FIVE YEARS 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

Current Medications/Vitamins/Herbal Supplements:	Blood Pressure:	Temp:	Pulse:	Resp:

Allergies:	Weight:		Height:		BMI:	
	lb / kg	%	cm	%	kg/m²	%

Vision Screening:	Corrected: ☐ Yes ☐ No	Device ☐ Chart ☐	Right: ☐ Pass ☐ Refer	Left: ☐ Pass ☐ Refer	☐ Both: ☐ Pass ☐ Refer

Hearing Screening:	Right ☐ Pass ☐ Refer	Left ☐ Pass ☐ Refer	☐ Unable to Perform	Age-Appropriate Speech:	☐ Yes ☐ No

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

PARENTAL/HEALTH CARE DECISION MAKER CONCERNS: How do you feel about your child? Do you feel safe in your home?

VERBAL LEAD RISK ASSESSMENT: Child At Risk ☐ Yes ☐ No (If Yes, Appropriate Action to Follow)

ORAL HEALTH: White Spots on Teeth: ☐ Yes ☐ No ☐ Twice Daily Brushing/Flossing (With Parent Assistance) ☐ **Fluoride Supplement**
Last Dental Appointment:_____ ☐ Future Dental Appointment Scheduled Dental Home: Provider Name_____

NUTRITIONAL SCREENING: ☐ Nutritionally Balanced Diet/5 Servings Fruits & Veggies ☐ Junk Food ☐ Soda/Juice ☐ Supplements _____
Activity/Family Exercise (1hr/day) ☐ **Overweight** ☐ **Underweight** ☐ Observation ☐ Referral

DEVELOPMENTAL SURVEILLANCE: https://www.cdc.gov/ncbddd/actearly/milestones/milestones-5yr.html ☐ Uses Imaginary Characters ☐ Matches Colors & Shapes/Prints Some Numbers and Letters ☐ Counts to 10 ☐ Follows Simple Directions ☐ Listens and Attends ☐ Can Button & Zip Clothing Independently ☐ Goes to Bathroom Independently ☐ Holds Pencil/Cuts with Scissors ☐ Cooperates More in Group

ANTICIPATORY GUIDANCE PROVIDED: ☐ Emergency/911 ☐ Gun Safety ☐ Drowning Prevention ☐ Choking Prevention ☐ Car /Car Seat Safety (Booster Seat) ☐ Safety at Home ☐ Sun Safety ☐ Sports/Helmet Use ☐ Bullying ☐ Good and Bad Touches ☐ TV Screen Time ☐ Begins to Agree with Rules ☐ Dictates Story to Adults ☐ Listens to Authority Figure & Follows Instructions ☐ School Readiness ☐ Communication with Teachers ☐ Other_____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): ☐ Family Adjustment/Parent Responds Positively to Child ☐ Self-Calming ☐ Wants to Please & Be with Friends ☐ Shows Empathy for Others ☐ Positive about Self & Abilities ☐ Tells Stories of Convenience (Lying) ☐ Other _____

COMPREHENSIVE PHYSICAL EXAM:

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

ASSESSMENT/PLAN/FOLLOW UP

LABS ORDERED: ☐ **Blood Lead Testing** (Child at Risk/Not Already Done at 12/24 Months) ☐ TB Skin Test (If at Risk) ☐ Hgb/Hct ☐ Other _____

IMMUNIZATIONS ORDERED: ☐ HepA ☐ HepB ☐ MMR ☐ Varicella ☐ DTaP ☐ Hib ☐ IPV ☐ Influenza ☐ Had Chicken Pox
☐ 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 ☐ CRS ☐ DDD ☐ Dental ☐ Head Start ☐ OT ☐ PT ☐ Speech
☐ WIC Specialist: ☐ Developmental ☐ Behavioral ☐ Other _____

PROVIDER'S SIGNATURE: _____ NPI:_____ Date:_____

Effective Dates: 03/01/19, 05/07/19, 03/01/19, 02/01/22, 10/01/22, 11/28/23
Approval Dates: 07/01/01, 06/01/03, 11/01/03, 01/01/04, 11/01/07, 10/01/09, 04/01/14, 10/18/18, 02/21/19, 04/16/20, 10/07/21, 7/14/22,08/17/23