

AHCCCS MEDICAL POLICY MANUAL

POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

12 MONTHS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

Date Last Name			First Name		AHCCCS ID #				DOB	Age
Primary Care Provi	der	PCP ph. #	Heal	th Plan	Acco	mpanied E	y (Name	2)	Relat	ionship
Admitted to NICU: (I	,	-	tamins/Herbal Su	pplements:		k Indicators			Temp:	
	No					Yes	□ No			
Allergies:			Birth Weight:	V	/eight	:	Le	ngth:	Head	Circumference
		1	lb	oz lb	ΟZ	%	(cm	%	cm
Vision Screening:	Corrected	: □ Yes □ No	Automated Device	Right: ☐ Pass ☐ R		Le Dass	-		oth: Refer	☐ Unable toPerform
FAMILY/SOCIAL H	ISTORY: (Current	Concerns/Follow	- I In on Previously Id							
TAIVIIET/SOCIAL II	istori. (current	. concerns, ronow	-op on rieviously id	ientinea concer	113)					
PARENTAL/HEALT	H CARE DECISION	ON MAKER CO	NCERNS: How are	you feeling abo	out bal	oy? Do you f	eel safe ii	n your hom	e?	
BLOOD LEAD LEVE	L REQUIRED 🗆 (see below)								
ORAL HEALTH: Wh	•					-	plemen	t 🗆 Fluor	ide Varni	sh by PCP
First Dental Appoir	ntment 🗆 Comp	leted 🗆 Schedul	led Dental Hon	ne: Provider N	lame_				(Or	ice Every 6mo)
	NUTRITIONAL SCREENING: ☐ Breastfeeding ☐ Whole Milk Amount ☐ Milk Intake/Weaning from bottle									
Adequate Weight	Gain 🗆 Solids:_					C Sc	oda 🗆 Ju	uice □ Su _l	pplemen	ts
DEVELOPMENTAL										•
"Mama/Dada" Spe		_		e Pincer Grasp	Fo	ollows Sim	ple One	Step Red	quests 🗆	Looks for Hide
Objects Extends	Arm/Leg for Dr	ressing \(\text{Points}	stoObjects							
ANTICIPATORY GU			nergency/911	☐ Gun Safe	•		_			oking Prevention
☐ Car/Car Seat Safe	ety (Rear-Facin	g) 🗆 🗆 Passive	e Smoke □ Sat	fetyat Home,	/Chilo	d-Proofing	□ St	un Safety		oking Preventionscipline/Praise
☐ Car/Car Seat Safe☐ Following Child's	ety (Rear-Facing Lead in Play 🗆	g) □ Passive Ignore Tantrum	e Smoke	fetyat Home, to Positive Be	/Chilo	d-Proofing ors □ Othe	□ Su er	un Safety	□ Di	scipline/Praise
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