

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

|                       |           |             |                       |              |     |
|-----------------------|-----------|-------------|-----------------------|--------------|-----|
| Date                  | Last Name | First Name  | AHCCCS ID #           | DOB          | Age |
| Primary Care Provider | PCP ph. # | Health Plan | Accompanied By (Name) | Relationship |     |

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

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

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

**ORAL HEALTH:**  Daily Gum Cleaning with Washcloth or Infant Toothbrush (Parent Education Completed)

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

**DEVELOPMENTAL SURVEILLANCE:** <https://www.cdc.gov/ncbddd/actearly/milestones/milestones-4mo.html>

- Babbles and Coos  Laughs  Begins to Roll Front to Back  Pushes Up with Arms  
 Controls Head Well  Reaches for Objects  Interest in Mirror Images  Pushes Down with Legs When Feet on Surface

- ANTICIPATORY GUIDANCE PROVIDED:**  Emergency/911  Gun Safety  Drowning Prevention  Choking Prevention  
 Car/Car Seat Safety (Rear-Facing)  Safe Sleep  Shaken Baby Prevention  Safe Bathing/Water Temperature  
 Passive Smoke  Safety at Home/Child-Proofing  Sun Safety  Bottle Propping  Support Systems/Resources  
 Infant Crying/Appropriate Interventions  Discuss Child Temperament  Establish Daily Routines/Infant Regulation  
 Establish Nighttime Sleep Routine/Sleep Through Night (Greater 5 hours)  Parent Reads to Child  Other \_\_\_\_\_

**SOCIAL-EMOTIONAL HEALTH AND (OBSERVED BY CLINICIAN/PARENT REPORT):**

- Family Adjustment/Parent Responds Positively to Baby  
 Infant Hands to Mouth/Self-Calming  Smiles When Hears Parents' Voices  Appropriate Bonding/Responsive to Needs  
 Easily Distracted/Excited by Discovery of Outside World  Postpartum Depression Screen  other \_\_\_\_\_

**COMPREHENSIVE PHYSICAL EXAM:**

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

**ASSESSMENT/PLAN/FOLLOW-UP**

**LABS ORDERED:**  Other \_\_\_\_\_

**IMMUNIZATIONS ORDERED:**  HepB  DTaP  Hib  IPV  PCV  Rotavirus  Other \_\_\_\_\_  Given at Today's Visit  Parent Refused  
 Delayed  Deferred Reason: \_\_\_\_\_  Shot Record Updated  Entered in ASIIS  
 Importance of Immunizations Discussed  Parent Refusal Form Completed

**REFERRALS:**  ALTCs  Audiology  AzeIP  CRS  DDD  Dental  Early Head Start  OT  PT  Speech  WIC Specialist:  
 Developmental  Behavioral  Other \_\_\_\_\_

**PROVIDER'S**

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