NINE 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) ☐Yes ☐No	Current Medications/Vitamins/Herbal Supplements:	Risk Indicators of Hearing Loss: ☐Yes ☐No	Temp:	Pulse:	Resp:

Allergies:	Birth Weight: lb oz	Weight: lb oz %	Length: cm %	Head Circumference: 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?

DEVELOPMENTAL SCREENING TOOL COMPLETED: ☐ **ASQ** ☐ **PEDS**

VERBAL LEAD RISK ASSESSMENT: Child At Risk ☐ Yes ☐ No (If Yes, Appropriate Action to Follow) Lives in High Risk Zip Code ☐ Yes ☐ No

ORAL HEALTH: White Spots on Teeth: ☐ Yes ☐ No ☐ Parent Cleaning Baby's Gums with Infant Toothbrush
☐ Fluoride Supplement ☐ **Fluoride Varnish by PCP** (Once Every 6 mo)

NUTRITIONAL SCREENING: ☐ **Breastfeeding** ☐ **Formula** Amount:_____ ☐ **Supplements**: ☐ Vit D ☐ **Receiving WIC Services**
Adequate Weight Gain ☐ Yes ☐ No Plan to Introduce Table Foods_____ ☐ Drinks from Cup ☐ Soda/Juice

DEVELOPMENTAL SURVEILLANCE: https://www.cdc.gov/ncbddd/actearly/milestones/milestones-9mo.html ☐ Sits Independently
☐ Pulls to Stand/Cruising ☐ Plays Peek-A-Boo ☐ Uses Words "Mama/Dada"
☐ Waves Bye-Bye ☐ Wary of Strangers ☐ Immature Pincer ☐ Repeats Sounds/Gestures for Attention ☐ Explores Environment
☐ Other

ANTICIPATORY GUIDANCE PROVIDED: ☐ Emergency/911 ☐ Gun Safety ☐ Drowning Prevention ☐ Safe Sleep ☐ Shaken Baby Prevention ☐ Choking Prevention/Soft Texture Finger Foods ☐ Car/Car Seat Safety (Rear-Facing) ☐ Passive Smoke ☐ Sun Safety ☐ Safety at Home/Child-Proofing ☐ Sleep/Wake Cycle ☐ TV Screen Time ☐ Exploration/Learning ☐ Redirection/Positive Parent ☐ Language/Read to Child/Introduce Board Books ☐ Follow Child's Lead in Play ☐ Parent Communicates to Child "What Things Are" (Ball, Cat, Etc.) ☐ Other_____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): ☐ Family Adjustment/Parent Responds Positively to Child
☐ Appropriate Bonding/Responsive to Needs ☐ Self-Calming ☐ Growing Independence ☐ Shows Preference for Certain People/Toys
☐ Cries When Primary Caregiver Leaves ☐ Postpartum Depression ☐ 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) ☐ Finger Stick (Result:_____) ☐ Venous ☐ Hgb/Hct ☐ Other
IMMUNIZATIONS ORDERED:	☐ HepB ☐ DTaP ☐ Hib ☐ IPV ☐ PCV ☐ Influenza ☐ 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:_____

Effective Dates: 03/01/19, 05/07/19, 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, 10/07/21, 07/14/22, 08/17/23