

NINE TO TWELVE 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/m ²	%

Vision Chart Exam:	Right	Left	Both	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unable to
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Audiometry: <input type="checkbox"/> Within Normal Limits <input type="checkbox"/> Abnormal <input type="checkbox"/> Unable to perform	Menses:	Menarche:	LMP:
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FAMILY/SOCIAL HISTORY: (Current Concerns/ Follow-Up on Previously Identified Concerns)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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PARENTAL/HEALTH CARE DECISION MAKER CONCERNS: How do you feel about your child? Do you feel safe in your home?

HEALTH RISK ASSESSMENT: Early Adolescent GAPS (Beginning at 10 Years) Other _____

ORAL HEALTH: White Spots on Teeth: Yes No Daily Brushing 2x Daily/Flossing Dental Sealants Fluoride Supplement
 Last Dental Appointment: Future Dental Appointment Scheduled Dental Home: Provider Name

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

DEVELOPMENTAL SURVEILLANCE: School Attendance Reading at Grade Level Discuss Body Changes Dating
 Sexuality/Orientation Performing Well in School Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention
 Car/Seat Belt Safety Safety at Home Sports/Injury Prevention Bullying/Violence Prevention Sun Safety
 Safety Rules with Adults Sex Education/STI Monitor TV/Computer Time Peer Refusal Skills Self-Control
 Depression/Anxiety Tobacco/Alcohol/Drugs/Rx Drugs/Inhalants Risks of Tattoos/ Piercing
 After-School Activities/Supervision Educational Goals/Activities Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Comfortable Body Image Feels Good About Self
 Is Child Happy? Social Interaction Suicide Screen (10 years of age or greater) SUD Screen (12 years of age) Other _____

COMPREHENSIVE PHYSICAL EXAM:

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

ASSESSMENT/PLAN/FOLLOW UP

LABS ORDERED: TB Skin Test (If at Risk) Hgb/Hct Other _____

IMMUNIZATIONS ORDERED: Tdap (11 – 12 Years) Meningococcal (11 – 12 Years) HPV (11 – 12 Years) HepA HepB MMR
 Varicella Td IPV Influenza Had Chicken Pox 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 CRS DDD Dental OB/GYN OT PT Speech
 Specialist: Developmental Behavioral Other _____

PROVIDER'S SIGNATURE: _____ **NPI:** _____ **DATE:** _____