detector	□ Limit screen time	
□ Falls	☐ Hot water temp < 120° F	□ Bedtime	
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Toileting habits / training	
Next Appointment			
□ 1 year	RTC PRN	□ Other:	

Documentation Reminders		
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Weight &amp; Head Circumference measurements plotted in WHO growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

Comprehensive Health Assessment			
16 to 23 Months Old	Actual Age:	Date:	
Medical Record #			
Gender	🗆 Male 🛛 🗆 Fema	ale	
Accompanied by	Mother      Fathe	er 🗆 Other:	
Parent's Primary Language			
Interpreter Requested	🗆 Yes 🗆 No	□ Refused	
Name of Interpreter			
Intake		Vital Signs	
Allergies		Temp	
Height		Pulse	
Weight		Resp	
Head Circumference		· ·	
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10	
Dental Provider		Last visit date:	
Chronic Problems/Sigr	ificant Conditions:	See Problem List	
Current Medications/Vi	tamins: 🗆 See Medicatio		
		on List	
		on List	
Interval History		on List	
	Γ	n foods 🗆 Other:	
Interval History	Γ	n foods 🗆 Other:	
Interval History Diet / Nutrition	□ Regular □ Iron-rich	n foods 🗆 Other:	
Interval History Diet / Nutrition Elimination	<ul> <li>□ Regular □ Iron-rich</li> <li>□ Normal □ Abnorm</li> <li>□ Yes □ No</li> <li>□ Inactive (little or none</li> <li>□ Some (&lt; 30 min/day)</li> </ul>	n foods	
Interval History Diet / Nutrition Elimination Has WIC	<ul> <li>□ Regular</li> <li>□ Iron-rich</li> <li>□ Normal</li> <li>□ Abnorm</li> <li>□ Yes</li> <li>□ No</li> <li>□ Inactive (little or none</li> <li>□ Some (&lt; 30 min/day)</li> <li>□ Active (&gt; 30 min/day)</li> </ul>	n foods	
Interval History Diet / Nutrition Elimination Has WIC Physical Activity	<ul> <li>□ Regular</li> <li>□ Iron-rich</li> <li>□ Normal</li> <li>□ Abnorm</li> <li>□ Yes</li> <li>□ No</li> <li>□ Inactive (little or none</li> <li>□ Some (&lt; 30 min/day)</li> <li>□ Active (&gt; 30 min/day)</li> </ul>	n foods □ Other: nal )	
Interval History         Diet / Nutrition         Elimination         Has WIC         Physical Activity         Sleep         Fluoridated Water	<ul> <li>□ Regular</li> <li>□ Iron-rich</li> <li>□ Normal</li> <li>□ Abnorm</li> <li>□ Yes</li> <li>□ No</li> <li>□ Inactive (little or none</li> <li>□ Some (&lt; 30 min/day)</li> <li>□ Active (&gt; 30 min/day)</li> <li>□ Regular</li> <li>□ Sleep reg</li> </ul>	n foods □ Other: nal )	
Interval History         Diet / Nutrition         Elimination         Has WIC         Physical Activity         Sleep         Fluoridated Water         Supply	<ul> <li>□ Regular</li> <li>□ Iron-rich</li> <li>□ Normal</li> <li>□ Abnorm</li> <li>□ Yes</li> <li>□ No</li> <li>□ Inactive (little or none</li> <li>□ Some (&lt; 30 min/day)</li> <li>□ Active (&gt; 30 min/day)</li> <li>□ Regular</li> <li>□ Sleep reg</li> <li>□ Yes</li> <li>□ No</li> </ul>	n foods □ Other: nal )	
Interval HistoryDiet / NutritionEliminationHas WICPhysical ActivitySleepFluoridated WaterSupplyFluoride Varnish	Regular     Iron-rick     Normal     Abnorm     Yes     No     Inactive (little or none     Some (< 30 min/day)     Active (> 30 min/day)     Regular     Sleep reg     Yes     No     Date last applied:	n foods	
Interval HistoryDiet / NutritionEliminationHas WICPhysical ActivitySleepFluoridated Water SupplyFluoride VarnishVaccines Up to Date	Regular       Iron-rick         Normal       Abnorm         Yes       No         Inactive (little or none         Some (< 30 min/day)	n foods	
Interval HistoryDiet / NutritionEliminationHas WICPhysical ActivitySleepFluoridated Water SupplyFluoride VarnishVaccines Up to DateFamily History	Regular       Iron-rick         Normal       Abnorm         Yes       No         Inactive (little or none         Some (< 30 min/day)	n foods   Other:  nal  gression  Night time fears  See <u>CAIR</u> Diabetes	
Interval History Diet / Nutrition Elimination Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History □ Heart disease	Regular  Abnorm  Yes  Active (Iittle or none Some (< 30 min/day) Regular  Yes No  Yes No  Date last applied: Yes No  Unremarkable HTN	n foods   Other:  nal  gression  Night time fears  See <u>CAIR</u> Diabetes  Asthma  Family Hx of unexpected	
Interval History         Diet / Nutrition         Elimination         Has WIC         Physical Activity         Sleep         Fluoridated Water         Supply         Fluoride Varnish         Vaccines Up to Date         Family History         Heart disease         High cholesterol         Other:         Psychosocial &	Regular  Abnorm  Xess  Normal  Abnorm  Abnorm  Xess  No  Active (little or none Some (< 30 min/day) Active (> 30 min/day) Regular  Xess  No  Date last applied: Yes No  Unremarkable HTN Cancer	n foods   Other:  nal  gression  Night time fears  See <u>CAIR</u> Diabetes  Asthma  Family Hx of unexpected	
Interval History         Diet / Nutrition         Elimination         Has WIC         Physical Activity         Sleep         Fluoridated Water         Supply         Fluoride Varnish         Vaccines Up to Date         Family History         Heart disease         High cholesterol         Other:         Psychosocial & Behavioral	Regular Iron-rich  Normal Abnom  Yes No  Active (little or none Some (< 30 min/day)  Active (> 30 min/day)  Regular Sleep reg  Yes No  Date last applied:  Yes No  Unremarkable HTN Cancer  WNL - Stable relations Changes in family since	n foods  Other:  nal  pression  Night time fears  See <u>CAIR</u> Diabetes  Asthma  Family Hx of unexpected or sudden death < 50 YO  hips w/ social/emotional support e last visit (move, job, death)	
Interval History         Diet / Nutrition         Elimination         Has WIC         Physical Activity         Sleep         Fluoridated Water         Supply         Fluoride Varnish         Vaccines Up to Date         Family History         Heart disease         High cholesterol         Other:         Psychosocial &	□       Regular       □       Iron-rick         □       Normal       □       Abnorm         □       Yes       □       No         □       Inactive (little or none         □       Some (< 30 min/day)	n foods  Other:  nal  pression  Night time fears  See <u>CAIR</u> Diabetes  Asthma  Family Hx of unexpected or sudden death < 50 YO  hips w/ social/emotional support e last visit (move, job, death)	

Name:		DOB	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Autism Disorder (18 Months)	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ <u>M-CHAT</u> , □ Other:		
Blood Lead	□ <u>Lead Assessment,</u> □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder (18 Months)	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ H&P, □ Other:		
Hepatitis B	$\Box$ H&P, $\Box$ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developn	,		
□ Walks alone fast	□ 7 to 20-word	□ Stacks three	e-block tower
□ Climbs	vocabulary <ul> <li>Names 5 body</li> </ul>	□ Says "mama	a" or "dada"
□ Kicks a ball	parts <ul> <li>Indicates wants by pointing and pulling</li> </ul>	□ Sips from cu spillage	ıp, a little
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	Symmetrical, A.F. open	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities & grossly normal		
Mouth / Pharynx	Oral mucosa pink, no lesions		
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage:		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bilaterally		
Abdomen	Soft, no masses, liver & spleen normal $\hfill \square$		
Genitalia	Grossly normal Tanner stage: Ⅰ Ⅱ Ⅲ Ⅳ Ⅴ		
Male	Circ / uncircumcised, tes		
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction, leg leng	th equal	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		

Skin	Clear, no significant lesio	ons 🗆
Neurologic	Alert, no gross sensory of	or motor deficit
Subjective / Objective	•	
Assessment		
Assessment		
Plan		
Referrals		
Referrals	Optometrist /	□ Audiologist
	Optometrist / Ophthalmologist	□ Audiologist
	Ophthalmologist	Audiologist  Pulmonologist
UNIC Dentist CA Children's Services	Ophthalmologist	Pulmonologist     Early Start or Local
UNIC Dentist CA Children's Services (CCS)	Ophthalmologist  Dietician / Nutritionist	Pulmonologist
UNIC Dentist CA Children's Services	Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local
UNIC Dentist CA Children's Services (CCS)	Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local
UNIC Dentist CA Children's Services (CCS) Other:	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to	Pulmonologist     Early Start or Local     Education Agency
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if not up to date)</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)	Pulmonologist  Early Start or Local Education Agency  C  CBC / Basic metabolic panel  CHct / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)  PPSV (if high risk)  Varicella (2 <sup>nd</sup> Dose)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)  PPSV (if high risk)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT CXR
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if not up to date) PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead Hep B Panel (if	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> <li>Hib (if not up to date)</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)  PPSV (if high risk)  Varicella (2 <sup>nd</sup> Dose)  Blood Lead	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  CHC / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT CXR Urinalysis

# Name:

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#### DOB:

Anticipatory Guidance (AG) / Education (√ if discussed)				
Diet, Nutrition & Exercise				
□ Vegetables, fruits	Caloric balance			
<ul> <li>Switch to low-fat milk</li> </ul>	□ Limit candy, chips & ice cream			
<ul> <li>Regular balanced meal with snacks</li> </ul>	□ No bottles			
Guidance				
<ul> <li>Rear facing toddler car seat</li> </ul>	□ Independence			
□ Safety helmet	□ Make-believe / role play			
Storage of drugs / toxic chemicals	□ Dressing self			
□ Matches / burns	□ Reading together			
□ Violence prevention, gun safety	<ul> <li>Mindful of daily movements</li> </ul>			
Poison control phone number	□ Parallel peer play			
□ Smoke detector	□ Limit screen time			
□ Hot water temp < 120° F	□ Bedtime			
Drowning / pool fence	□ Toileting habits / training			
Next Appointment				
□ RTC PRN	□ Other:			
	isse Vegetables, fruits Vegetables, fruits Switch to low-fat milk Regular balanced meal with snacks Guidance Rear facing toddler car seat Safety helmet Storage of drugs / toxic chemicals Matches / burns Violence prevention, gun safety Poison control phone number Smoke detector Hot water temp < 120° F Drowning / pool fence			

Documentation Reminders			
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Weight &amp; Head Circumference measurements plotted in WHO growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)		

16 to 23 Months Old - Page 2 of 2

Comprehensive He 2 Years Old	Actual Age		Date:	
Medical Record #	<u> </u>			
Gender	□ Male	🗆 Fema	le	
Accompanied by	Mother	□ Fathe	er 🗆 Other:	
Parent's Primary				
Language Interpreter	□ Yes	□ No	□ Refused	
Requested				
Name of Interpreter			NC 1	<b>.</b>
Intake			Vital S	Signs
Allergies			Temp	
Height			Pulse	
Weight			Resp	
BMI Value			BMI %	
Pain	Location: Scale: 0	123	4 5 6 7 8	9 10
Dental Provider			Last visit date:	
Chronic Problems/Sign	ificant Cond	itions: 🗆 :	See Problem List	
Interval History				
Diet / Nutrition	□ Regular	□ Iron-rich	i foods 🗆 Other	:
Appetite	□ Good	🗆 Fair	□ Poor	
Elimination	Normal	□ Abnorm	al	
Has WIC	□ Yes	□ No		
Physical Activity	□ Inactive (lit □ Some (< 2 □ Active (> 6	1/2 hrs/wee		
Sleep Pattern	🗆 Regular 🗆	□ Sleep reg	ression 🗆 Nigh	it time fears
Fluoridated Water Supply	□ Yes	□ No		
Fluoride Varnish	Date last applied:			
Vaccines Up to Date	□ Yes	□ No	□ See <u>CAIR</u>	
Family History	Unremarka	able	□ Diabetes	
□ Heart disease	□ HTN		□ Asthma	
□ High cholesterol	Cancer		□ Family Hx o or sudden d	f unexpected leath < 50 YO
□ Other:	L			
Psychosocial &	D WNL - Stat	ole relations	nips w/ social/emo	tional support

Name:		DOB	:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Autism Disorder	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ <u>M-CHAT</u> , □ Other:		
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developr	nent		
Runs well, walks up and down	□ Identifies 5 body parts	Helps arour	id the house
<ul> <li>Jumps off the ground with both feet</li> </ul>	□ Plays hide and □ Stacks three-block seek		
Puts 2 or more words     together	□ Kicks and throws a ball	Handles spo	
7 to 20-word vocabulary	Name at least 1 color	□ Puts on sim	ple clothes
Physical Examination	I		WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. closed		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities, gross	No visible cavities, grossly normal	
Mouth / Pharynx	Oral mucosa pink, no lesions		
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III IV V		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bilaterally		
-	Soft, no masses, liver & spleen normal		_
Abdomen	Soft, no masses, liver & s	spleen normal	
	Grossly normal		
Abdomen		IV V	
Abdomen Genitalia	Grossly normal Tanner stage: I II III	IV V tes in scrotum	

Femoral pulses	Normal	
Extremities	No deformities, full ROM	1 🗆
Lymph nodes	Not enlarged	
Back	No scoliosis	
Skin	Clear, no significant lesion	ons 🗆
Neurologic	Alert, no gross sensory of	or motor deficit
Subjective / Objective	9	
Assessment		
Assessment		
Plan		
Referrals		
	□ Optometrist / Ophthalmologist	□ Audiologist
Referrals	Ophthalmologist	Audiologist     Pulmonologist
Referrals         WIC         Dentist         CA Children's Services	Ophthalmologist	Pulmonologist     Early Start or Local
Referrals	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
Referrals  UVIC Dentist CA Children's Services (CCS)	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if not up to	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> </ul>
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders         COVID 19 vaccine	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders         COVID 19 vaccine         DTaP (if not up to date)         Hep A vaccine (if not up to date)         Hep A vaccine (if not up to date)	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if not up to date) PPSV (if high risk)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel     Hct / Hgb (if high risk)     Lipid panel (if high risk
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders         COVID 19 vaccine         DTaP (if not up to date)         Hep A vaccine (if not up	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> </ul>
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders         COVID 19 vaccine         DTaP (if not up to date)         Hep A vaccine (if not up to date)         Hep B vaccine (if not up	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if not up to date) PPSV (if high risk)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  CBC / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT CXR
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders         COVID 19 vaccine         DTaP (if not up to date)         Hep A vaccine (if not up to date)         Hep B vaccine (if not up to date)         Hep B vaccine (if not up to date)	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if not up to date) PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (at 2 Yrs old) Hep B Panel (if	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>Lipid panel (if high risk</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders         COVID 19 vaccine         DTaP (if not up to date)         Hep A vaccine (if not up to date)         Hep B vaccine (if not up to date)         Hep I vaccine (if not up to date)         Hep I vaccine (if not up to date)         Hib (if not up to date)	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if not up to date) PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (at 2 Yrs old)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>

#### Name:

#### DOB:

Anticipatory Guidance (AG) / Education ( $\sqrt{if}$ discussed)				
Diet, Nutrition & Exercise				
□ Weight control / obesity	□ Vegetables, fruits	Caloric balance		
Whole grains / iron-rich foods	<ul> <li>Switch to low-fat milk</li> </ul>	□ Limit candy, chips & ice cream		
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Regular balanced meal with snacks</li> </ul>	□ No bottles		
Accident Prevention &	& Guidance			
Lead poisoning prevention	<ul> <li>Seat belt / Toddler car seat</li> </ul>	□ Independence		
$\square$ Routine dental care	□ Safety helmet	□ Make-believe / role play		
<ul> <li>Brush teeth with fluoride toothpaste</li> </ul>	Storage of drugs / toxic chemicals	□ Dressing self		
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	□ Reading together		
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	<ul> <li>Violence prevention, gun safety</li> </ul>	<ul> <li>Mindful of daily movements</li> </ul>		
□ Caution with strangers	Poison control phone number	□ Parallel peer play		
□ Skin cancer prevention	□ Smoke detector	□ Limit screen time		
□ Falls	□ Hot water temp < 120° F	□ Bedtime		
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Toileting habits / training		
Next Appointment				
□ 1 year	□ RTC PRN	□ Other:		

Documentation Reminders			
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Height / Weight / BMI measurements plotted in CDC growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	

Title	Date
Title	Date

Notes (include date, time, signature, and title on all entries)
2 Years Old - Page 2 of 2

Comprehensive He 30 Months Old	Actual Age	):	Date:	
Medical Record #				
Gender	□ Male	🗆 Fema	le	
Accompanied by	Mother	□ Fathe	r 🗆 Other:	
Parent's Primary				
Language Interpreter Requested	□ Yes	□ No	□ Refused	
Name of Interpreter				
Intake			Vital S	Signs
Allergies			Temp	
Height			Pulse	
Weight			Resp	
BMI Value			BMI %	
Pain	Location: Scale: 0	123	4 5 6 7 8	9 10
Dental Provider			Last visit date:	
Chronic Problems/Sigr	nificant Cond	litions: 🗆 :	See Problem List	
Interval History				
Diet / Nutrition	□ Regular	□ Iron-rich	foods 🗆 Other:	
Appetite	□ Good	🗆 Fair	□ Poor	
Elimination	□ Normal	□ Abnorm	al	
Has WIC	□ Yes	□ No		
Physical Activity	□ Inactive (li □ Some (< 2 □ Active (> 6	2 ½ hrs/wee		
Sleep Pattern	□ Regular (	□ Sleep reg	ression 🗆 Nigh	t time fears
Fluoridated Water Supply	□ Yes	□ No		
Fluoride Varnish	Date last app	lied:		
	Date last app □ Yes	lied: □ No	□ See <u>CAIR</u>	
Fluoride Varnish		□ No	□ See <u>CAIR</u> □ Diabetes	
Fluoride Varnish Vaccines Up to Date	□ Yes	□ No		
Fluoride Varnish Vaccines Up to Date Family History	□ Yes □ Unremark	□ No	<ul> <li>Diabetes</li> <li>Asthma</li> <li>Family Hx o</li> </ul>	f unexpected eath < 50 YO
Fluoride Varnish Vaccines Up to Date Family History	Yes     Unremark     HTN	□ No	<ul> <li>Diabetes</li> <li>Asthma</li> <li>Family Hx o</li> </ul>	f unexpected leath < 50 YO
Fluoride Varnish Vaccines Up to Date Family History Heart disease	Yes Unremark HTN Cancer WNL - Stal Changes ir Problems v	No     able     ble relationst     n family since with housing,	Diabetes     Asthma     Family Hx o     or sudden d      ast visit (move, j     food, employmen al illness, drugs, vi	tional support ob, death)

Name:		DOB	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developm			
<ul> <li>Balances on each foot, 1 second</li> </ul>	□ Eats independently	□ Helps in dre	ssing
□ Uses 3-word sentences	<ul> <li>Goes up stairs alternating feet</li> </ul>	□ Draws a sin	gle circle
<ul> <li>Plays with other children</li> </ul>	Knows age, sex, first, & last name	□ Cuts with so	issors
Physical Examination	I Contraction of the second		WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. closed	l	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	k, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage:		
Heart	No organic murmurs, reg		
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes		
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction		
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesic	ons	

Alert, no gross sensory of	or motor deficit
•	
□ Optometrist /	□ Audiologist
□ Optometrist / Ophthalmologist	Audiologist
Ophthalmologist	Audiologist  Pulmonologist
Ophthalmologist  Dietician / Nutritionist	-
Ophthalmologist	Pulmonologist
Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local
Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local
Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local     Education Agency
Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic
Ophthalmologist  Dietician / Nutritionist  Regional Center  MMR	Pulmonologist  Early Start or Local Education Agency  CODE / Basic metabolic panel
Ophthalmologist  Dietician / Nutritionist  Regional Center  MMR  PPSV	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel     Hct / Hgb (if high risk)
Ophthalmologist  Dietician / Nutritionist  Regional Center  MMR	Pulmonologist  Early Start or Local Education Agency  CODE / Basic metabolic panel
Ophthalmologist Dietician / Nutritionist Regional Center MMR NMR PPSV PSV (if high risk)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel     Hct / Hgb (if high risk)
Ophthalmologist  Dietician / Nutritionist  Regional Center  MMR  PPSV	Pulmonologist  Early Start or Local Education Agency  C  C  CBC / Basic metabolic panel  CBC / Hgb (if high risk)  Lipid panel (if high risk)
Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> </ul>
Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>
Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart) Hep B Panel (if	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>DPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>
Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart) Hep B Panel (if high risk)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> </ul>
Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart) Hep B Panel (if	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>DPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>

#### Name:

#### DOB:

Anticipatory Guidanc	e (AG) / Education (	√ if discussed)
Diet, Nutrition & Exerc	cise	
□ Weight control / obesity	□ Vegetables, fruits	□ Meal socialization
Whole grains / iron-rich foods	Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Regular balanced meal with snacks</li> </ul>	□ No bottles
Accident Prevention &	& Guidance	
Lead poisoning prevention	<ul> <li>Seat belt /Toddler car seat</li> </ul>	□ Independence
$\Box$ Routine dental care	□ Safety helmet	□ Make-believe / role play
<ul> <li>Brush teeth with fluoride toothpaste</li> </ul>	Storage of drugs / toxic chemicals	□ Dressing self
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	Reading together / school readiness
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	<ul> <li>Violence prevention, gun safety</li> </ul>	Knows name, address, & phone number
□ Caution with strangers	<ul> <li>Poison control phone number</li> </ul>	□ Plays with other children
$\Box$ Skin cancer prevention	□ Smoke detector	□ Limit screen time
□ Falls	□ Hot water temp < 120° F	□ Bedtime
<ul> <li>Effects of passive smoking</li> </ul>	<ul> <li>Drowning / pool fence</li> </ul>	□ Toileting habits
Next Appointment		
□ 1 year	□ RTC PRN	□ Other:

Documentation Remin	nders	
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Height / Weight / BMI measurements plotted in CDC growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

Title	MA / Nurse Signature	Date
Title	Provider Signature	Date
Title	Provider Signature	Date

Notes (include date, time, signature, and title on all entries)

Comprehensive He 3 Years Old	Actual Age	e:	Date:	
Medical Record #				
Gender	□ Male	□ Fema	lle	
Accompanied by	Mother	□ Fathe	er D Other:	
Parent's Primary				
Language Interpreter Requested	□ Yes	□ No	□ Refused	
Name of Interpreter				
Intake			Vital	Signs
Allergies			Temp	
Height			BP	
Weight			Pulse	
BMI Value			Resp	
BMI %				
Pain	Location: Scale: 0	123	4 5 6 7 8	9 10
Hearing Screening	□ Responde 1000-4000	ed at <u>&lt;</u> 25 dE		□ Non coop
	OD:	OS:	OU:	□ Non coop
Vision Screening				
Vision Screening Dental Provider Chronic Problems/Sigr	nificant Conc	litions: 🗆 🗄	Last visit date: See Problem Lisi	
Dental Provider			See Problem List	
Dental Provider Chronic Problems/Sigr			See Problem List	
Dental Provider Chronic Problems/Sigr Current Medications/Vi		ee Medicatic	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History	itamins: □ S	ee Medicatic	See Problem Lisi	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition	itamins: □ Si	ee Medicatic	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite	itamins:   Si Regular Good	ee Medicatic	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination	itamins:   Solution  Regular  Good  Normal	ee Medicatic Iron-rich Fair Abnorm No ittle or none; 2 ½ hrs/weel	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vit Interval History Diet / Nutrition Appetite Elimination Has WIC	itamins: So Regular Good Normal Yes Inactive (I Some (< 2)	ee Medicatic Iron-rich Fair Abnorm No ittle or none; 2 ½ hrs/weel	See Problem List on List foods  Other Poor al ) k)	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity	itamins: So Regular Good Normal Yes Inactive (1 Some (< 2 Active (>	ee Medicatic Iron-rich Fair Abnorm No ittle or none; 2 ½ hrs/weel 60 min/day)	See Problem List on List foods  Other Poor al ) k)	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vit Current Medications/Vit Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water	itamins: So Regular Good Normal Yes Inactive (I Some (< 2 Active (> 1 Regular	ee Medicatic Iron-rich Fair Abnorm No ittle or none; 2 ½ hrs/weei 60 min/day) Fatigue No	See Problem List on List foods  Other Poor al ) k)	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply	itamins: Si Regular Good Normal Yes Inactive (I Some (< 2 Active (> 1 Regular Yes	ee Medicatic Iron-rich Fair Abnorm No ittle or none; 2 ½ hrs/weei 60 min/day) Fatigue No	See Problem List on List foods  Other Poor al ) k)	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply Fluoride Varnish	itamins:  Solution So	ee Medicatic Iron-rich Fair Abnorm Abnorm No Ittle or none; 2 ½ hrs/weel 60 min/day) Fatigue No Diled: No	See Problem Lisi	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date	itamins: So Regular Good Normal Yes Inactive (I Some (< 2 Active (> Regular Yes Date last app Yes	ee Medicatic Iron-rich Fair Abnorm Abnorm No Ittle or none; 2 ½ hrs/weel 60 min/day) Fatigue No Diled: No	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Elimination Has WIC Sleep Pattern Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History	itamins: So Regular Good Normal Yes Inactive (I Some (< 2 Active (>) Regular Yes Date last app Yes Unremark	ee Medicatic Iron-rich Fair Abnorm Abnorm No Ittle or none; 2 ½ hrs/weel 60 min/day) Fatigue No Diled: No	See Problem Lisi	t Enuresis

Name:		DOB	
Psychosocial & Behavioral Assessment, Family/ Social Factors	<ul> <li>WNL - Stable relationsh</li> <li>Changes in family since</li> <li>Problems with housing,</li> <li>Family stressors (mental</li> </ul>	e last visit (move, j food, employmen	ob, death) t
Lives with	□ 1 Parent □ 2 Parer □ Other:	nts	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developm	nent		
□ Balances on each foot, 1 second	□ Eats independently	□ Helps in dre	ssing
Uses 3-word sentences	<ul> <li>Goes up stairs alternating feet</li> </ul>	□ Draws a sin	gle circle
<ul> <li>Plays with several children</li> </ul>	Knows age, sex, first, & last name	□ Cuts with so	issors
Physical Examination	I		WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. closed		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	I	
Nose	Passages clear, MM pink	, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III	V V	
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal Tanner stage:	V V	
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction		

	Normal		_
Extremities	No deformities, full ROM	1 🗆	
Skin	Clear, no significant lesi	ons 🗆	
Neurologic	Alert, no gross sensory of	or motor deficit	
Subjective / Objective	e		
A			
Assessment			
Plan			
Referrals			
Referrals ⊐ WIC	□ Optometrist / Ophthalmologist	□ Audiologist	
	Ophthalmologist	□ Audiologist □ Pulmonologist	
UNC Dentist CA Children's Services	Ophthalmologist	Pulmonologist     Early Start or Local	
□ WIC	Ophthalmologist Dietician / Nutritionist	Pulmonologist	
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul>	Ophthalmologist Dietician / Nutritionist	Pulmonologist     Early Start or Local	
WIC Dentist CA Children's Services (CCS)	Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metaboli	ic
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders	Ophthalmologist Dietician / Nutritionist Regional Center	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metaboli     panel	
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR PPSV	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metaboli     panel     Hct / Hgb (if high risk	)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metaboli panel</li> <li>Hct / Hgb (if high risk</li> <li>Lipid panel (if high risk</li> </ul>	)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR PPSV	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metaboli     panel     Hct / Hgb (if high risk	)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metaboli panel</li> <li>Hct / Hgb (if high risk</li> <li>Lipid panel (if high risk</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> </ul>	)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> <li>IPV</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metaboli panel</li> <li>Hct / Hgb (if high risk</li> <li>Lipid panel (if high risk</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>	)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metaboli panel</li> <li>Hct / Hgb (if high risk</li> <li>Lipid panel (if high risk</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> </ul>	)

#### Name:

#### DOB:

e (AG) / Education (	√ if discussed)
cise	
□ Vegetables, fruits	□ Meal socialization
Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream
<ul> <li>Regular balanced meal with snacks</li> </ul>	□ School lunch program
& Guidance	
<ul> <li>Seat belt /Toddler car seat</li> </ul>	□ Independence
□ Safety helmet	□ Make-believe / role play
Storage of drugs / toxic chemicals	□ Dressing self
□ Matches / burns	Reading together / school readiness
<ul> <li>Violence prevention, gun safety</li> </ul>	Knows name, address, & phone number
Poison control phone number	□ Plays with other children
□ Smoke detector	□ Limit screen time
□ Hot water temp < 120° F	□ Bedtime
Drowning / pool fence	□ Toileting habits
□ RTC PRN	□ Other:
	Sise         Vegetables, fruits         Limit fatty, sugary & salty foods         Regular balanced meal with snacks         Guidance         Seat belt /Toddler car seat         Safety helmet         Storage of drugs / toxic chemicals         Matches / burns         Violence prevention, gun safety         Poison control phone number         Smoke detector         Hot water temp < 120° F

Documentation Remin	nders	
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Height / Weight / BMI measurements plotted in CDC growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

4 to 5 Years Old	Actual Age:	Date:	
Medical Record #			
Gender	🗆 Male 🛛 Fema	le	
Accompanied by	Mother      Fathe	er 🗆 Other:	
Parent's Primary			
Language Interpreter Requested	□ Yes □ No	□ Refused	
Name of Interpreter			
Intake		Vital S	Signs
Allergies		Temp	
Height		BP	
Weight		Pulse	
BMI Value		Resp	
BMI %			-
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Hearing Screening	□ Responded at <u>&lt;</u> 25 dł 1000-4000 frequencie		□ Non coop
Vision Screening	OD: OS:	OU:	□ Non coop
vision ocreening			
Dental Provider Chronic Problems/Sigr	nificant Conditions: □ -	Last visit date: See Problem List	
Dental Provider		See Problem List	
Dental Provider Chronic Problems/Sigr		See Problem List	
Dental Provider Chronic Problems/Sigr Current Medications/V	itamins: □ See Medicatio	See Problem List	
Dental Provider Chronic Problems/Sigr Current Medications/V Interval History	itamins: □ See Medicatio	See Problem List	
Dental Provider Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition	itamins:	See Problem List	
Dental Provider Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite	itamins: □ See Medicatio	See Problem List	
Dental Provider Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Elimination	itamins: □ See Medicatio	See Problem List	
Dental Provider Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Elimination Has WIC	itamins:  See Medication Regular Iron-rich Good Fair Normal Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden see	See Problem List	
Dental Provider Chronic Problems/Sigr Current Medications/V/ Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity	itamins:  See Medication Regular Iron-rich Good Fair Normal Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden see	See Problem List	Chest pain
Dental Provider Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water	itamins:  See Medication Regular Iron-rich Good Fair Normal Abnorm Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden se Regular Fatigue	See Problem List	Chest pain
Dental Provider Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply	itamins:  See Medication Regular Iron-rich Good Fair Normal Abnorm Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden se Regular Fatigue Yes No	See Problem List	Chest pain
Dental Provider Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply Fluoride Varnish	itamins:  See Medication Regular Iron-rich Good Fair Normal Abnorm Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden se Regular Fatigue Regular Fatigue Yes No Date last applied:	See Problem List	Chest pain
Dental Provider Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date	itamins:  See Medication Regular Good Fair Good Fair Normal Abnorm Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden see Regular Fatigue Yes No Date last applied: Yes No	See Problem List	Chest pain
Dental Provider Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History	itamins:  See Medication Regular  Iron-rich Good  Fair Normal Abnorm Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden se Regular Fatigue Yes No Date last applied: Yes No Unremarkable	See Problem List	Chest pain

Name:		DOB	:
Psychosocial &	UWNL - Stable relationsh		
Behavioral Assessment, Family/	Changes in family since  Republic the service of t		
Social Factors	<ul> <li>Problems with housing,</li> <li>Family stressors (menta)</li> </ul>		
Lives with	$\Box$ 1 Parent $\Box$ 2 Parer		
	□ Other:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis	□ <u>TB Risk Assessment,</u>		
Exposure	□ H&P, □ Other:		
Growth and Developn Hops on one foot	Counts four pennies	□ Copies a sq	uare
□ Catches, throws a ball	□ Knows opposites	Recognizes	
□ Plays with several children	☐ Knows name, address, & phone number	□ Holds crayo finger and th	n between
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	Symmetrical		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	k, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage:		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	

ealth Assessment	L .
Good abduction	
Normal	
No deformities, full ROM	1 🗆
Clear, no significant lesion	ons 🗆
Alert, no gross sensory of	or motor deficit
e	
-	
Optometrist /     Optometrist /	□ Audiologist
Ophthalmologist	□ Audiologist □ Pulmonologist
Ophthalmologist  Dietician / Nutritionist	Pulmonologist
Ophthalmologist	
Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local
Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local
Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic
Ophthalmologist Dietician / Nutritionist Regional Center MMR PCV13 (if not up to	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> </ul>
Ophthalmologist Dietician / Nutritionist Regional Center MMR PCV13 (if not up to date)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel     Hct / Hgb (if high risk)
Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PCV13 (if not up to date) PPSV (if high risk)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel     Hct / Hgb (if high risk)     Lipid panel (if high risk)
Ophthalmologist Dietician / Nutritionist Regional Center MMR PCV13 (if not up to date)	Pulmonologist      Early Start or Local     Education Agency      CBC / Basic metabolic     panel      Hct / Hgb (if high risk)      Lipid panel (if high risk)      PPD skin test
Ophthalmologist Dietician / Nutritionist Regional Center MMR PCV13 (if not up to date) PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel     Hct / Hgb (if high risk)     Lipid panel (if high risk)
Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PCV13 (if not up to date) PPSV (if high risk)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT
Ophthalmologist Dietician / Nutritionist Regional Center MMR PCV13 (if not up to date) PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart) Hep B Panel (if	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis at 5 years</li> <li>ECG</li> </ul>
Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PCV13 (if not up to date) PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart) Hep B Panel (if high risk)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis at 5 years</li> <li>ECG</li> <li>COVID 19 test</li> </ul>
Ophthalmologist Dietician / Nutritionist Regional Center MMR PCV13 (if not up to date) PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart) Hep B Panel (if	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis at 5 years</li> <li>ECG</li> </ul>
	Good abduction Normal No deformities, full ROM Clear, no significant lesi

#### Name: ....

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DOB:

Anticipatory Guidanc	e (AG) / Education (	/ if discussed)
Diet, Nutrition & Exerc	cise	
□ Weight control / obesity	□ Vegetables, fruits	□ Meal socialization
Whole grains / iron-rich foods	Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Regular balanced meal with snacks</li> </ul>	□ School lunch program
Accident Prevention &	& Guidance	
□ <u>Lead poisoning</u> <u>prevention</u>	□ Seat belt	□ Independence
□ Routine dental care	□ Safety helmet	□ Make-believe / role play
<ul> <li>Brush teeth with fluoride toothpaste</li> </ul>	Storage of drugs / toxic chemicals	□ Dressing self
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	Reading together / school readiness
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	<ul> <li>Violence prevention, gun safety</li> </ul>	Knows name, address, & phone number
□ Caution with strangers	Poison control phone number	□ Plays with other children
$\square$ Skin cancer prevention	□ Smoke detector	□ Limit screen time
□ Falls	☐ Hot water temp < 120° F	□ Bedtime
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Toileting habits
Next Appointment		
□ 1 year	□ RTC PRN	□ Other:

Documentation Remin	nders	
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Height / Weight / BMI measurements plotted in CDC growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

4 to 5 Years Old - Page 2 of 2

Comprehensive He 6 to 8 Years Old	Actual Age:	Date:
Medical Record #		
Gender	□ Male □ Female	<u> </u>
Accompanied By	□ Self □ Parent	
Parent's Primary		
Language		
Interpreter Requested	□ Yes □ No	□ Refused
Name of Interpreter:		
Intake		Vital Signs
Allergies		Temp
Height		BP
Weight		Pulse
BMI Value		Resp
BMI %		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Hearing Screening	□ Responded at <u>&lt;</u> 25 dl 1000-4000 frequencie	B at
	OD: OS:	OU:  Non coop
Vision Screening		
Vision Screening Dental Provider		Last visit date:
	lificant Conditions: □	
Dental Provider		See Problem List
Dental Provider Chronic Problems/Sigr		See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vi	itamins: □ See Medicatio	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History	itamins: □ See Medicatio	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition	itamins: □ See Medicatio	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite	itamins: □ See Medication	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vit Interval History Diet / Nutrition Appetite Physical Activity	itamins: □ See Medication	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern	itamins: □ See Medicatio	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date	itamins: □ See Medication	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vit Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Family History	itamins: □ See Medication	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vit Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Family History Heart disease	itamins: □ See Medication	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vit Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Family History Heart disease High cholesterol	itamins: □ See Medication	See Problem List

Name:		DOB	1
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Sudden Cardiac Arrest	□ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developm		SS	<u> </u>
□ Rides bicycle	□ Knows right from left	□ Reads for pl	easure
□ Ties shoelaces	<ul> <li>Draws person with</li> <li>6 parts including</li> <li>clothing</li> </ul>	□ Tells time	
Rules and consequences		□ Prints first n	ame
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs norma Hearing grossly normal		
Nose	Passages clear, MM pinl	, no lesions	
Teeth	No visible cavities & gros	sly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage: 1 II III	IV V	
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesio	ons	
Neurologic	Alert, no gross sensory o	r motor deficit	

Na	ar	n	e:	

DOB:

comprehensive He	eaith Assessmen	t	Name:		DOB:
Subjective / Objective		Anticipatory Guidance (AG) / Education ( $\sqrt{if discussed}$ )			
			Diet, Nutrition & Exer	cise	
			Weight control / obesity	□ Vegetables, fruits	□ Lean protein
			Whole grains / iron-rich foods	□ Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream
			Physical activity /     exercise	Healthy food choices	□ Eating disorder
			Accident Prevention	& Guidance	
			□ Routine dental care	□ Use of social media	Peer pressure
Assessment			Lead Poisoning <u>Prevention</u>	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence
			<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	□ Gun safety	Personal development
			<ul> <li>Mental health (emotional support)</li> </ul>	Non-violent conflict resolution	Physical growth
			<ul> <li>Form caring &amp; supportive relationships with family &amp; peers</li> </ul>	<ul> <li>□ Safety helmet</li> <li>□ Seat belt</li> </ul>	□ Daily mindful movemer
			□ Early Sex education	□ Limit screen time	Puberty
			<ul> <li>Smoking/vaping use/exposure</li> </ul>	<ul> <li>Skin cancer prevention</li> </ul>	□ Bedtime
			Next Appointment		
Plan			□ 1 year	RTC PRN	□ Other:
			Documentation Remi	nders	
			Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Height / Weight / BMI measurements plotted in CDC growth chart</li> </ul>	Vaccines entered in C/ (manufacturer, lot #, VI publication dates, etc.)
			MA / Nurse Signature	Title	Date
Referrals			Provider Signature	Title	Date
Dentist	<ul> <li>Optometrist /</li> <li>Ophthalmologist</li> </ul>	Audiologist		1110	5410
Dietician / Nutritionist	Regional Center	□ Early Start or Local Education Agency			
CA Children's Services (CCS)	□ Other:		Notes (include date, ti	me. signature. and titl	e on all entries)
Orders					,
□ COVID 19 vaccine	<ul> <li>Meningococcal (if high risk)</li> </ul>	CBC / Basic metabolic     panel			
□ DTaP (if not up to date)	□ MMR (if not up to date)	□ Hct / Hgb (if high risk)			
Hep A (if not up to date)	□ Tdap ( <u>&gt;</u> 7 YO)	□ Lipid panel (if high risk)			
□ Hep B (if not up to date)	Varicella (if not up to date)	<ul> <li>□ PPD skin test (if high risk)</li> <li>□ QFT (if high risk)</li> </ul>			
□ IPV (if not up to date)	<ul> <li>Blood Lead (if high risk)</li> </ul>	CXR Urinalysis			
Influenza vaccine	□ Hep B Panel (if high risk)	ECG     COVID 19 test			
□ Other:	<u> </u>				

9 to 12 Years Old	Actual Age:	Date:
Medical Record #		
Gender	Male     Female	)
Accompanied By	□ Self □ Parent	□ Other:
Primary Language		
Interpreter Requested	Yes     No     Interpreter Name:	□ Refused
Intake		Vital Signs
Allergies		Temp
Height		BP
Weight		Pulse
BMI Value		Resp
BMI %		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Hearing Screening	□ Responded at < 25 d	B at
Vision Screening	1000-8000 frequencie OD: OS:	OU:  Non coop
Dental Provider		Last visit date:
Chronic Problems/Sigr	ificant Conditions:	Cap Drahlam List
Current Medications/V		
Current Medications/V	itamins: □ See Medicatio	on List
Current Medications/V Interval History	itamins: □ See Medicatio	on List ow calorie
Current Medications/V Interval History Diet / Nutrition	itamins: □ See Medicatio	on List ow calorie
Current Medications/V Interval History Diet / Nutrition Appetite	itamins: □ See Medicatio	on List ow calorie
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity	itamins: □ See Medicatio	on List ow calorie
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern	itamins: □ See Medicatio	on List ow calorie
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date	itamins: □ See Medicatio	on List ow calorie
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Sexually active Contraceptive Used LMP (females):	itamins: □ See Medicatio	on List ow calorie
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Sexually active Contraceptive Used LMP (females): Current Alcohol /	itamins: □ See Medicatio	on List  Dow calorie  ADA ther: air Poor k  eizures  SOB Chest pain  Chest pain  See CAIR  iple Partners MSM doms Other:
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Sexually active Contraceptive Used LMP (females):	itamins:  See Medication Regular Regul	on List  Dw calorie ADA ther: air Poor ) k)  eizures SOB Chest pain Chest pain See CAIR iple Partners MSM doms Other: Menorrhagia Alcohol Chest Pain Chest
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Sexually active Contraceptive Used LMP (females): Current Alcohol / Substance use	itamins:  See Medication Regular Iron-rich foods Good Good Good Good Good Good Good	on List  Dev calorie ADA ther: air Poor ) k) eizures SOB Chest pain C Snoring Enuresis SOE CAIR iple Partners MSM doms Other: Menorrhagia Alcohol
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Sexually active Contraceptive Used LMP (females): Current Alcohol / Substance use □ Drugs (specify):	itamins:  See Medication Regular Iron-rich foods Good Good Good Good Good Good Good	on List  Dev calorie ADA ther: air Poor  k  eizures SOB Chest pain  Sonoring Enuresis  Soe CAIR  iple Partners MSM  doms Other:  Menorrhagia Alcohol  Tobacco / Vape Packs/day:
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Sexually active Contraceptive Used LMP (females): Current Alcohol / Substance use Drugs (specify): Family History	itamins: □ See Medication	on List  Dw calorie ADA ther: air Poor  k  air Poor  k  air Poor  ADA ther:

Name:		DOB	:
Psychosocial & Behavioral Assessment, Family/ Social Factors	WNL - Stable relationsh     Changes in family since     Problems with housing,     Family stressors (menta	e last visit (move, j food, employmen	ob, death) t
Lives with	□ 1 Parent □ 2 Parents □ Other:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Depression	□ <u>PHQ-9A</u> , □ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ <u>PEARLS-12&amp;UP</u> □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ <u>PSC-Y</u> , □ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Sudden Cardiac Arrest	□ H&P, □ Other:		
Suicide	□ <u>ASQ</u> , □ <u>PHQ-9A</u> , □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developm		ess	
School achievement	Performs chores	□ Plays / lister	ns to music
□ School attendance	<ul> <li>Exhibit compassion</li> <li>&amp; empathy</li> </ul>	□ Reads for p	leasure
□ Cause and effect are understood	Participates in organized sports /	Demonstrate emotional co	ompetence
Caring & supportive     relationships with family     & peers	social activities  Adheres to predetermined rules	Cincluding se	lf-regulation) from left
Physical Examination		I	WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs norma Hearing grossly normal	al	
Nose	Passages clear, MM pink	k, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	

Comprehensive He	Supple, no masses, thy		
Neck	enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III	s IV V	
Heart	No organic murmurs, re	gular rhythm	
Lungs	Clear to auscultation bila	aterally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes	stes in scrotum	
Female	No lesions, normal exte	rnal appearance	
Femoral pulses	Normal		
Extremities	No deformities, full ROM	1	
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesi	ons	
Neurologic	Alert, no gross sensory	or motor deficit	
Subjective / Objective	9		
Assessment			
Assessment			
Assessment Plan			
Plan Referrals			
Plan	Optometrist /     Ophthalmologist	Dietician / Nut	ritionist
Plan Referrals		Dietician / Nut     Tobacco cess	
Plan Referrals □ Dentist	Ophthalmologist		ation class Local
Plan Plan  Contemporation Plan  Dentist  Contemporation Plan Plan Plan Plan Plan Plan Plan Pla	Ophthalmologist	Tobacco cess     Early Start or	ation class Local
Plan Plan Carrals Dentist Drug / ETOH Tx rehab CA Children's Services (CCS)	Ophthalmologist  Behavioral health  Regional Center	Tobacco cess     Early Start or	ation class Local
Plan Plan Carterials Dentist Drug / ETOH Tx rehab CA Children's Services (CCS) OB/GYN:	Ophthalmologist  Behavioral health  Regional Center	Tobacco cess     Early Start or	ation class Local Incy
Plan Plan Referrals Dentist Drug / ETOH Tx rehab CA Children's Services (CCS) OB/GYN: Orders	Ophthalmologist  Behavioral health Regional Center  Other:	Tobacco cess     Early Start or     Education Age     CBC / Basic n	ation class Local Incy netabolic
Plan Plan Referrals Dentist Drug / ETOH Tx rehab CA Children's Services (CCS) OB/GYN: Orders COVID 19 vaccine Hep B vaccine (if not	Ophthalmologist Behavioral health Regional Center Other: Tdap Varicella (if not up	Tobacco cess      Early Start or l      Education Age      CBC / Basic m panel      Hct / Hgb (yea	ation class Local incy netabolic rly if
Plan Plan Contract of the services of the serv	Ophthalmologist Behavioral health Regional Center Other: Tdap Varicella (if not up to date) Chlamydia	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic m panel</li> <li>Hct / Hgb (year menstruating)</li> <li>Lipid panel (or between 9-11</li> <li>PPD skin test</li> </ul>	ation class Local incy netabolic rly if
Plan  Plan  Referrals  Dentist  Dentist  CA Children's Services (CCS)  OB/GYN:  Orders  COVID 19 vaccine  Hep B vaccine (if not up to date)  Influenza vaccine  Meningococcal vaccine	Ophthalmologist Behavioral health Regional Center Other: Tdap Varicella (if not up to date) (if not up to date)	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic mpanel</li> <li>Hct / Hgb (yeamenstruating)</li> <li>Lipid panel (or between 9-11</li> </ul>	ation class Local incy netabolic rly if
Plan Plan  Referrals Dentist Dentist Dentist CA Children's Services (CCS) OB/GYN: Orders COVID 19 vaccine Hep B vaccine (if not up to date) Influenza vaccine Influenza vaccine Influenza vaccine Influenza vaccine	Ophthalmologist Behavioral health Regional Center Other: Other: Tdap Varicella (if not up to date) Hep B Panel (if not up to date) Chlamydia Gonorrhea HIV Herpes	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic mpanel</li> <li>Hct / Hgb (yeamenstruating)</li> <li>Lipid panel (or between 9-11</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>	ation class Local incy netabolic rly if
Plan  Plan  Referrals  Dentist  Dentist  CA Children's Services (CCS)  OB/GYN:  Orders  COVID 19 vaccine  Hep B vaccine (if not up to date)  Influenza vaccine  Meningococcal vaccine	Ophthalmologist Behavioral health Regional Center Other: Other: Tdap Varicella (if not up to date) Hep B Panel (if not up to date) Chlamydia Gonorrhea HIV	Tobacco cess     Early Start or Education Age     CBC / Basic m     panel     Hct / Hgb (yea     menstruating)     Lipid panel (or     between 9-11     PPD skin test     QFT     CXR	ation class Local incy netabolic rly if nce YO)

#### Name:

		-		
Anticipatory Guidance (AG) / Education ( $\lor$ if discussed)				
Diet, Nutrition & Exercise				
□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein		
Whole grains / iron-rich foods	<ul> <li>Limit fatty, sugary &amp; salty foods</li> </ul>	□ Limit candy, chips & ice cream		
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Healthy food choices</li> </ul>	□ Eating disorder		
Accident Prevention &	& Guidance			
<ul> <li>Alcohol/drug/substance misuse counseling</li> </ul>	□ Social media use	Peer pressure		
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence		
<ul> <li>Mental health (emotional support)</li> </ul>	□ Gun safety	□ Personal development		
<ul> <li>Form caring &amp; supportive relationships with family &amp; peers</li> </ul>	<ul> <li>Non-violent conflict resolution</li> </ul>	□ Physical growth		
Early Sex education / Safe sex practices	Safety helmet	<ul> <li>Mindful of daily movements</li> </ul>		
□ Skin cancer prevention	□ Seat belt	□ Puberty		
Smoking/vaping use/exposure	□ Routine dental care	□ Bedtime		
Tobacco Cessation Quit Date:				
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>		
Next Appointment				
□ 1 year	RTC PRN	□ Other:		

# **Documentation Reminders**

<ul> <li>Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, &amp; signed by provider</li> </ul>	<ul> <li>Height / Weight / BMI measurements plotted in CDC growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)			

9 to 12 Years Old - Page 2 of 2

Comprehensive He 13 to 16 Years		-		
Old	Actual Age:	Date:		
Medical Record #				
Gender	Male     Female	)		
Accompanied By	□ Self □ Parent	□ Other:		
Primary Language				
Interpreter Requested	Yes     No     Interpreter Name:	□ Refused		
Intake		Vital Signs		
Allergies		Temp		
Height		BP		
Weight		Pulse		
BMI Value		Resp		
BMI %		11		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10		
Hearing Screening	□ Responded at < 25 d	Bat 🗆 Non coop		
Vision Screening	1000-8000 frequencie OD: OS:	OU:  Non coop		
<u> </u>		•		
Dental Provider		Dental Provider     Last visit date:       Chronic Problems/Significant Conditions:		
	l hificant Conditions: □			
	hificant Conditions: □			
Chronic Problems/Sigr Current Medications/V		See Problem List		
Chronic Problems/Sigr Current Medications/V Interval History	itamins: □ See Medicatio	See Problem List		
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition	itamins:	See Problem List		
Chronic Problems/Sigr Current Medications/V Interval History	itamins:   See Medication  Regular  Control foods  Good  Fa	See Problem List		
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition	itamins: □ See Medicatio	See Problem List		
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite	itamins: □ See Medicatio	See Problem List		
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity	itamins: □ See Medication	See Problem List		
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Vaccines Up to Date	itamins: □ See Medication	See Problem List		
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Vaccines Up to Date Sexually Active Contraceptive Used LMP (females):	itamins: □ See Medication	See Problem List		
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Vaccines Up to Date Sexually Active Contraceptive Used LMP (females): Current Alcohol /	itamins: □ See Medication	See Problem List		
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Vaccines Up to Date Sexually Active Contraceptive Used LMP (females):	itamins: □ See Medicatio	See Problem List		
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Vaccines Up to Date Sexually Active Contraceptive Used LMP (females): Current Alcohol / Substance use	itamins: □ See Medication	See Problem List		
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Vaccines Up to Date Sexually Active Contraceptive Used LMP (females): Current Alcohol / Substance use	itamins: □ See Medicatio	See Problem List		
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Vaccines Up to Date Sexually Active Contraceptive Used LMP (females): Current Alcohol / Substance use Drugs (specify):	itamins: □ See Medication	See Problem List		

Name:		DOB	
Psychosocial & Behavioral Assessment, Family/ Social Factors	<ul> <li>WNL - Stable relationships w/ social/emotional support</li> <li>Changes in family since last visit (move, job, death)</li> <li>Problems with housing, food, employment</li> <li>Family stressors (mental illness, drugs, violence/abuse)</li> </ul>		
Lives with	□ 1 Parent □ 2 Parents □ Other:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Depression	□ <u>PHQ-9A</u> , □ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ <u>PEARLS-12&amp;UP,</u> □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ <u>PSC-Y</u> , □ <u>HEADSSS</u> , □ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Sudden Cardiac Arrest	□ H&P, □ Other:		
Suicide	□ <u>ASQ</u> , □ <u>PHQ-9A</u> , □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developm	· · ·	ess	•
School achievement	□ Performs chores	Plays / lister	ns to music
School attendance	□ Learns new skills	□ Reads	
<ul> <li>Understands parental limits &amp; consequences for unacceptable behavior</li> </ul>	<ul> <li>Participates in organized sports / social activities</li> </ul>	□ Uses both hands independently	
<ul> <li>Ability to get along with peers</li> </ul>	<ul> <li>Learns from mistakes &amp; failures, tries again</li> </ul>	Preoccupati body change	
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs norma Hearing grossly normal	al	
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities, gross	ly normal	

Mouth / Pharynx	Oral mucosa pink, no le	sions	
Neck	Supple, no masses, thy		
Chest/Breast (females)	enlarged Symmetrical, no masse Tanner stage:		
Heart	No organic murmurs, re		
Lungs	Clear to auscultation bil		
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage:		
Male	Circ / uncircumcised, te		
Female	No lesions, normal exte	rnal appearance	
Femoral pulses	Normal		
Extremities	No deformities, full ROM	И	
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant les	ions	
Neurologic	Alert, no gross sensory	or motor deficit	
Assessment			
Assessment			
Assessment Plan			
Plan			
Plan Referrals			
Plan Referrals □ Dentist	Optometrist /     Ophthalmologist	Dietician / Nut	ritionist
Plan Referrals Dentist Drug / ETOH Tx rehab		Dietician / Nut     Tobacco cess	
Plan Referrals □ Dentist	Ophthalmologist		ation class
Plan Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services	Ophthalmologist	Tobacco cess     Early Start or	ation class
Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)	Ophthalmologist  Behavioral health  Regional Center	Tobacco cess     Early Start or	ation class
Plan  Plan  CA Children's Services (CCS)  DB/GYN:	Ophthalmologist  Behavioral health  Regional Center	Tobacco cess     Early Start or	ation class Local ency
Plan Plan Referrals Dutication Du	Ophthalmologist  Behavioral health  Regional Center  Other:	Tobacco cess     Early Start or     Education Age     CBC / Basic n	ation class Local ency netabolic
Plan  Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)  OB/GYN:  Orders  COVID 19 vaccine  Hep B vaccine (if not up	Ophthalmologist Behavioral health Regional Center Other: Tdap Varicella (if not up	Tobacco cess      Early Start or     Education Age      CBC / Basic n     panel      Hct / Hgb (yea	ation class Local ency netabolic
Plan Plan  Contemporation Plan  Plan Plan	Ophthalmologist  Dehavioral health  Regional Center  Other:  Tdap  Varicella (if not up to date) Hep B Panel (if high risk) Chlamydia	Tobacco cess      Early Start or     Education Age      CBC / Basic n     panel      Hct / Hgb (yea     menstruating)      Lipid panel (if      PPD skin test	ation class Local ency netabolic
Plan  Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)  OB/GYN:  Orders  COVID 19 vaccine  Hep B vaccine (if not up to date)  HPV vaccine (if not up to date) Influenza vaccine  Meningococcal vaccine	Ophthalmologist Behavioral health Regional Center Other: Other: Other: Uaricella (if not up to date) Hep B Panel (if high risk) Chlamydia Gonorrhea HIV	Tobacco cess      Early Start or     Education Age      CBC / Basic n     panel      Hct / Hgb (yea     menstruating)      Lipid panel (if      PPD skin test      QFT      CXR	ation class Local ency netabolic
Plan  Plan  Referrals  Dentist  Dentist  CA Children's Services (CCS)  OB/GYN:  Orders  COVID 19 vaccine  Hep B vaccine (if not up to date)  HPV vaccine (if not up to date)  HPV vaccine (if not up to date)  Meningococcal vaccine (if not up to date)	Ophthalmologist Behavioral health Regional Center Other: Other: Other: Other: Uaricella (if not up to date) Hep B Panel (if high risk) Chlamydia Gonorrhea HIV Herpes	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic n panel</li> <li>Hct / Hgb (yea menstruating</li> <li>Lipid panel (if</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>	ation class Local ency netabolic
Plan  Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)  OB/GYN:  Orders  COVID 19 vaccine  Hep B vaccine (if not up to date)  HPV vaccine (if not up to date) Influenza vaccine  Meningococcal vaccine	Ophthalmologist Behavioral health Regional Center Other: Other: Other: Uaricella (if not up to date) Hep B Panel (if high risk) Chlamydia Gonorrhea HIV	Tobacco cess      Early Start or     Education Age      CBC / Basic n     panel      Hct / Hgb (yea     menstruating)      Lipid panel (if      PPD skin test      QFT      CXR	ation class Local ency netabolic urly if high risk)

#### Name:

#### DOB:

Anticipatory Guidanc	e (AG) / Education (	√ if discussed)
Diet, Nutrition & Exerc	cise	
Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Whole grains / iron-rich foods	<ul> <li>Limit fatty, sugary &amp; salty foods</li> </ul>	□ Limit candy, chips & ice cream
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Healthy food choices</li> </ul>	□ Eating disorder
Accident Prevention &	& Guidance	
<ul> <li>Alcohol/drug/substance misuse counseling</li> </ul>	□ Social Media Use	□ Goals in life
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence
<ul> <li>Mental health (emotional support)</li> </ul>	□ Gun safety	Personal development
<ul> <li>Intimate partner violence</li> </ul>	Violent behavior	□ Academic or work plans
<ul> <li>Sex education (partner selection)</li> </ul>	Safety helmet	<ul> <li>Family support, social interaction &amp; communication</li> </ul>
<ul> <li>Safe sex practices (condoms, contraception, HIV/AIDS)</li> </ul>	□ Seat belt	Mindful of daily movements
□ Skin cancer prevention	<ul> <li>Motor vehicle safety (no texting &amp; driving)</li> </ul>	□ Physical growth
<ul> <li>Smoking/vaping use/exposure</li> </ul>	□ Routine dental care	□ Sexuality
Tobacco Cessation	Quit Date:	
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>
Next Appointment		
□ 1 year	RTC PRN	□ Other:

#### **Documentation Reminders**

Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	Height / Weight / BMI measurements plotted in CDC growth chart	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

13 to 16 Years Old - Page 2 of 2

17 to 20 Years	Actual Age:		Date:	
Old Medical Record #	-			
Gender	□ Male □ Fe	emale		
Accompanied By	□ Self □ Pa	arent	Other:	
Primary Language	⊓ Yes ⊓ N		□ Refused	
Interpreter Requested	Interpreter Na	-		
Intake			Vital	Signs
Allergies			Temp	
Height			BP	
Weight			Pulse	
BMI Value			Resp	
BMI %				
Pain	Location: Scale: 0 1	23	4 5 6 7 8	9 10
Hearing Screening	□ Responded at 1000-8000 freq	<u>&lt;</u> 25 dE	3 at	□ Non coop
Vision Screening	OD: OS:		OU:	□ Non coop
Dental Provider			Last visit date:	
Advance Directive Info given/discussed	□ Yes □ R Starting at 18 Yea		d	
Chronic Problems/Sign	-		See Problem List	
Current Medications/Vi	tamins:	edicatio	un List	
□ Taking 0.4 to 0.8 mg of folic a				
□ Taking 0.4 to 0.8 mg of folic a				
	cid daily (females of re	product	ive age)	
□ Taking 0.4 to 0.8 mg of folic a		product	ive age) w calorie	ADA
□ Taking 0.4 to 0.8 mg of folic a	icid daily (females of re	product	ive age) w calorie □ ther:	ADA
Taking 0.4 to 0.8 mg of folic a Interval History Diet / Nutrition Appetite	<ul> <li>cid daily (females of re</li> <li>Regular</li> <li>Iron-rich foods</li> <li>Good</li> <li>Inactive (little continued)</li> </ul>	product	ive age) w calorie ther: air )	
Taking 0.4 to 0.8 mg of folic a Interval History Diet / Nutrition	cid daily (females of re □ Regular □ Iron-rich foods □ Good	product	ive age) w calorie ther: air )	
<ul> <li>Taking 0.4 to 0.8 mg of folic a</li> <li>Interval History</li> <li>Diet / Nutrition</li> <li>Appetite</li> <li>Physical Activity</li> </ul>	<ul> <li>cid daily (females of re</li> <li>Regular</li> <li>Iron-rich foods</li> <li>Good</li> <li>Inactive (little c</li> <li>Some (&lt; 2 ½ h</li> <li>Active (≥ 60 m</li> <li>Fainting □ Suc</li> </ul>	product	ive age) w calorie ther: air ) k) sizures SOB c	Poor
□ Taking 0.4 to 0.8 mg of folic a Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain	<ul> <li>cid daily (females of re</li> <li>Regular</li> <li>Iron-rich foods</li> <li>Good</li> <li>Inactive (little c</li> <li>Some (&lt; 2 ½ h</li> <li>Active (≥ 60 m</li> <li>Fainting □ Suc</li> </ul>	product	ive age) w calorie ther: air ) k)	Poor
□ Taking 0.4 to 0.8 mg of folic a Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Vaccines Up to Date	<ul> <li>cid daily (females of re</li> <li>Regular</li> <li>Iron-rich foods</li> <li>Good</li> <li>Inactive (little c</li> <li>Some (&lt; 2 ½ h</li> <li>Active (≥ 60 m</li> <li>Fainting □ Suc</li> </ul>	product  Lcc Ol Fa Fa r none/, Iden se Inten	ive age) w calorie ther: air k) k) vizures □ SOB □	Poor
□ Taking 0.4 to 0.8 mg of folic a Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain	<ul> <li>cid daily (females of re</li> <li>Regular</li> <li>Iron-rich foods</li> <li>Good</li> <li>Inactive (little c</li> <li>Some (&lt; 2 ½ h</li> <li>Active (≥ 60 m</li> <li>Fainting □ Suc</li> <li> lbs □</li> <li>Yes □ N</li> </ul>	product  Lcc Of Fa Fa r none; In/day) Iden se Inten Io	ive age) w calorie ther: air k) sizures  SOB tional Uninte See <u>CAIR</u>	Poor
□ Taking 0.4 to 0.8 mg of folic a Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Vaccines Up to Date	<ul> <li>cid daily (females of re</li> <li>Regular</li> <li>Iron-rich foods</li> <li>Good</li> <li>Inactive (little c</li> <li>Some (&lt; 2 ½ h</li> <li>Active (≥ 60 m</li> <li>Fainting □ Suc</li> <li> lbs □</li> <li>Yes □ N</li> </ul>	product  Lcc Ot Fa	ive age) w calorie ther: air k) vizures  SOB tional Uninte See <u>CAIR</u>	Poor
□ Taking 0.4 to 0.8 mg of folic a Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Vaccines Up to Date Sexually Active Contraceptive Used LMP (females):	<ul> <li>cid daily (females of re</li> <li>Regular</li> <li>Iron-rich foods</li> <li>Good</li> <li>Inactive (little c</li> <li>Some (&lt; 2 ½ h</li> <li>Active (≥ 60 m</li> <li>Fainting □ Suc</li> <li> lbs □</li> <li>Yes □ No</li> </ul>	product  Lcc Ot Fa	ive age) w calorie ther: air k izures  SOB tional Uninte See CAIR ple Partners	Poor Chest pain Intional
<ul> <li>Taking 0.4 to 0.8 mg of folic a</li> <li>Interval History</li> <li>Diet / Nutrition</li> <li>Appetite</li> <li>Physical Activity</li> <li>Weight          Loss          Gain</li> <li>Vaccines Up to Date</li> <li>Sexually Active</li> <li>Contraceptive Used</li> </ul>	<ul> <li>cid daily (females of re</li> <li>Regular</li> <li>Iron-rich foods</li> <li>Good</li> <li>Inactive (little c</li> <li>Some (&lt; 2 ½ h</li> <li>Active (≥ 60 m)</li> <li>Fainting □ Suc</li> <li>Uss n</li> <li>Yes □ No</li> <li>None □ Con</li> </ul>	product  Lcc Ot Fa	ive age) w calorie ther: air itional □ Uninte See <u>CAIR</u> ple Partners □ Other:	Poor Chest pain Intional
□ Taking 0.4 to 0.8 mg of folic a Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Vaccines Up to Date Sexually Active Contraceptive Used LMP (females): Current Alcohol /	<ul> <li>cid daily (females of re</li> <li>Regular</li> <li>Iron-rich foods</li> <li>Good</li> <li>Inactive (little c</li> <li>Some (&lt; 2 ½ h</li> <li>Active (≥ 60 m</li> <li>Fainting □ Suc</li> <li> lbs □</li> <li>Yes □ No</li> <li>Yes □ No</li> <li>G P A</li> </ul>	product      Lcc     OI     Fa     r none;     Inden see     Inten     lo     Multi doms	ive age) w calorie ther: air k) sizures  SOB tional Uninte See CAIR ple Partners Other: Menorrhagi	Poor Chest pain Intional MSM a

Name:		DOB	:
Family History	Unremarkable	□ Diabetes	
□ Heart disease	□ HTN	□ Asthma	
□ High cholesterol	Cancer	Family Hx o or sudden c	f unexpected leath < 50 YO
□ Other:			
Psychosocial & Behavioral Assessment, Family/ Social Factors Lives with	<ul> <li>WNL - Stable relationsh</li> <li>Changes in family since</li> <li>Problems with housing,</li> <li>Family stressors (mentation of the stressors of the stressors (mentation of the stressors of the stresso</li></ul>	e last visit (move, j food, employmen al illness, drugs, vi	ob, death) t
AAP Risk Screener	Other:     Screening Tools		High Risk
AAP RISK Screener	Used	Low Risk	(see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Depression	□ <u>PHQ-9A</u> , □ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Hepatitis C	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Intimate Partner Violence	□ <u>ACEs</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC-Y</u> , □ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Sudden Cardiac Arrest	□ H&P, □ Other:		
Suicide	□ <u>ASQ</u> , □ <u>PHQ-9A</u> , □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developr	ment / School Progre	SS	
□ Hobbies / work	□ Plays sports	Plays / lister	ns to music
School achievement / attendance	□ Acts responsibly for self	Takes on ne responsibili	
<ul> <li>Improved social skills; maintains family relationships</li> </ul>	<ul> <li>Sets goals &amp; works towards achieving them</li> </ul>	Preparation education, of marriage &	career,
Physical Examination	1		WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs norma Hearing grossly normal	II	

Comprehensive He	ailli Assessillelli	6	
Nose	Passages clear, MM pin	k, no lesions	
Teeth	No visible cavities, gross	sly normal	
Mouth / Pharynx	Oral mucosa pink, no les		
Neck	Supple, no masses, thyr enlarged	old not	
Chest / Breast (females)	Symmetrical, no masses Tanner stage:   II III	s IV V	
Heart	No organic murmurs, reç	gular rhythm	
Lungs	Clear to auscultation bila	aterally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes	stes in scrotum	
Female	No lesions, normal exter	nal appearance	
Vaginal exam	Done or completed elsev name:	where OB/GYN	
Femoral pulses	Normal		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesio	ons	
Neurologic	Alert, no gross sensory of	or motor deficit	
Subjective / Objective	)		
Subjective / Objective Assessment Plan	) 		
Assessment	)		
Assessment Plan	e □ Optometrist/ Ophthalmologist	Dietician/ Nut	ritionist
Assessment Plan Referrals	Optometrist/	Dietician/ Nut     Tobacco cess	
Assessment Plan Referrals Dentist	□ Optometrist/ Ophthalmologist		ation class
Assessment Assessment Plan Referrals Dentist Drug / ETOH Tx rehab CA Children's Services	□ Optometrist/ Ophthalmologist □ Behavioral health	Tobacco cess     Early Start or	ation class
Assessment  Plan  Referrals  Dentist  CA Children's Services (CCS)	<ul> <li>□ Optometrist/ Ophthalmologist</li> <li>□ Behavioral health</li> <li>□ Regional Center</li> </ul>	Tobacco cess     Early Start or	ation class
Assessment Assessment Plan Dentist Dentist CA Children's Services (CCS) OB/GYN	<ul> <li>□ Optometrist/ Ophthalmologist</li> <li>□ Behavioral health</li> <li>□ Regional Center</li> </ul>	Tobacco cess     Early Start or	ation class Local ency
Assessment Assessment Plan Dentist CA Children's Services (CCS) Orders	Optometrist/     Ophthalmologist     Behavioral health     Regional Center     Other:     Hep B Panel (if	Tobacco cess     Early Start or     Education Age     CBC / Basic r	ation class Local ency netabolic arly if
Assessment Assessment Plan Contemporal Services Contemporal Services Contemporal Services Contemporal Services Contemporal Services Contemporal Services Defection Services Contemporal Services Defection	<ul> <li>□ Optometrist/ Ophthalmologist</li> <li>□ Behavioral health</li> <li>□ Regional Center</li> <li>□ Other:</li> <li>□ Other:</li> <li>□ Hep B Panel (if high risk)</li> <li>□ Hep C Antibody test (at least once</li> </ul>	Tobacco cess      Early Start or     Education Age      CBC / Basic r     panel      Hct / Hgb (year)	ation class Local ency netabolic arly if ) nce
Assessment Assessment Plan Plan Contemporal Services Contemporal Services Contemporal Services Contemporal Services Contemporal Services Contemporal Services Delicities Delicit	<ul> <li>Optometrist/ Ophthalmologist</li> <li>Behavioral health</li> <li>Regional Center</li> <li>Other:</li> <li>Other:</li> <li>Hep B Panel (if high risk)</li> <li>Hep C Antibody test (at least once ≥ 18 YO)</li> <li>Rx for folic acid 0.4- 0.8mg daily</li> </ul>	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic r panel</li> <li>Hct / Hgb (yea menstruating</li> <li>Lipid panel (o</li> </ul>	ation class Local ency netabolic arly if ) nce 1 YO)
Assessment Assessment Plan Plan Contemporal Services Defection Services Defec	<ul> <li>□ Optometrist/ Ophthalmologist</li> <li>□ Behavioral health</li> <li>□ Regional Center</li> <li>□ Other:</li> <li>□ Other:</li> <li>□ Other:</li> <li>□ Hep B Panel (if high risk)</li> <li>□ Hep C Antibody test (at least once ≥ 18 YO)</li> <li>□ Rx for folic acid 0.4- 0.8mg daily (females)</li> <li>□ Chlamydia</li> <li>□ Gonorrhea</li> <li>□ HIV</li> </ul>	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic r panel</li> <li>Hct / Hgb (year menstruating</li> <li>Lipid panel (o between 17-2</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> </ul>	ation class Local ency netabolic arly if ) nce 1 YO)
Assessment Assessment Plan Plan Contemporate Structure Contemporate	<ul> <li>□ Optometrist/ Ophthalmologist</li> <li>□ Behavioral health</li> <li>□ Regional Center</li> <li>□ Other:</li> <li>□ Other:</li> <li>□ Hep B Panel (if high risk)</li> <li>□ Hep C Antibody test (at least once ≥ 18 YO)</li> <li>□ Rx for folic acid 0.4- 0.8mg daily (females)</li> <li>□ Chlamydia</li> <li>□ Gonorrhea</li> </ul>	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic r panel</li> <li>Hct / Hgb (yea menstruating</li> <li>Lipid panel (o between 17-2</li> <li>PPD skin test</li> <li>QFT</li> </ul>	ation class Local ency netabolic arly if ) nce 1 YO)

#### Name:

#### DOB:

		202.		
Anticipatory Guidanc	e (AG) / Education (*	√ if discussed)		
Diet, Nutrition & Exerc	Diet, Nutrition & Exercise			
□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein		
Whole grains / iron-rich foods	<ul> <li>Limit fatty, sugary &amp; salty foods</li> </ul>	□ Limit candy, chips & ice cream		
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Healthy food choices</li> </ul>	□ Eating disorder		
Accident Prevention &	& Guidance			
<ul> <li>Alcohol/drug/substance misuse counseling</li> </ul>	□ Social media use	<ul> <li>Transitioning to adult provider</li> </ul>		
□ Routine dental care	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence		
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	□ Gun safety	Personal development & goals in life		
<ul> <li>Intimate partner violence</li> </ul>	Violent behavior	□ Academic or work plans		
<ul> <li>Safe sex practices</li> <li>(condoms, contraception, HIV/AIDS)</li> </ul>	Seat belt / Safety Helmet	□ Testicular self-exam		
□ Skin cancer prevention	<ul> <li>Motor vehicle safety (no texting &amp; driving)</li> </ul>	□ Self-breast exam		
<ul> <li>Smoking/vaping use/exposure</li> </ul>	<ul> <li>Mental health (emotional support)</li> </ul>	<ul> <li>Prenatal care / encourage breastfeeding</li> </ul>		
Tobacco Cessation	Quit Date:			
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>		
Next Appointment				
□ 1 year	□ RTC PRN	□ Other:		

Documentation Remin	nders	
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated & signed by provider	<ul> <li>Height / Weight / BMI measurements plotted in CDC growth chart</li> </ul>	<ul> <li>Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)</li> </ul>

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date,	time, signature,	and title on all entries)

17 to 20 Years Old - Page 2 of 2

Comprehensive Hea	Ith Assessment	
21 to 39 Years: Female	Actual Age:	Date:
Medical Record #		
Primary Language		
Interpreter Requested	□ Yes □ No	□ Refused
Name of Interpreter		
Intake		Vital Signs
Allergies		Temp
Height		BP
Weight		Pulse
BMI Value		Resp
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Dental Provider		Last visit date:
Advance Directive Info Given/Discussed	□ Yes □ Refuse	ed
Chronic Problems/Signifi	icant Conditions:	ee Problem List
Current Medications/Vita		
Current Medications/Vita		
□ taking 0.4 to 0.8 mg of folic	acid daily (for reproductiv	
taking 0.4 to 0.8 mg of folic	acid daily (for reproductiv	
Limitations (physical or n	acid daily (for reproductiv	
□ taking 0.4 to 0.8 mg of folic Limitations (physical or n Interval History Diet / Nutrition	nental):	e females)
Limitations (physical or n	acid daily (for reproductiv nental): Regular □ L Iron-rich foods □ C Good □ F	e females)
□ taking 0.4 to 0.8 mg of folic Limitations (physical or n Interval History Diet / Nutrition	nental):	e females)
taking 0.4 to 0.8 mg of folic	acid daily (for reproductiv nental): Regular L Iron-rich foods C Good F Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per w	e females) ow calorie
□ taking 0.4 to 0.8 mg of folic	acid daily (for reproductiv nental): □ Regular □ L □ Iron-rich foods □ C □ Good □ F □ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 2 ½ hrs/week) □ Active (≥ 2 ½ hrs/week)	e females)  ow calorie
□ taking 0.4 to 0.8 mg of folic Limitations (physical or m Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain LMP:	acid daily (for reproductiv nental): □ Regular □ L □ Iron-rich foods □ C □ Good □ F □ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 2 ½ hrs per w Ibs □ G P A	e females)
□ taking 0.4 to 0.8 mg of folic Limitations (physical or n Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain LMP: Sexually active	acid daily (for reproductiv nental): □ Regular □ L □ Iron-rich foods □ C □ Good □ F □ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 2 ½ hrs/week) □ Active (≥ 2 ½ hrs/week) □ Active (≥ 2 ½ hrs/week) □ Yes □ No □	e females)
□ taking 0.4 to 0.8 mg of folic   Itimitations (physical or n   Interval History   Diet / Nutrition   Appetite   Physical Activity   Weight □ Loss □ Gain   LMP:   Sexually active   Contraceptive Used	acid daily (for reproductiv nental): Regular L Iron-rich foods C Good F Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per w Los C G P A Yes No C	e females)
Limitations (physical or not physical history   Interval History   Interval History   Diet / Nutrition   Appetite   Physical Activity   Weight □ Loss □ Gain   LMP:   Sexually active   Contraceptive Used   Last PAP	acid daily (for reproductiv nental): Regular L Iron-rich foods C Good F Some (< 2 ½ hrs/week) Active (ittle or none) Some (< 2 ½ hrs/week) Active (≥ 2 Å hrs/week) Active (≥ 2 Å hrs/week) Active (≥ 2 Å hrs/week) Active (≥ 2 Å hrs/week)	e females)
□ taking 0.4 to 0.8 mg of folic   Itimitations (physical or n   Interval History   Diet / Nutrition   Appetite   Physical Activity   Weight □ Loss □ Gain   LMP:   Sexually active   Contraceptive Used	acid daily (for reproductiv nental): Regular L Iron-rich foods C Good F Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per w Los C G P A Yes No C	e females)
□ taking 0.4 to 0.8 mg of folic   Itaking 0.4 to 0.8 mg of folic   Itaking 0.4 to 0.8 mg of folic   Itaking 0.4 to 0.8 mg of folic   Itimitations (physical or n   Interval History   Interval History   Itaking 0.4 to 0.8 mg of folic   Itaking 0.4 to 0.8 mg of folic   Itaking 0.4 to 0.8 mg of folic   Weight □ Loss □ Gain   Itaking 0.4 to 0.8 mg of folic   Sexually active   Contraceptive Used   Last PAP   Current Alcohol /	acid daily (for reproductiv nental): Regular L Iron-rich foods C Good F Some (< 2 ½ hrs/week) Active (ittle or none) Some (< 2 ½ hrs/week) Active (≥ 2 Å hrs/week) Active (≥ 2 Å hrs/week) Active (≥ 2 Å hrs/week) Active (≥ 2 Å hrs/week)	e females)
□ taking 0.4 to 0.8 mg of folic   □ taking 0.4 to 0.4 mg of folic	acid daily (for reproductiv         mental): <ul> <li>Regular</li> <li>L</li> <li>Iron-rich foods</li> <li>C</li> <li>Good</li> <li>F</li> <li>Inactive (little or none)</li> <li>Some (&lt; 2 ½ hrs/week)</li> <li>Active (≥ 2 ½ hrs per w</li> <li> Ibs</li> <li>G</li> <li>P</li> <li>Active (≥ 2 ½ hrs per w</li> <li> Ibs</li> <li>G</li> <li>P</li> <li>Active Condoms</li> </ul> <li>Date:         <ul> <li>IV Drugs (or past</li> </ul> </li>	e females)
□ taking 0.4 to 0.8 mg of folic	acid daily (for reproductiv nental): Regular L Iron-rich foods C Good F Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs/week) Active (≥ 2 ½ hrs per w Ibs C G P A Yes No C None Condoms Date: None IV Drugs (or past Hx)	e females)

Name:		DOB:	
Immunization History / Date	□ None □ See <u>CAIR</u>	□ Tdap:	
□ COVID #1: □ COVID #2:	Influenza:	□ Varicella:	
COVID Booster(s):	D MMR:	□ Zoster:	
□ Hepatitis B:	□ Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Cervical Cancer	□ H&P, □ Other:		
Depression	□ <u>PHQ2</u> , □ <u>PHQ9</u> , □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Hepatitis C	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Intimate Partner Violence	□ <u>HARK</u> , □ <u>HITS,</u> □ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect evider		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal	sclerae clear,	
Ears	Canals clear, TMs norma	al	
Nose	Hearing grossly normal Passages clear, MM pin	k, no lesions	
Teeth	No visible cavities, gross		
Mouth / Pharynx	Oral mucosa pink, no lesions		
Neck	Supple, no masses, thyr enlarged	oid not	
Chest / Breast	Symmetrical, no masses	;	
Heart	No organic murmurs, reg	gular rhythm	
Lungs	Clear to auscultation bila	iterally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal		

Femoral pulses       Present & equal	Female	appearance	ernal	
Femoral pulses Present & equal   Extremities No deformities, full ROM   Lymph nodes Not enlarged   Back No scoliosis   Back No scoliosis   Skin Clear, no significant lesions   Neurologic Alert, no gross sensory or motor deficit   Subjective / Objective   Assessment   Plan     Referrals   Dentist Optometrist / Optimal point   Dentist Optometrist / Optimal point Optometrist / Optimal point Optometrist / Optimal point Optometrist / Optimal point	Vaginal exam	Done or completed else OB/GYN name:	ewhere	
Lymph nodes Not enlarged  Back No scoliosis  Skin Clear, no significant lesions  Neurologic Alert, no gross sensory or motor deficit  Subjective / Objective Alert, no gross sensory or motor deficit  Alert, no gross sensory or motor deficit  Subjective / Objective	Femoral pulses			
Back No scoliosis   Skin Clear, no significant lesions   Neurologic Alert, no gross sensory or motor deficit   Subjective / Objective     Assessment     Plan     Plan     Referrals   Opentist Optometrist / Optometrist / Opthalmologist   Dietician / Nutritionist	Extremities	No deformities, full ROM	M	
Skin Clear, no significant lesions   Neurologic Alert, no gross sensory or motor deficit   Subjective / Objective     Assessment     Plan     Plan     Referrals   Optometrist /	Lymph nodes	Not enlarged		
Neurologic Alert, no gross sensory or motor deficit   Subjective / Objective     Assessment     Plan     Plan     Referrals   Optometrist / Optome	Back	No scoliosis		
Subjective / Objective  Assessment  Plan  Referrals  Dentist  Optometrist /  Optometrist /  Dietician / Nutritionist  Optometrist /  Dietician / Nutritionist	Skin	Clear, no significant les	ions	
Assessment  Plan  Referrals  Dentist  Optometrist /  Optometrist /  Dietician / Nutritionist  Optometrist /  Dietician / Nutritionist	Neurologic	Alert, no gross sensory	or motor deficit	
Plan  Referrals  Dentist  Optometrist / Dietician / Nutritionist  Opthhalmologist	Subjective / Objective			
Plan  Referrals  Dentist  Optometrist / Dietician / Nutritionist  Opthhalmologist				
Plan  Referrals  Dentist  Optometrist / Dietician / Nutritionist  Opthhalmologist				
Plan  Referrals  Dentist  Optometrist / Dietician / Nutritionist  Opthhalmologist				
Plan  Referrals  Dentist  Optometrist / Dietician / Nutritionist  Opthhalmologist				
Plan  Referrals  Dentist  Optometrist / Dietician / Nutritionist  Opthhalmologist				
Referrals         Dentist       Optometrist / Dietician / Nutritionist Ophthalmologist	Assessment			
Referrals         Dentist       Optometrist / Dietician / Nutritionist Ophthalmologist				
Referrals         Dentist       Optometrist / Dietician / Nutritionist Ophthalmologist				
Referrals         Dentist       Optometrist / Dietician / Nutritionist Ophthalmologist				
Referrals         Dentist       Optometrist / Dietician / Nutritionist Ophthalmologist				
Dentist     Optometrist / Dietician / Nutritionist     Ophthalmologist	Plan			
Ophthalmologist	Plan			
	Referrals		Dietician / Nutri	tionist
OB/GYN:     Other:	Referrals	Ophthalmologist		
	Referrals  Dentist Drug / ETOH Tx rehab	Ophthalmologist		
Orders	Referrals  Dentist Drug / ETOH Tx rehab OB/GYN:	Ophthalmologist		
COVID 19 vaccine /      Varicella (if not up CBC / Basic metabolic	Referrals  Dentist  Drug / ETOH Tx rehab  OB/GYN:  Orders  COVID 19 vaccine /	Ophthalmologist  Behavioral health  Other:  Varicella (if not up	Tobacco cessa     CBC / Basic me	tion class
□ COVID 19 vaccine / booster       □ Varicella (if not up to date)       □ CBC / Basic metabolic panel         □ Hep B vaccine (if not up       □ Hep B Panel (if       □ Hct / Hgb	Referrals  Dentist  Drug / ETOH Tx rehab  OB/GYN:  Orders  COVID 19 vaccine / booster  Hep B vaccine (if not up	Ophthalmologist      Behavioral health      Other:      Varicella (if not up to date)      Hep B Panel (if	Tobacco cessa     CBC / Basic me     panel     Hct / Hgb	tion class
□ COVID 19 vaccine / booster       □ Varicella (if not up to date)       □ CBC / Basic metabolic panel         □ Hep B vaccine (if not up to date)       □ Hep B Panel (if □ Hct / Hgb high risk)       □ Lipid panel	Referrals  Dentist  Drug / ETOH Tx rehab  OB/GYN:  Orders  COVID 19 vaccine / booster  Hep B vaccine (if not up to date)	Ophthalmologist Behavioral health Other: Varicella (if not up to date) Hep B Panel (if high risk)	Tobacco cessa     CBC / Basic me     panel     Hct / Hgb     Lipid panel	tion class
□ COVID 19 vaccine / booster       □ Varicella (if not up to date)       □ CBC / Basic metabolic panel         □ Hep B vaccine (if not up to date)       □ Hep B Panel (if high risk)       □ Lipid panel         □ HPV vaccine (if not up to date)       □ Hep C Antibody test       □ Low to moderate dose statin	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to	Ophthalmologist  Dehavioral health  Other:  Varicella (if not up to date) Hep B Panel (if high risk) Hep C Antibody test	CBC / Basic me panel CBC / Hgb Lipid panel Low to moderat	tion class
□ COVID 19 vaccine / booster       □ Varicella (if not up to date)       □ CBC / Basic metabolic panel         □ Hep B vaccine (if not up to date)       □ Hep B Panel (if high risk)       □ Hct / Hgb □ Lipid panel         □ HPV vaccine (if not up to date)       □ Hep C Antibody test       □ Low to moderate dose statin         □ Influenza vaccine       □ Chlamydia       □ PPD skin test	Referrals  Dentist  Drug / ETOH Tx rehab  OB/GYN:  Orders  COVID 19 vaccine / booster  Hep B vaccine (if not up to date)  HPV vaccine (if not up to date)	Ophthalmologist  Dehavioral health  Other:  Varicella (if not up to date)  Hep B Panel (if high risk)  Hep C Antibody test Chlamydia	CBC / Basic me panel CICBC / Hgb Lipid panel Lipid panel Low to moderat statin PPD skin test	tion class
COVID 19 vaccine / booster       Varicella (if not up to date)       CBC / Basic metabolic panel         Hep B vaccine (if not up to date)       Hep B Panel (if high risk)       Het / Hgb         HPV vaccine (if not up to date)       Hep C Antibody test       Lipid panel         Influenza vaccine       Chlamydia       PPD skin test         Gonorrhea       QFT         Meningococcal vaccine (if       HIV       CXR	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if	Ophthalmologist  Dehavioral health  Other:  Varicella (if not up to date)  Hep B Panel (if high risk)  Hep C Antibody test Chlamydia Gonorrhea	<ul> <li>Tobacco cessa</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderat statin</li> <li>PPD skin test</li> <li>QFT</li> </ul>	tion class
COVID 19 vaccine / booster       Varicella (if not up to date)       CBC / Basic metabolic panel         Hep B vaccine (if not up to date)       Hep B Panel (if high risk)       Het / Hgb         HPV vaccine (if not up to date)       Hep C Antibody       Low to moderate dose statin         Influenza vaccine       Chlamydia       PPD skin test         Genorrhea       QFT         Meningococcal vaccine (if       HIV       CXR         Herpes       Urinalysis	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if not up to date)	Ophthalmologist         Behavioral health         Other:         Varicella (if not up to date)         Hep B Panel (if high risk)         Hep C Antibody test         Chlamydia         Gonorrhea         HIV         Herpes	Tobacco cessa      CBC / Basic me panel      Hct / Hgb      Lipid panel      Low to moderat statin      PPD skin test      QFT      CXR      Urinalysis	tion class
COVID 19 vaccine / booster       Varicella (if not up to date)       CBC / Basic metabolic panel         Hep B vaccine (if not up to date)       Hep B Panel (if high risk)       Het / Hgb         HPV vaccine (if not up to date)       Hep C Antibody       Low to moderate dose statin         Influenza vaccine       Chlamydia       PPD skin test         Gonorrhea       QFT         Meningococcal vaccine (if       HIV       CXR         not up to date)       Herpes       Urinalysis         MMR (if not up to date)       Syphilis       ECG	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if not up to date)	Ophthalmologist         Behavioral health         Other:         Varicella (if not up to date)         Hep B Panel (if high risk)         Hep C Antibody test         Chlamydia         Gonorrhea         HIV         Herpes         Syphilis	<ul> <li>Tobacco cessa</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderat statin</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>	tion class
COVID 19 vaccine / booster       Varicella (if not up to date)       CBC / Basic metabolic panel         Hep B vaccine (if not up to date)       Hep B Panel (if high risk)       Hct / Hgb         HPV vaccine (if not up to date)       Hep C Antibody test       Lipid panel         Influenza vaccine       Chlamydia       PPD skin test         Gonorrhea       QFT         Meningococcal vaccine (if not up to date)       HIV       CXR Herpes         MMR (if not up to date)       Syphilis       ECG Trichomonas         Pneumococcal (if high       Rx for folic acid       Fasting plasma glucose	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if not up to date)         MMR (if not up to date)         Pneumococcal (if high	Ophthalmologist         Behavioral health         Other:         Varicella (if not up to date)         Hep B Panel (if high risk)         Hep C Antibody test         Chlamydia         Gonorrhea         HIV         Herpes         Syphilis         Trichomonas         Rx for folic acid	<ul> <li>Tobacco cessa</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderal statin</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fasting plasma</li> </ul>	etabolic te dose
□ OB/GYN: □ Other:	Plan			
	Referrals  Dentist Drug / ETOH Tx rehab	Ophthalmologist		
0.1	Referrals  Dentist Drug / ETOH Tx rehab OB/GYN:	Ophthalmologist		
	Referrals  Dentist Drug / ETOH Tx rehab OB/GYN: Orders	Ophthalmologist <ul> <li>Behavioral health</li> <li>Other:</li> </ul>	Tobacco cessa	tion class
COVID 19 vaccine /      Varicella (if not up CBC / Basic metabolic	Referrals  Dentist  Drug / ETOH Tx rehab  OB/GYN:  Orders  COVID 19 vaccine /	Ophthalmologist  Behavioral health  Other:  Varicella (if not up	Tobacco cessa     CBC / Basic me	tion class
COVID 19 vaccine /      Varicella (if not up CBC / Basic metabolic booster to date) panel	Referrals  Dentist Drug / ETOH Tx rehab OB/GYN: Orders COVID 19 vaccine / booster	Ophthalmologist Behavioral health Other: Varicella (if not up to date)	Tobacco cessa     CBC / Basic me     panel	tion class
□ COVID 19 vaccine / booster       □ Varicella (if not up to date)       □ CBC / Basic metabolic panel         □ Hep B vaccine (if not up □ Hep B Panel (if □ Hct / Hgb	Referrals  Dentist  Drug / ETOH Tx rehab  OB/GYN:  Orders  COVID 19 vaccine / booster  Hep B vaccine (if not up	Ophthalmologist      Behavioral health      Other:      Varicella (if not up to date)      Hep B Panel (if	Tobacco cessa     CBC / Basic me     panel     Hct / Hgb	tion class
□ COVID 19 vaccine /       □ Varicella (if not up       □ CBC / Basic metabolic         booster       to date)       panel         □ Hep B vaccine (if not up       □ Hep B Panel (if       □ Hct / Hgb         to date)       □ high risk)       □ Lipid panel	Referrals  Dentist  Drug / ETOH Tx rehab  OB/GYN:  Orders  COVID 19 vaccine / booster  Hep B vaccine (if not up to date)	Ophthalmologist Behavioral health Other: Varicella (if not up to date) Hep B Panel (if high risk)	Tobacco cessa     CBC / Basic me     panel     Hct / Hgb     Lipid panel	tion class
COVID 19 vaccine / booster       Varicella (if not up to date)       CBC / Basic metabolic panel         Hep B vaccine (if not up to date)       Hep B Panel (if high risk)       Het / Hgb         HPV vaccine (if not up to Hep C Antibody       Hev C Antibody       Low to moderate dose	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to	Ophthalmologist Behavioral health Other: Varicella (if not up to date) Hep B Panel (if high risk) Hep C Antibody	CBC / Basic me panel CBC / Hgb Lipid panel Low to moderat	tion class
□ COVID 19 vaccine / booster       □ Varicella (if not up to date)       □ CBC / Basic metabolic panel         □ Hep B vaccine (if not up to date)       □ Hep B Panel (if hot up to high risk)       □ Lipid panel         □ HPV vaccine (if not up to date)       □ Hep C Antibody test       □ Low to moderate dose statin	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)	Ophthalmologist  Dehavioral health  Other:  Varicella (if not up to date) Hep B Panel (if high risk) Hep C Antibody test	<ul> <li>Tobacco cessa</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderatistatin</li> </ul>	tion class
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□ COVID 19 vaccine / booster       □ Varicella (if not up to date)       □ CBC / Basic metabolic panel         □ Hep B vaccine (if not up to date)       □ Hep B Panel (if high risk)       □ Hct / Hgb Lipid panel         □ HPV vaccine (if not up to date)       □ Hep C Antibody test       □ Low to moderate dose statin         □ Influenza vaccine       □ Chlamydia       □ PPD skin test	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)	Ophthalmologist  Dehavioral health  Other:  Varicella (if not up to date)  Hep B Panel (if high risk)  Hep C Antibody test  Chlamydia	CBC / Basic me panel CICBC / Hgb Lipid panel Lipid panel Low to moderat statin PPD skin test	tion class
<ul> <li>COVID 19 vaccine / to date)</li> <li>Hep B vaccine (if not up to date)</li> <li>Hep B vaccine (if not up high risk)</li> <li>Lipid panel</li> <li>HPV vaccine (if not up to date)</li> <li>HPV vaccine (if not up to date)</li> <li>HPV vaccine (if not up to date)</li> <li>Hep C Antibody test statin</li> <li>Influenza vaccine</li> <li>Chlamydia</li> <li>PPD skin test</li> <li>Gonorrhea</li> <li>QFT</li> </ul>	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine	Ophthalmologist  Dehavioral health  Other:  Varicella (if not up to date)  Hep B Panel (if high risk)  Hep C Antibody test Chlamydia Gonorrhea	<ul> <li>Tobacco cessa</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderat statin</li> <li>PPD skin test</li> <li>QFT</li> </ul>	tion class
□ COVID 19 vaccine / booster       □ Varicella (if not up to date)       □ CBC / Basic metabolic panel         □ Hep B vaccine (if not up to date)       □ Hep B Panel (if high risk)       □ Hct / Hgb □ Lipid panel         □ HPV vaccine (if not up to date)       □ Hep C Antibody test       □ Low to moderate dose statin         □ Influenza vaccine       □ Chlamydia □ Gonorrhea       □ QFT         □ Meningococcal vaccine (if       □ HIV       □ CXR	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if	Ophthalmologist Dehtalmologist Other: Varicella (if not up to date) Hep B Panel (if high risk) Hep C Antibody test Chlamydia Gonorrhea HIV	Tobacco cessa     CBC / Basic me     panel     Hct / Hgb     Lipid panel     Low to moderat     statin     PPD skin test     QFT     CXR	tion class
COVID 19 vaccine / booster       Varicella (if not up to date)       CBC / Basic metabolic panel         Hep B vaccine (if not up to date)       Hep B Panel (if high risk)       Hct / Hgb Lipid panel         HPV vaccine (if not up to date)       Hep C Antibody test       Low to moderate dose statin         Influenza vaccine       Chlamydia       PPD skin test         Gonorrhea       QFT         Meningococcal vaccine (if       HIV       CXR	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if	Ophthalmologist Dehtalmologist Other: Varicella (if not up to date) Hep B Panel (if high risk) Hep C Antibody test Chlamydia Gonorrhea HIV	Tobacco cessa     CBC / Basic me     panel     Hct / Hgb     Lipid panel     Low to moderat     statin     PPD skin test     QFT     CXR	tion class
COVID 19 vaccine / booster       Varicella (if not up to date)       CBC / Basic metabolic panel         Hep B vaccine (if not up to date)       Hep B Panel (if high risk)       Hct / Hgb Lipid panel         HPV vaccine (if not up to date)       Hep C Antibody test       Low to moderate dose statin         Influenza vaccine       Chlamydia       PPD skin test         Gonorrhea       QFT         Meningococcal vaccine (if       HIV       CXR	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if	Ophthalmologist Dehtalmologist Other: Varicella (if not up to date) Hep B Panel (if high risk) Hep C Antibody test Chlamydia Gonorrhea HIV	Tobacco cessa     CBC / Basic me     panel     Hct / Hgb     Lipid panel     Low to moderat     statin     PPD skin test     QFT     CXR	tion class
COVID 19 vaccine / booster       Varicella (if not up to date)       CBC / Basic metabolic panel         Hep B vaccine (if not up to date)       Hep B Panel (if high risk)       Het / Hgb         HPV vaccine (if not up to date)       Hep C Antibody       Low to moderate dose statin         Influenza vaccine       Chlamydia       PPD skin test         Gonorrhea       QFT         Meningococcal vaccine (if       HIV       CXR         Hepses       Urinalysis	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if not up to date)	Ophthalmologist         Behavioral health         Other:         Varicella (if not up to date)         Hep B Panel (if high risk)         Hep C Antibody test         Chlamydia         Gonorrhea         HIV         Herpes	Tobacco cessa     CBC / Basic me     panel     Hct / Hgb     Lipid panel     Low to moderat     statin     PPD skin test     QFT     CXR     Urinalysis	tion class
COVID 19 vaccine / booster       Varicella (if not up to date)       CBC / Basic metabolic panel         Hep B vaccine (if not up to date)       Hep B Panel (if high risk)       Het / Hgb         HPV vaccine (if not up to date)       Hep C Antibody       Low to moderate dose statin         Influenza vaccine       Chlamydia       PPD skin test         Gonorrhea       QFT         Meningococcal vaccine (if       HIV       CXR         Hepses       Urinalysis	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if not up to date)	Ophthalmologist         Behavioral health         Other:         Varicella (if not up to date)         Hep B Panel (if high risk)         Hep C Antibody test         Chlamydia         Gonorrhea         HIV         Herpes	Tobacco cessa     CBC / Basic me     panel     Hct / Hgb     Lipid panel     Low to moderat     statin     PPD skin test     QFT     CXR     Urinalysis	tion class
COVID 19 vaccine / booster       Varicella (if not up to date)       CBC / Basic metabolic panel         Hep B vaccine (if not up to date)       Hep B Panel (if high risk)       Het / Hgb         HPV vaccine (if not up to date)       Hep C Antibody       Low to moderate dose statin         Influenza vaccine       Chlamydia       PPD skin test         Gonorrhea       QFT         Meningococcal vaccine (if       HIV       CXR         not up to date)       Herpes       Urinalysis         MMR (if not up to date)       Syphilis       ECG	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if not up to date)	Ophthalmologist         Behavioral health         Other:         Varicella (if not up to date)         Hep B Panel (if high risk)         Hep C Antibody test         Chlamydia         Gonorrhea         HIV         Herpes         Syphilis	<ul> <li>Tobacco cessa</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderat statin</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>	tion class
COVID 19 vaccine / booster       Varicella (if not up to date)       CBC / Basic metabolic panel         Hep B vaccine (if not up to date)       Hep B Panel (if high risk)       Het / Hgb Lipid panel         HPV vaccine (if not up to date)       Hep C Antibody test       Low to moderate dose statin         Influenza vaccine       Chlamydia       PPD skin test         Gonorrhea       QFT         Meningococcal vaccine (if not up to date)       Herpes       Urinalysis         MMR (if not up to date)       Syphilis       ECG         Trichomonas       COVID 19 test	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if not up to date)         MMR (if not up to date)	Ophthalmologist         Behavioral health         Other:         Varicella (if not up to date)         Hep B Panel (if high risk)         Hep C Antibody test         Chlamydia         Gonorrhea         HIV         Herpes         Syphilis         Trichomonas	<ul> <li>Tobacco cessa</li> <li>CBC / Basic mepanel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderal statin</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> </ul>	etabolic te dose
COVID 19 vaccine / booster       Varicella (if not up to date)       CBC / Basic metabolic panel         Hep B vaccine (if not up to date)       Hep B Panel (if high risk)       Hct / Hgb         HPV vaccine (if not up to date)       Hep C Antibody test       Lipid panel         Influenza vaccine       Chlamydia       PPD skin test         Gonorrhea       QFT         Meningococcal vaccine (if not up to date)       HIV       CXR Herpes         MMR (if not up to date)       Syphilis       ECG Trichomonas         Pneumococcal (if high       Rx for folic acid       Fasting plasma glucose	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if not up to date)         MMR (if not up to date)         Pneumococcal (if high	Ophthalmologist         Behavioral health         Other:         Varicella (if not up to date)         Hep B Panel (if high risk)         Hep C Antibody test         Chlamydia         Gonorrhea         HIV         Herpes         Syphilis         Trichomonas         Rx for folic acid	<ul> <li>Tobacco cessa</li> <li>CBC / Basic mepanel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderal statin</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fasting plasma</li> </ul>	etabolic te dose
COVID 19 vaccine / booster       Varicella (if not up to date)       CBC / Basic metabolic panel         Hep B vaccine (if not up to date)       Hep B Panel (if high risk)       Hct / Hgb Lipid panel         HPV vaccine (if not up to date)       Hep C Antibody test       Low to moderate dose statin         Influenza vaccine       Chlamydia       PPD skin test         Gonorrhea       QFT         Meningococcal vaccine (if not up to date)       HIV       CXR Herpes         MMR (if not up to date)       Syphilis       ECG COVID 19 test         Pneumococcal (if high       Rx for folic acid       Fasting plasma glucose	Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if not up to date)         MMR (if not up to date)         Pneumococcal (if high risk)	Ophthalmologist         Behavioral health         Other:         Varicella (if not up to date)         Hep B Panel (if high risk)         Hep C Antibody test         Chlamydia         Gonorrhea         HIV         Herpes         Syphilis         Trichomonas         Rx for folic acid 0.4-0.8mg daily	<ul> <li>Tobacco cessa</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderal statin</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fasting plasma HbA1C</li> </ul>	tion class etabolic te dose glucose

# Name:

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DOB:

Anticipatory Guidance (AG) / Education ( $\sqrt{i}$ if discussed)				
Diet, Nutrition & Exercise				
Weight control / obesity	Vegetables, fruits	□ Lean protein		
Whole grains / iron-rich foods	□ Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream		
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Healthy food choices</li> </ul>	□ Eating disorder		
Accident Prevention &	Guidance			
Alcohol/drug/substance misuse counseling	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence		
□ Routine dental care	□ Gun safety	Personal development		
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	□ Violent behavior	□ Goals in life		
□ Intimate partner violence	<ul> <li>Mindful of daily movements</li> </ul>	<ul> <li>Family support, social interaction &amp; communication</li> </ul>		
Diabetes management	<ul> <li>Motor vehicle safety (DUI / no texting &amp; driving)</li> </ul>	□ Academic or work plans		
<ul> <li>Safe sex practices (condoms, contraception, HIV/AIDS)</li> </ul>	□ Seat belt	□ Self-breast exam		
$\Box$ Skin cancer prevention	Safety helmet	□ Breastfeeding		
<ul> <li>Smoking/vaping use/exposure</li> </ul>	□ ASA use	<ul> <li>Sex education (partner selection)</li> </ul>		
Tobacco Cessation	Quit Date:			
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>		
Next Appointment				
□ 1 year	RTC PRN	□ Other:		

#### **Documentation Reminders**

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

21 to 39 Years Old Female - Page 2 of 2

21 to 39 Years: Male	Actual Age:	Date:
Medical Record #		
Primary Language		
Interpreter Requested	□ Yes □ No □	□ Refused
Name of Interpreter		
Intake		Vital Signs
Allergies		Temp
Height		BP
Weight		Pulse
BMI Value		Resp
Pain	Location:	
Dental Provider	Scale: 0 1 2 3 4	Last visit date:
Advance Directive Info given/discussed	□ Yes □ Refused	
Chronic Problems/Sign	nificant Conditions: □ s	ee Problem List
Current Medications/Vi	tamins: □ See Medication	ı List
Limitations (physical or		ı List
	· mental):	
Limitations (physical or	· mental):	calorie 🗆 ADA
Limitations (physical or Interval History	mental):	calorie 🗆 ADA
Limitations (physical or Interval History Diet / Nutrition		calorie
Limitations (physical or Interval History Diet / Nutrition Appetite	mental):  Regular □ Low Iron-rich foods □ Othe Good □ Fair Inactive (little or none)	calorie
Limitations (physical or Interval History Diet / Nutrition Appetite Physical Activity	<ul> <li>mental):</li> <li>Regular □ Low</li> <li>Iron-rich foods □ Othe</li> <li>Good □ Fair</li> <li>Inactive (ittle or none)</li> <li>Some (&lt; 2 ½ hrs/week)</li> <li>Active (≥ 2 ½ hrs per week)</li> </ul>	calorie
Limitations (physical or Interval History Diet / Nutrition Appetite Physical Activity Weight 🗆 Loss 🗆 Gain	mental): □ Regular □ Low □ Iron-rich foods □ Othe □ Good □ Fair □ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 2 ½ hrs per weet Ibs □ Intenti	calorie
Limitations (physical or Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually Active	mental):     Regular □ Low     Iron-rich foods □ Othe     Good □ Fair     Inactive (little or none)     Some (< 2 ½ hrs/week)     Active (≥ 2 ½ hrs per wees     lbs □ Intenti     Ives □ No □ Multip	calorie
Limitations (physical or Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually Active Contraceptive Used Current Alcohol /	mental):  Regular Low Iron-rich foods Othe Good Fair Good Fair Calculate or none Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs/week) Lactive (≥ 2 ½ hrs per week) Lactive (≥ 2 ½ hrs per week) Calculate or none Some Condoms	calorie
Limitations (physical or Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually Active Contraceptive Used Current Alcohol / Substance use	mental):  Regular Low Iron-rich foods Othe Good Fair Good Fair Good Fair Calculate (little or none) Some (< 2 ½ hrs/week) Active (> 2 ½ hrs/week) Active (> 2 ½ hrs per wee Legulate for the foot of	calorie
Limitations (physical or Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually Active Contraceptive Used Current Alcohol / Substance use □ Drugs (specify):	mental):     Regular □ Low     Iron-rich foods □ Othe     Good □ Fair     Inactive (little or none)     Some (< 2 ½ hrs/week)     Active (≥ 2 ½ hrs per weet     lbs □ Intenti     Yes □ No □ Multip     None □ Condoms     None     IV Drugs (or past     Hx)	calorie

Name:		DOB:	
Immunization	□ None	□ Tdap:	
History / Date	□ See <u>CAIR</u> □ Influenza:	□ Varicella:	
COVID Booster(s):	D MMR:	□ Zoster:	
□ Hepatitis B:	□ Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Depression	□ <u>PHQ2,</u> □ <u>PHQ9,</u> □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Hepatitis C	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develope No abuse/neglect evident	ed	
Head	No lesions		
Eyes	PERRLA, conjunctivae & s Vision grossly normal	sclerae clear	
Ears	Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities, grossly	normal	
Mouth / Pharynx	Oral mucosa pink, no lesio	ons	
Neck	Supple, no masses, thyroid not enlarged		
Chest	Symmetrical, no masses		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bilate	erally	
Abdomen	Soft, no masses, liver & spleen normal		
Genitalia	Grossly normal		
Male	Circ / uncircumcised, teste Prostate Exam / Rectal	es in scrotum	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Lymph nodes	Not enlarged		

Skin	Clear, no significant lesior	ns 🗆
Neurologic	Alert, no gross sensory or	motor deficit
Subjective / Objective	)	
Assessment		
Plan		
i iaii		
Deferrele		
Referrals		
Referrals □ Dentist	□ Optometrist / Ophthalmologist	Dietician / Nutritionist
	□ Optometrist / Ophthalmologist □ Behavioral health	Dietician / Nutritionist     Tobacco cessation class
Dentist	Ophthalmologist	
Dentist     Drug / ETOH Tx rehab	Ophthalmologist	
Dentist Drug / ETOH Tx rehab Other:	Ophthalmologist	
Dentist Drug / ETOH Tx rehab Other: Orders COVID 19 vaccine /	Ophthalmologist	Tobacco cessation class     CBC / Basic metabolic
Dentist Drug / ETOH Tx rehab Other: Orders COVID 19 vaccine / booster	Ophthalmologist  Behavioral health  Tdap	Tobacco cessation class     CBC / Basic metabolic     panel
Dentist Drug / ETOH Tx rehab Other: Orders COVID 19 vaccine / booster	Ophthalmologist Behavioral health	Tobacco cessation class     CBC / Basic metabolic     panel     Hct / Hgb
Dentist Drug / ETOH Tx rehab Other: Orders COVID 19 vaccine / booster Hep B vaccine (if not up to date) HPV vaccine (if not up	Ophthalmologist  Dehavioral health  Totap  Varicella (if not up to	Tobacco cessation class      CBC / Basic metabolic     panel      Hct / Hgb      Lipid panel      Low to moderate dose
Dentist Drug / ETOH Tx rehab Other: Cother: Covid 19 vaccine / booster Hep B vaccine (if not up to date) HPV vaccine (if not up to date)	Ophthalmologist  Dehavioral health  Tdap  Varicella (if not up to date)  Hep B Panel (if at risk)	<ul> <li>Tobacco cessation class</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderate dose statin</li> </ul>
Dentist Drug / ETOH Tx rehab Other: Cother: Covid 19 vaccine / booster Hep B vaccine (if not up to date) HPV vaccine (if not up to date)	Ophthalmologist  Dehavioral health  Tdap  Varicella (if not up to date)  Hep B Panel (if at	Tobacco cessation class      CBC / Basic metabolic     panel      Hct / Hgb      Lipid panel      Low to moderate dose     statin      PPD skin test
Dentist  Drug / ETOH Tx rehab  Other:  Cother:  COVID 19 vaccine / booster  COVID 19 vaccine (if not up to date)  Influenza vaccine	Ophthalmologist  Dehtaimologist Behavioral health  Tdap  Varicella (if not up to date) Hep B Panel (if at risk) Hep C Antibody test	<ul> <li>Tobacco cessation class</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderate dose statin</li> </ul>
Dentist  Drug / ETOH Tx rehab  Other:  Cother:  COVID 19 vaccine / booster  COVID 19 vaccine (if not up to date)  Influenza vaccine	Ophthalmologist  Dehavioral health  Tdap  Varicella (if not up to date)  Hep B Panel (if at risk)	Tobacco cessation class     Tobacco cessation class     CBC / Basic metabolic     panel     Hct / Hgb     Lipid panel     Low to moderate dose     statin     PPD skin test     QFT
<ul> <li>Dentist</li> <li>Drug / ETOH Tx rehab</li> <li>Other:</li> </ul> Orders Orders <ul> <li>COVID 19 vaccine / booster</li> <li>Hep B vaccine (if not up to date)</li> <li>HPV vaccine (if not up to date)</li> <li>Influenza vaccine</li> <li>Meningococcal vaccine</li> </ul>	Ophthalmologist  Dehtaimologist Behavioral health  Tdap  Varicella (if not up to date) Hep B Panel (if at risk) Hep C Antibody test Chlamydia	Tobacco cessation class      CBC / Basic metabolic     panel      Hct / Hgb      Lipid panel      Low to moderate dose     statin      PPD skin test      QFT      CXR
Dentist Drug / ETOH Tx rehab Other: Orders COVID 19 vaccine / booster Hep B vaccine (if not up to date) HPV vaccine (if not up to date) Influenza vaccine (if not up to date)	Ophthalmologist  Dehtaimologist Behavioral health  Tdap  Varicella (if not up to date) Hep B Panel (if at risk) Hep C Antibody test Chlamydia Gonorrhea	<ul> <li>Tobacco cessation class</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderate dose statin</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>
Dentist Drug / ETOH Tx rehab Other: Orders COVID 19 vaccine / booster Hep B vaccine (if not up to date) HPV vaccine (if not up to date) Influenza vaccine (if not up to date) MMR (if not up to date) Pneumococcal (if high	Ophthalmologist Behavioral health Data Data Data Data Data Data Data Da	<ul> <li>Tobacco cessation class</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderate dose statin</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fasting plasma glucose</li> </ul>
<ul> <li>Dentist</li> <li>Drug / ETOH Tx rehab</li> <li>Other:</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine / booster</li> <li>Hep B vaccine (if not up to date)</li> <li>HPV vaccine (if not up to date)</li> <li>Influenza vaccine</li> <li>Meningococcal vaccine (if not up to date)</li> </ul>	Ophthalmologist  Dehtaimologist  Behavioral health  Tdap  Varicella (if not up to date)  Hep B Panel (if at risk)  Hep C Antibody test Chlamydia Gonorrhea HIV Herpes	<ul> <li>Tobacco cessation class</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderate dose statin</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> </ul>

#### Name:

DOB:

Anticipatory Guidance (AG) / Education ( $$ if discussed)				
Diet, Nutrition & Exercise				
□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein		
Whole grains / iron-rich foods	□ Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream		
<ul> <li>Physical activity / exercise</li> </ul>	□ Healthy food choices	□ Eating disorder		
Accident Prevention	& Guidance			
<ul> <li>Alcohol/drug/substance misuse counseling</li> </ul>	<ul> <li>Avoid risk-taking behavior</li> </ul>			
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	□ Gun safety	Personal development		
<ul> <li>Mental health (emotional support)</li> </ul>	Violent behavior	□ Goals in life		
Diabetes Management	<ul> <li>Motor vehicle safety (DUI / no texting &amp; driving)</li> </ul>	□ Academic or work plans		
<ul> <li>Safe sex practices (condoms, contraception, HIV/AIDS)</li> </ul>	□ Seat belt	<ul> <li>Family support, social interaction &amp; communication</li> </ul>		
□ Skin cancer prevention	□ Safety helmet	□ Testicular self-exam		
<ul> <li>Smoking/vaping use/exposure</li> </ul>	□ Routine dental care	Sex education (partner selection		
Tobacco Cessation Quit Date:				
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>		
Next Appointment				
□ 1 year	RTC PRN	□ Other:		

Documentation Reminders			
□ Staying Healthy □ Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	<ul> <li>Problem/Medication</li> <li>Lists updated</li> </ul>	

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)	

21 to 39 Years Old Male - Page 2 of 2

Comprehensive He	alth Assessmen	t	
40 to 49 Years: Female	Actual Age:	Date:	
Medical Record #			
Primary Language			
Interpreter Requested	□ Yes □ No Interpreter Name:	□ Refused	
Intake		Vital Sig	ns
Allergies		Temp	
Height		BP	
Weight		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3	456789	10
Dental Provider		Last visit date:	10
Advance Directive Info Given/Discussed	□ Yes □ Refuse	ed	
Chronic Problems/Sign	ificant Conditions:	See Problem List	
Limitations (physical or mental):			
Interval History			
	□ Regular □ L	.ow calorie	)A
Diet / Nutrition	-	Other:	
Appetite		Fair 🗆 Po	or
Physical Activity	<ul> <li>□ Inactive (little or none)</li> <li>□ Some (&lt; 2 ½ hrs/week</li> <li>□ Active (≥ 2 ½ hrs per v</li> </ul>	.)	raining)
Weight 🗆 Loss 🗆 Gain	lbs	□ Intentional □ U	
LMP:	G P A	<ul> <li>□ Menorrhagia</li> <li>□ Menopause</li> </ul>	
Hysterectomy	🗆 Partial 🛛 Total		
Sexually active	🗆 Yes 🗆 No	Multiple Partn	ers
Contraceptive Used	None     Condon	ns 🗆 Other:	
Last PAP	Date:	□ WNL	
Last Mammogram	Date:		
Last Colonoscopy	Date:	□ WNL	
Current Alcohol / Substance Use	□ None	Alcohol	
□ Drugs (specify):	□ IV Drugs (or past Hx)	Tobacco / Vape Packs/day:	
Family History	□ None	□ Diabetes	
□ Heart disease	□ HTN	□ Hip fracture	
□ High cholesterol	Cancer	□ Other:	

Name:		DOB	
Immunization History / Date		□ Tdap:	
COVID #1:	□ See <u>CAIR</u> □ Influenza:	□ Varicella:	
COVID Booster(s):	D MMR:	□ Zoster:	
□ Hepatitis B:	Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Breast Cancer	□ H&P, □ Other:		
Cervical Cancer	□ H&P, □ Other:		
Colorectal Cancer	□ H&P, □ Other:		
Depression	□ <u>PHQ2</u> , □ <u>PHQ9</u> , □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Hepatitis C	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Intimate Partner Violence	□ <u>HARK</u> , □ <u>HITS,</u> □ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Osteoporosis	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Screener,</u> □ H&P, □ Other:		
Physical Examination	Physical Examination WNL		
General appearance	Well-nourished & devel No abuse/neglect evide		
Head	No lesions	0	
Eyes	PERRLA, conjunctivae Vision grossly normal		
Ears	Canals clear, TMs norn Hearing grossly normal		
Nose	Passages clear, MM pi		
Teeth	No visible cavities, gros		
Mouth / Pharynx	Oral mucosa pink, no le		
Neck	Supple, no masses, thy enlarged	rroid not	
Chest / Breast	Symmetrical, no masse	s	
Heart	No organic murmurs, re	egular rhythm	
Lungs	Clear to auscultation bi	laterally	

Genitalia	Grossly normal		
Female	No lesions, normal ext appearance	ernal	
Vaginal exam	Done or completed els OB/GYN name:	ewhere	
Femoral pulses	Present & equal		
Extremities	No deformities, full RO	M	
Lymph nodes	Not enlarged		
Back	No scoliosis		
		•	
Skin	Clear, no significant les		
Neurologic	Alert, no gross sensory	/ or motor deficit	
Subjective / Objective	)		
Accoment			
Assessment			
Dlan			
Plan			
Plan			
Plan			
Plan Referrals □ Dentist	□ Optometrist /	Dietician / Nutri	itionist
Referrals	Ophthalmologist		
Referrals □ Dentist		Dietician / Nutri     Tobacco cessa	
Referrals	Ophthalmologist		
Referrals	Ophthalmologist		
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine /	Ophthalmologist  Behavioral health  Other: Hep B Panel (if	Tobacco cessa     CBC / Basic me	tion class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster	Ophthalmologist Behavioral health Other: Hep B Panel (if high risk)	Tobacco cessa     CBC / Basic me     panel	tion class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine /	Ophthalmologist  Behavioral health  Other: Hep B Panel (if	Tobacco cessa     CBC / Basic me	tion class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not	Ophthalmologist Behavioral health Other: Hep B Panel (if high risk) Hep C Antibody	Tobacco cessa     CBC / Basic me     panel     Hct / Hgb	tion class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea	Tobacco cessa     CBC / Basic me     panel     Hct / Hgb     Lipid panel	tion class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV	Tobacco cessa     CBC / Basic me     panel     Hct / Hgb     Lipid panel     PPD skin test     QFT     CXR	tion class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes	<ul> <li>Tobacco cessa</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>	tion class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal (if high	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes Syphilis	<ul> <li>Tobacco cessa</li> <li>CBC / Basic mapanel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>	tion class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal (if high risk)	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes Syphilis Trichomonas	<ul> <li>Tobacco cessa</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> </ul>	etabolic
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal (if high	Ophthalmologist      Behavioral health      Other:      Hep B Panel (if high risk)      Hep C Antibody test (if high risk)      Chlamydia     Gonorrhea      HIV     Herpes     Syphilis     Trichomonas     Rx for folic acid	<ul> <li>Tobacco cessa</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fasting plasma</li> </ul>	tion class etabolic
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal (if high risk)         Tdap	Ophthalmologist  Dephavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes Syphilis Trichomonas Rx for folic acid 0.4-0.8mg daily	<ul> <li>Tobacco cessa</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fasting plasma</li> <li>Oral glucose to</li> </ul>	tion class etabolic
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal (if high risk)	Ophthalmologist  Dephavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes Syphilis Trichomonas Rx for folic acid 0.4-0.8mg daily GFOBT or Fit	<ul> <li>Tobacco cessa</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fasting plasma</li> <li>Oral glucose to</li> <li>HbA1C</li> </ul>	etabolic etabolic
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal (if high risk)         Tdap         Varicella (if not up to	Ophthalmologist  Dephavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes Syphilis Trichomonas Rx for folic acid 0.4-0.8mg daily	<ul> <li>Tobacco cessa</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fasting plasma</li> <li>Oral glucose to</li> </ul>	tion class etabolic etabolic etabolic etabolic etabolic etabolic etabolic

#### Name:

Anticipatory Guidance (AG) / Education ( $\sqrt{i}$ if discussed)				
Diet, Nutrition & Exercise				
Vegetables, fruits	□ Lean protein			
<ul> <li>□ Limit fatty, sugary &amp; salty foods</li> </ul>	□ Limit candy, chips & ice cream			
<ul> <li>Healthy food choices</li> </ul>	□ Eating disorder			
Guidance				
<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence			
□ Gun safety	Personal development			
Violent behavior	□ Goals in life			
Mindful of daily movements	□ Work activities			
<ul> <li>Motor vehicle safety (DUI / no texting &amp; driving)</li> </ul>	□ Family support, social interaction & communication			
□ Seat belt	□ Self-breast exam			
□ Safety helmet	□ Aging process			
<ul> <li>Routine dental care</li> </ul>	□ Perimenopause education			
Quit Date:				
<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>			
□ RTC PRN	□ Other:			
	ise Vegetables, fruits Limit fatty, sugary s salty foods Healthy food choices Guidance Guidance Guisafety			

# Documentation Reminders Staying Healthy Use Vaccines entered in CAIR (manufacturer, Lists updated

	nanufacturer, Lists updated S publication tc.)
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Title	Date
	Title

Notes (include date, time, signature, and title on all entries)

40 to 49 Years Old Female - Page 2 of 2

Comprehensive Healt	n Assessment		
40 to 49 Years: Male	Actual Age:	Date:	
Medical Record #			
Primary Language			
Interpreter Requested	□ Yes □ No	□ Refused	
Name of Interpreter			
Intake		Vital Signs	
Allergies		Temp	
Height		BP	
Weight		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10	
Dental Provider		Last visit date:	
Advance Directive	□ Yes □ Refused	ł	
Info Given/Discussed Chronic Problems/Significa			
		obiem List	
Limitations (physical or mental):			
Interval History			
Diet / Nutrition	□ Regular □ Lov □ Iron-rich foods □ Oth	w calorie □ ADA ner:	
Appetite	□ Good □ Fa	r 🗆 Poor	
Physical Activity	□ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (> 2 ½ hrs per we		
Weight 🗆 Loss 🗆 Gain			
Sexually active	1	ional 🗆 Unintentional	
•	🗆 Yes 🗆 No 🗆 Multi		
Contraceptive Used	Yes      No      Multi     None      Condoms		
•		ple Partners	
Contraceptive Used Last Colonoscopy Current Alcohol /		ple Partners □ MSM □ Other:	
Contraceptive Used Last Colonoscopy	□ None □ Condoms Date:	ple Partners □ MSM □ Other: □ WNL	
Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use	None Condoms     Date:     None	ple Partners   MSM  Other:  WNL  Alcohol	
Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use	<ul> <li>None Condoms</li> <li>Date:</li> <li>None</li> <li>IV Drugs (or past Hx)</li> <li>Unremarkable</li> </ul>	<ul> <li>Partners I MSM</li> <li>Other:</li> <li>WNL</li> <li>Alcohol</li> <li>Tobacco / Vape Packs/day:</li> <li>Diabetes</li> </ul>	
Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use Drugs (specify): Family History Heart disease	<ul> <li>None □ Condoms</li> </ul> Date: <ul> <li>□ None</li> <li>□ IV Drugs (or past Hx)</li> </ul>	ple Partners  MSM Other: WNL Alcohol Tobacco / Vape Packs/day:	
Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use Drugs (specify): Family History Heart disease High cholesterol	<ul> <li>None □ Condoms</li> <li>Date:</li> <li>□ None</li> <li>□ IV Drugs (or past Hx)</li> <li>□ Unremarkable</li> <li>□ HTN</li> </ul>	ple Partners  MSM Other: WNL Alcohol Tobacco / Vape Packs/day: Diabetes Asthma Other:	
Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use Drugs (specify): Family History Heart disease High cholesterol Immunization History / Date	<ul> <li>None Condoms</li> <li>Date:</li> <li>None</li> <li>IV Drugs (or past Hx)</li> <li>Unremarkable</li> <li>HTN</li> <li>Cancer</li> <li>None</li> <li>See CAIR</li> </ul>	ple Partners  MSM  Other:  WNL  Alcohol  Tobacco / Vape Packs/day:  Diabetes  Asthma  Other:  Tdap:	
Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use Drugs (specify): Family History Heart disease High cholesterol Immunization History / Date COVID #1:	<ul> <li>None □ Condoms</li> <li>Date:</li> <li>□ None</li> <li>□ IV Drugs (or past Hx)</li> <li>□ Unremarkable</li> <li>□ HTN</li> <li>□ Cancer</li> <li>□ None</li> </ul>	ple Partners  MSM Other: WNL Alcohol Tobacco / Vape Packs/day: Diabetes Asthma Other:	
Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use Drugs (specify): Family History Heart disease High cholesterol Immunization History / Date	<ul> <li>None Condoms</li> <li>Date:</li> <li>None</li> <li>IV Drugs (or past Hx)</li> <li>Unremarkable</li> <li>HTN</li> <li>Cancer</li> <li>None</li> <li>See CAIR</li> </ul>	ple Partners  MSM  Other:  WNL  Alcohol  Tobacco / Vape Packs/day:  Diabetes  Asthma  Other:  Tdap:	
Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use Drugs (specify): Family History Heart disease High cholesterol Immunization History / Date COVID #1: COVID #2:	<ul> <li>None Condoms</li> <li>Date:</li> <li>None</li> <li>IV Drugs (or past Hx)</li> <li>Unremarkable</li> <li>HTN</li> <li>Cancer</li> <li>None</li> <li>See CAIR</li> <li>Influenza:</li> </ul>	ple Partners  MSM Other: WNL Alcohol Tobacco / Vape Packs/day: Diabetes Asthma Other: Tdap: Varicella:	

Name:		DOB:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Colorectal Cancer	□ H&P, □ Other:		
Depression	□ <u>PHQ2,</u> □ <u>PHQ9,</u> □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Hepatitis C	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect evident	ed	
Head	No lesions		
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal		
Ears	Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities, grossly normal		
Mouth / Pharynx	Oral mucosa pink, no lesions		
Neck	Supple, no masses, thyroi enlarged	Supple, no masses, thyroid not	
Chest	Symmetrical, no masses		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bilate	erally	
Abdomen	Soft, no masses, liver & sj normal	oleen	
Genitalia	Grossly normal		
Male	Circ/uncircumcised, testes Prostate Exam / Rectal	s in scrotum	
Femoral pulses	Present & equal		
Extremities	No deformities, full ROM		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesior	IS	
Neurologic	Alert, no gross sensory or motor deficit		

comprehensive Health Assessment	Name:		DOE
bjective / Objective	Anticipatory Guidance	e (AG) / Education ( $\checkmark$ if di	scussed)
	Diet, Nutrition & Exerc	ise	
	Weight control / obesity	□ Vegetables, fruits	🗆 Lea
	Whole grains / iron-rich for	ds  Limit fatty, sugary & salty foods	Limi Lice
	Physical activity / exercise	Healthy food choices	□ Eati
	Accident Prevention 8	Guidance	
ment	□ Alcohol/drug/substance	□ Avoid risk-taking	🗆 Inde

#### tty, sugary & □ Limit candy, chips & ods ice cream y food $\hfill\square$ Eating disorder s isk-taking □ Independence misuse counseling behavior □ Signs of depression □ Gun safety □ Personal (suicidal ideation) development □ Mental health (emotional □ Violent behavior □ Goals in life support) Diabetes management □ Mindful of daily □ Work activities movements □ Sex education (partner □ Motor vehicle safety □ Family support, (DUI / no texting & selection) social interaction & driving) communication □ Safe sex practices (condoms, □ Seat belt □ Testicular self-exam contraception, HIV/AIDS) □ Smoking/vaping □ Safety helmet □ Routine dental care use/exposure **Tobacco Cessation** Quit Date: □ Advised to quit smoking □ Discuss smoking □ Discuss smoking cessation medication cessation strategies **Next Appointment** □ 1 year □ RTC PRN □ Other:

Documentation Reminders		
<ul> <li>Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, &amp; signed by provider</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	Problem / Medication Lists updated

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

	Notes (include date, time, signature, and title on all entries

Diam		
Plan		
Referrals		
Dentist	Optometrist / Ophthalmologist	Dietician / Nutritionist
Drug / ETOH Tx rehab	□ Behavioral health	Tobacco cessation class
□ Other:		
Orders		
COVID 19 vaccine / booster	<ul> <li>Hep B Panel (if high risk)</li> </ul>	CBC / Basic metabolic panel
□ Hep B vaccine (if not up to	Hep C Antibody test	□ Hct / Hgb
date)	(if high risk)	Lipid panel
Influenza vaccine	Chlamydia Conorrhoo	Low to moderate dose statin
□ MMR (if not up to date)	□ Gonorrhea □ HIV	PPD skin test
	□ Herpes	
Pneumococcal vaccine	□ Syphilis	
	□ Trichomonas	Urinalysis
□ Tdap	□ gFOBT or Fit	
		COVID 19 test
□ Varicella (if not up to date)	□ HbA1C	<ul> <li>Fasting plasma glucose</li> </ul>
□ Zoster	D PSA	<ul> <li>Oral glucose tolerance test</li> </ul>
□ Other:		

□ Lean protein

	Comprehensive Health Assessment			
50+ Years: Female	Actual Age:	Date:		
Medical Record #				
Primary Language				
Interpreter Requested	□ Yes □ No	□ Refused		
Name of Interpreter				
Intake	Vital Signs		Signs	
Allergies		Temp		
Height		BP		
Weight		Pulse		
BMI Value		Resp		
Pain	Location: Scale: 0 1 2 3	45678	9 10	
Dental Provider		Last visit date:		
Advance Directive	□ Yes □ Refuse	ed		
Chronic Problems/Sign	ificant Conditions:	See Problem List		
Current Medications/Vit				
Limitations (physical or	mental):			
Interval History	,			
Diet / Nutrition	□ Regular □ L □ Iron-rich foods □ 0		ADA	
Appetite				
		Fair □	Poor	
Physical Activity	□ Inactive (little or none) □ Some (< 2 ½ hrs/week	;)		
	□ Inactive (little or none)	;)	gth training)	
Physical Activity	<ul> <li>□ Inactive (little or none)</li> <li>□ Some (&lt; 2 ½ hrs/week</li> <li>□ Active (≥ 2 ½ hrs per v</li> </ul>	:) veek w/ 2 days streng □ Intentional □ □ Menorrhagia	gth training)	
Physical Activity Weight □ Loss □ Gain	□ Inactive (little or none) □ Some (< 2 ½ hrs/week □ Active (≥ 2 ½ hrs per v Ibs	.) veek w/ 2 days streng □ Intentional □	gth training)	
Physical Activity Weight □ Loss □ Gain LMP:	□ Inactive (little or none) □ Some (< 2 ½ hrs/week □ Active (≥ 2 ½ hrs per v lbs G P A	:) veek w/ 2 days streng □ Intentional □ □ Menorrhagia	gth training) ⊐ Unintentional	
Physical Activity Weight □ Loss □ Gain LMP: Hysterectomy	□ Inactive (little or none) □ Some (< 2 ½ hrs/week □ Active (≥ 2 ½ hrs per v Ibs G P A □ Partial □ Total	) veek w/ 2 days streng Intentional I Menorrhagia Menopause	gth training) ⊐ Unintentional	
Physical Activity Weight □ Loss □ Gain LMP: Hysterectomy Sexually active	□ Inactive (little or none)     □ Some (< 2 ½ hrs/week     □ Active (≥ 2 ½ hrs per v    Ibs     G P A     □ Partial □ Total     □ Yes □ No	) veek w/ 2 days streng Intentional I Menorrhagia Menopause	gth training) ⊐ Unintentional	
Physical Activity Weight  Loss  Gain LMP: Hysterectomy Sexually active Contraceptive Used	□ Inactive (little or none)     □ Some (< 2 ½ hrs/week     □ Active (≥ 2 ½ hrs per v     lbs     □ G P A     □ Partial □ Total     □ Yes □ No     □ None □ Condoms	) veek w/ 2 days streng Intentional I Menorrhagia Menopause Multiple Part S I Other:	gth training) ⊐ Unintentional	
Physical Activity Weight □ Loss □ Gain LMP: Hysterectomy Sexually active Contraceptive Used Last PAP		) veek w/ 2 days streng Intentional I Menopause Multiple Part S I Other: WNL	gth training) □ Unintentional	
Physical Activity Weight □ Loss □ Gain LMP: Hysterectomy Sexually active Contraceptive Used Last PAP Last Mammogram	□ Inactive (little or none) □ Some (< 2 ½ hrs/week □ Active (≥ 2 ½ hrs per v lbs G P A □ Partial □ Total □ Yes □ No □ None □ Condoms Date: Date:	) veek w/ 2 days streng Intentional I Menoprause Multiple Part S Other: WNL WNL	gth training) ⊐ Unintentional	
Physical Activity Weight □ Loss □ Gain LMP: Hysterectomy Sexually active Contraceptive Used Last PAP Last Mammogram Last Colonoscopy <b>Current Alcohol /</b>	□ Inactive (little or none) □ Some (< 2 ½ hrs/week □ Active (≥ 2 ½ hrs per v lbs G P A □ Partial □ Total □ Yes □ No □ None □ Condoms Date: Date: □ Date: □ None □ IV Drugs (or past	<ul> <li>)</li> <li>veek w/ 2 days streng</li> <li>Intentional</li> <li>Menoprause</li> <li>Menopause</li> <li>Multiple Part</li> <li>Other:</li> <li>WNL</li> <li>WNL</li> <li>Alcohol</li> <li>Tobacco / Va</li> </ul>	gth training) Unintentional ners	
Physical Activity Weight □ Loss □ Gain LMP: Hysterectomy Sexually active Contraceptive Used Last PAP Last Mammogram Last Colonoscopy Current Alcohol / Substance Use	<ul> <li>Inactive (little or none)</li> <li>Some (&lt; 2 ½ hrs/week</li> <li>Active (≥ 2 ½ hrs per v</li> <li>lbs</li> <li>G P A</li> <li>Partial □ Total</li> <li>Yes □ No</li> <li>None □ Condoms</li> <li>Date:</li> <li>Date:</li> <li>None</li> </ul>	) veek w/ 2 days streng Intentional I Menoprause Multiple Part S Other: WNL WNL WNL Alcohol	gth training) Unintentional ners	
Physical Activity Weight □ Loss □ Gain LMP: Hysterectomy Sexually active Contraceptive Used Last PAP Last Mammogram Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify):	□ Inactive (little or none) □ Some (< 2 ½ hrs/week □ Active (≥ 2 ½ hrs per v lbs G P A □ Partial □ Total □ Yes □ No □ None □ Condoms Date: Date: □ Date: □ None □ IV Drugs (or past Hx)	<ul> <li>)</li> <li>veek w/ 2 days streng</li> <li>Intentional</li> <li>Menoprause</li> <li>Menopause</li> <li>Multiple Part</li> <li>Other:</li> <li>WNL</li> <li>WNL</li> <li>WNL</li> <li>Alcohol</li> <li>Tobacco / Va Packs/day:</li> </ul>	gth training) Unintentional ners	

1 1 41		DOB		
Immunization		🗆 Tdap:		
History / Date	□ See <u>CAIR</u> □ Influenza:	□ Varicella:		
□ COVID #1:				
COVID Booster(s):	D MMR:	□ Zoster:		
□ Hepatitis B:	□ Pneumococcal:	□ Other:		
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:			
Breast Cancer	$\Box$ H&P, $\Box$ Other:			
Cervical Cancer	□ H&P, □ Other:			
Colorectal Cancer	□ H&P, □ Other:			
Depression	□ <u>PHQ2</u> , □ <u>PHQ9,</u> □ Other:			
Diabetes	□ H&P, □ Other:			
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:			
Dyslipidemia	□ H&P, □ Other:			
Hepatitis B	□ H&P, □ Other:			
Hepatitis C	□ H&P, □ Other:			
HIV	□ <u>SHA</u> , □ H&P, □ Other:			
Lung Cancer	□ H&P, □ Other:			
Obesity	□ H&P, □ Other:			
Osteoporosis	□ H&P, □ Other:	H&P, □ Other: □		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:			
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:			
Tuberculosis Exposure	□ <u>TB Risk Screener,</u> □ H&P, □ Other:			
Physical Examination			WNL	
General appearance	Well-nourished & devel No abuse/neglect evide			
Head	No lesions			
Eyes	PERRLA, conjunctivae Vision grossly normal			
Ears	Canals clear, TMs norm Hearing grossly normal			
Nose	Passages clear, MM pir			
Teeth	No visible cavities, gros			
Mouth / Pharynx	Oral mucosa pink, no le			
Neck	Supple, no masses, thy enlarged	roid not		
Chest / Breast	Symmetrical, no masse	S		
Heart	No organic murmurs, re	egular rhythm		
	Clear to auscultation bilaterally			
Lungs		latorally		

#### Name:

#### DOB:

Anticipatory Guidance (AG) / Education (√ if discussed)				
Diet, Nutrition & Exercise				
□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein		
Whole grains / iron-rich foods	□ Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream		
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Healthy food choices</li> </ul>	□ Eating disorder		
Accident Prevention &	Guidance			
<ul> <li>Alcohol/drug/substance misuse counseling</li> </ul>	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence		
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	□ Gun safety	Personal development		
<ul> <li>Mental health (emotional support)</li> </ul>	□ Violent behavior	□ Goals in life		
□ Diabetes management	<ul> <li>Mindful of daily movements</li> </ul>	□ Work or retirement activities		
<ul> <li>Sex education (partner selection)</li> </ul>	Motor vehicle safety (DUI / no texting & driving)	<ul> <li>Family support, social interaction &amp; communication</li> </ul>		
□ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt	□ Self-breast exam		
□ Smoking/vaping use/exposure	□ Safety helmet	□ Aging process		
□ Routine dental care	□ ASA use	□ Perimenopause education		
Tobacco Cessation Quit Date:				
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>		
Next Appointment				
□ 1 year	□ RTC PRN	□ Other:		

#### **Documentation Reminders**

□ Staying Healthy Assessment / IHEBA forms reviewed,	Vaccines entered in CAIR (manufacturer, lot #, VIS publication	Lists updated
completed, dated, & signed by provider	dates, etc.)	

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

Comprehensive Healt 50+ Years: Male	Actual Age:	Date:
Medical Record #	5	
Primary Language		
Interpreter Requested	□ Yes □ No	□ Refused
Name of Interpreter		
Intake		Vital Signs
Allergies		Temp
Height		BP
Weight		Pulse
BMI Value		Resp
Pain	Location:	
Dental Provider	Scale: 0 1 2 3	4 5 6 7 8 9 10 Last visit date:
Advance Directive		
Info Given/Discussed	□ Yes □ Refused	
Chronic Problems/Significa	ant Conditions:   See Pr	oblem List
Current Medications/Vitam		
Limitations (physical or me		
	ental):	
Limitations (physical or me	ental):	w calorie □ ADA her:
Limitations (physical or me Interval History	ental): □ Regular □ Lo	her:
Limitations (physical or me Interval History Diet / Nutrition	ental): □ Regular □ Lo □ Iron-rich foods □ Ot	her: ir □ Poor
Limitations (physical or me Interval History Diet / Nutrition Appetite	ental):   Regular □ Lo  Iron-rich foods □ Ot  Good □ Fa  Inactive (little or none)  Some (< 2 ½ hrs/week)  Active (≥ 2 ½ hrs per weel)	her: ir □ Poor
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity	ental):   Regular □ Lo  Iron-rich foods □ Ot  Good □ Fa  Inactive (little or none)  Some (< 2 ½ hrs/week)  Active (≥ 2 ½ hrs per weel)	her: ir □ Poor ek w/ 2 days strength trainir tional □ Unintentional
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight 🗆 Loss 🗆 Gain	ental):   Regular □ Lo  Iron-rich foods □ Ot  Good □ Fa  Inactive (little or none)  Some (< 2 ½ hrs/week)  Active (≥ 2 ½ hrs per we  Local	her: ir □ Poor ek w/ 2 days strength trainir tional □ Unintentional
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active	ental):         Regular       Lo         Iron-rich foods       Ot         Good       Fa         Inactive (little or none)       Some (< 2 ½ hrs/week)	her: ir □ Poor ek w/ 2 days strength trainir tional □ Unintentional ple Partners □ MSM
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol /	ental):    Regular □ Lo  Iron-rich foods □ Ot  Good □ Fa  Inactive (little or none)  Some (< 2 ½ hrs/week)  Active (≥ 2 ½ hrs per wee  L lbs □ Inten  Yes □ No □ Multi None □ Condoms	her: ir □ Poor ek w/ 2 days strength trainir tional □ Unintentional ple Partners □ MSM □ Other:
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □Loss □Gain Sexually active Contraceptive Used Last Colonoscopy	ental): □ Regular □ Lo □ Iron-rich foods □ Ot □ Good □ Fa □ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 2 ½ hrs per we Ibs □ Inten □ Yes □ No □ Multi □ None □ Condoms Date:	her: ir □ Poor ek w/ 2 days strength trainir tional □ Unintentional ple Partners □ MSM □ Other: □ WNL
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use	ental):    Regular □ Lo  Iron-rich foods □ Ot  Good □ Fa  Inactive (little or none)  Some (< 2 ½ hrs/week)  Active (≥ 2 ½ hrs per wee  Los □ Inten Ves □ No □ Multi None □ Condoms Date:  INOne IV Drugs (or past	her: ir □ Poor ek w/ 2 days strength trainir tional □ Unintentional ple Partners □ MSM □ Other: □ WNL □ Alcohol □ Tobacco / Vape
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify):	ental):    Regular □ Lo  Iron-rich foods □ Ot  Good □ Fa  Inactive (little or none)  Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per wee  Los □ Inten Ves □ No □ Multi None □ Condoms Date:  None IV Drugs (or past Hx)	her: ir □ Poor ek w/ 2 days strength trainir tional □ Unintentional ple Partners □ MSM □ Other: □ WNL □ Alcohol □ Tobacco / Vape Packs/day:
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History	ental):	her: ir □ Poor ek w/ 2 days strength trainir tional □ Unintentional ple Partners □ MSM □ Other: □ WNL □ Alcohol □ Tobacco / Vape Packs/day: □ Diabetes
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History □ Heart disease □ High cholesterol Immunization History /	ental): Regular □ Lo Iron-rich foods □ Ot Good □ Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per we lbs □ Inten Yes □ No □ Multi None □ Condoms Date: None IV Drugs (or past Hx) Unremarkable HTN Cancer None	her: ir □ Poor ek w/ 2 days strength trainir tional □ Unintentional ple Partners □ MSM □ Other: □ WNL □ Alcohol □ Tobacco / Vape Packs/day: □ Diabetes □ Asthma
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History □ Heart disease □ High cholesterol Immunization History / Date □ COVID #1:	ental): Regular □ Lo Iron-rich foods □ Ot Good □ Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per we Local Local Local Yes □ No □ Multi Yes □ No □ Multi None □ Condoms Date: None IV Drugs (or past Hx) Unremarkable HTN Cancer	her: ir □ Poor ek w/ 2 days strength trainir tional □ Unintentional ple Partners □ MSM □ Other: □ WNL □ Alcohol □ Tobacco / Vape Packs/day: □ Diabetes □ Asthma □ Other:
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History □ Heart disease □ High cholesterol Immunization History / Date	ental): □ Regular □ Lo □ Iron-rich foods □ Ot □ Good □ Fa □ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 2 ½ hrs per week) □ Ibs □ Inten □ Yes □ No □ Multi □ None □ Condoms Date: □ None □ IV Drugs (or past Hx) □ Unremarkable □ HTN □ Cancer □ None □ See <u>CAIR</u>	her: ir □ Poor ek w/ 2 days strength trainir tional □ Unintentional ple Partners □ MSM □ Other: □ WNL □ Alcohol □ Tobacco / Vape Packs/day: □ Diabetes □ Asthma □ Other: □ Tdap:

Name:		DOB:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Abdominal Aortic Aneurism	□ H&P, □ Other:		
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Colorectal Cancer	□ H&P, □ Other:		
Depression	□ <u>PHQ2,</u> □ <u>PHQ9,</u> □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Hepatitis C	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Lung Cancer	□ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect evident	ed	
Head	No lesions		
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal		
Ears	Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities, grossly normal		
Mouth / Pharynx	Oral mucosa pink, no lesio	ons	
Mouth / Pharynx Neck	Oral mucosa pink, no lesio Supple, no masses, thyroi enlarged	ons	
•	Supple, no masses, thyroi enlarged Symmetrical, no masses	ons	
Neck	Supple, no masses, thyroi enlarged	ons	
Neck Chest	Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs, regular rhythm Clear to auscultation bilate	ons id not erally	
Neck Chest Heart	Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs, regular rhythm	ons id not erally	
Neck Chest Heart Lungs	Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs, regular rhythm Clear to auscultation bilate Soft, no masses, liver & sy normal Grossly normal	ons id not erally oleen	
Neck Chest Heart Lungs Abdomen	Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs, regular rhythm Clear to auscultation bilate Soft, no masses, liver & sp normal	ons id not erally oleen	
Neck Chest Heart Lungs Abdomen Genitalia	Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs, regular rhythm Clear to auscultation bilate Soft, no masses, liver & sp normal Grossly normal Circ /uncircumcised, teste Prostate Exam / Rectal Present & equal	ons id not erally oleen	
Neck Chest Heart Lungs Abdomen Genitalia Male	Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs, regular rhythm Clear to auscultation bilate Soft, no masses, liver & sp normal Grossly normal Circ /uncircumcised, teste Prostate Exam / Rectal	ons id not erally oleen	
Neck Chest Heart Lungs Abdomen Genitalia Male Femoral pulses	Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs, regular rhythm Clear to auscultation bilate Soft, no masses, liver & sp normal Grossly normal Circ /uncircumcised, teste Prostate Exam / Rectal Present & equal No deformities,	ons id not erally oleen	

Skin	Clear, no significant lesio	
Neurologic	Alert, no gross sensory or motor deficit	
Subjective / Objective		
Assessment		
Plan		
Referrals		
Dentist	Optometrist /     Optothelmologist	Dietician / Nutritionis
Drug / ETOH Tx rehab	Ophthalmologist	Tobacco cessation
		class
□ Other:		
Orders		
COVID 19 vaccine /	□ Hep B Panel (if high	CBC / Basic
booster □ Hep B vaccine (if not up to	risk) □ Hep C Antibody test	metabolic panel
date)	(if high risk)	□ Lipid panel
Influenza	Chlamydia	□ Low to moderate
m MMD (if we have the started		dose statin
□ MMR (if not up to date)	□ HIV □ Herpes	□ PPD skin test □ QFT
Pneumococcal	Syphilis	
	Trichomonas	□ Urinalysis
Tdap	□ gFOBT or Fit □ Colonoscopy	ECG     COVID 19 test
Varicella (if not up to date)	□ Low Dose CT (20-	Fasting plasma
· · · · · · · · · · · · · · · · · · ·	pack year smoking	glucose
	history & currently smoke or have quit	<ul> <li>Oral glucose tolerance test</li> </ul>
- Zester	within past 15 years)	
□ Zoster	AAA Ultrasound (65 to 75 who have	□ HbA1C □ PSA
	ever smoked >100 cigarettes in lifetime)	_ + 0/
	cidarettes in litetime)	

#### Name:

Anticipatory Guidance (AG) / Education (√ if discussed)				
Diet, Nutrition & Exercise				
□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein		
$\hfill\square$ Whole grains / iron-rich foods	Limit fatty, sugary & salty foods	Limit candy, chips & ice cream		
□ Physical activity / exercise	Healthy food choices	□ Eating disorder		
Accident Prevention & Gu	idance			
<ul> <li>Alcohol/drug/substance misuse counseling</li> </ul>	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence		
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	□ Gun safety	<ul> <li>Personal development</li> </ul>		
Diabetes management	□ Violent behavior	□ Goals in life		
<ul> <li>Sex education (partner selection)</li> </ul>	<ul> <li>Mindful of daily movements</li> </ul>	Work or retirement activities		
<ul> <li>Safe sex practices (condoms, contraception, HIV/AIDS)</li> </ul>	<ul> <li>Motor vehicle safety (DUI / no texting &amp; driving)</li> </ul>	<ul> <li>Family support, social interaction &amp; communication</li> </ul>		
<ul> <li>Smoking/vaping use/exposure</li> </ul>	□ Seat belt	□ Testicular self-exam		
□ Routine dental care	Safety helmet	□ Aging process		
Tobacco Cessation	Quit Date:			
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>		
Next Appointment				
□ 1 year	RTC PRN	□ Other:		
Documentation Reminders	5			
<ul> <li>Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, &amp; signed by provider</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	Problem / Medication Lists updated		
MA / Nurse Signature	Title	Date		
Provider Signature	Title	Date		

**Notes** (include date, time, signature, and title on all entries)

50 + Years Old Male - Page 2 of 2