## **COMPREHENSIVE HEALTH ASSESSMENT FORMS**

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50+ Years Old - Male

## COMPREHENSIVE HEALTH ASSESSMENT FORMS

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Comprehensive He Under 1 Month Old	Actual Age:	Date:
Medical Record #	<u> </u>	
Gender	🗆 Male 🗆 Fema	lle
Accompanied by	□ Mother □ Fathe	er 🗆 Other:
Parent's Primary		
Language Interpreter Requested	□ Yes □ No	□ Refused
Name of Interpreter		1
Intake		Vital Signs
Allergies		Temp
Height		Pulse
Weight		Resp
Head Circumference		
Birth History	Birth Weight:	Gestation:
Delivery	□ Vaginal □ C-Section	Complications
OB/GYN Provider		
Post-Partum		
Appointment Date		
	□ Redness/swelling	
Appointment Date Cord	□ Redness/swelling Inificant Conditions: □	□ Yellow drainage See Problem List
Appointment Date Cord Chronic Problems/Sigr	□ Redness/swelling Inificant Conditions: □	□ Yellow drainage See Problem List
Appointment Date Cord Chronic Problems/Sigr Current Medications/V	Redness/swelling  ificant Conditions:  itamins:  See Medication  Breastfed every  Formula  z	Yellow drainage See Problem List Dn List List List List List List List List
Appointment Date Cord Chronic Problems/Sigr Current Medications/V Interval History	Redness/swelling  inficant Conditions:  itamins:  See Medication  Breastfed every	Yellow drainage See Problem List Dn List List List List List List List List
Appointment Date Cord Chronic Problems/Sigr Current Medications/V Interval History Nutrition	Redness/swelling  itamins:  See Medicativ  Breastfed every  Formulaoz Formula Type or Brai	Yellow drainage See Problem List Dn List List List List List List List List
Appointment Date Cord Chronic Problems/Sigr Current Medications/V Interval History Nutrition Elimination	Redness/swelling  itamins:  See Medicativ  Breastfed every  Formula  Formula  Normal  Abnorm	Yellow drainage See Problem List Dn List List List List List List List List
Appointment Date Cord Chronic Problems/Sigr Current Medications/V Interval History Nutrition Elimination Has WIC	Redness/swelling  itamins:  See Medicati  Breastfed every  Formulaoz Formula Type or Bran  Normal  Yes No	Yellow drainage See Problem List  Don List  hours every hours d: al
Appointment Date Cord Chronic Problems/Sigr Current Medications/V Interval History Nutrition Elimination Has WIC Sleep	Redness/swelling  itamins:  See Medicati  Breastfed every  Formula  Normal  Yes No  Normal (2-4 hours)	Yellow drainage See Problem List  Don List  List  List  Abours  Abour
Appointment Date Cord Chronic Problems/Sigr Current Medications/V Interval History Nutrition Elimination Has WIC Sleep Sleeping Position	Redness/swelling      inificant Conditions:      itamins:         See Medication          Breastfed every          Formulaoz          Formula Type or Bran          Normal          Abnorm          Yes         No          Normal (2-4 hours)          Supine         Prone	Yellow drainage See Problem List  Interpretation List Interpretation L
Appointment Date Cord Chronic Problems/Sigr Current Medications/V Interval History Nutrition Elimination Has WIC Sleep Sleeping Position Vaccines Up to Date	Redness/swelling  itamins:  See Medication  Breastfed every  Formulaoz  Formula Type or Brar  Normal  Yes No  Supine Prone Yes No	Yellow drainage See Problem List  Don List  hours every hours d: al  Abnormal  Side Side See <u>CAIR</u>
Appointment Date Cord Chronic Problems/Sigr Current Medications/V Interval History Nutrition Elimination Has WIC Sleep Sleeping Position Vaccines Up to Date Family History	Redness/swelling  itamins:  See Medication  Breastfed every  Formulaoz Formula Type or Brar  Normal  Yes No  Normal (2-4 hours)  Supine  Yes No  Unremarkable	Yellow drainage See Problem List  Don List  List  List  Abnormal  Side See <u>CAIR</u> Diabetes
Appointment Date Cord Chronic Problems/Sigr Current Medications/V Interval History Nutrition Elimination Has WIC Sleep Sleeping Position Vaccines Up to Date Family History Heart disease	Redness/swelling  itamins:  Breastfed every  Formula  Formula  Yes No  Normal  Ves No  Ves No  HTN  HTN	Yellow drainage See Problem List  Interpretation List  Interpretation  Provide the set of the set
Appointment Date Cord Chronic Problems/Sigr Current Medications/V Interval History Nutrition Elimination Has WIC Sleep Sleeping Position Vaccines Up to Date Family History Heart disease High cholesterol Childhood hearing impairment Psychosocial & Behavioral Assessment, Family/	Redness/swelling  itamins:  See Medications:   Breastfed every  Formula	Yellow drainage See Problem List  Den List  List  List  List  Abnormal  Side  See CAIR  Diabetes  Asthma  Family Hx of unexpected or sudden death < 50 YO  hips w/ social/emotional support e last visit (move, job, death) , food, employment
Appointment Date Cord Chronic Problems/Sigr Current Medications/V Interval History Nutrition Elimination Has WIC Sleep Sleeping Position Vaccines Up to Date Family History Heart disease High cholesterol Childhood hearing impairment Psychosocial & Behavioral	Redness/swelling  itamins:  See Medications:   Breastfed every  Formula	<ul> <li>Yellow drainage</li> <li>See Problem List</li> <li>See Problem List</li> <li>on List</li> <li>on List</li> <li>al</li> <li>Abnormal</li> <li>Side</li> <li>Side</li> <li>Side</li> <li>Side</li> <li>Side</li> <li>Side</li> <li>Asthma</li> <li>Family Hx of unexpected or sudden death &lt; 50 YO</li> <li>hips w/ social/emotional support e last visit (move, job, death), food, employment al illness, drugs, violence/abuse)</li> </ul>

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PAPF</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developr	nent		
□ Prone, lifts head briefly	□ Turns head side to side	□ Responds to	sound
□ Moro reflex	Blinks at bright light	□ Keeps hand	s in a fist
Physical Examination	1		WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	Symmetrical, A.F. open	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	, no lesions	
Mouth / Palate	Oral mucosa pink, no cle	ft lip or palate	
Neck	Supple, no masses, thyroid not enlarged		
Chest	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction, leg leng	ths equal	
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesio	ons	
Neurologic	Alert, no gross sensory o	r motor deficit	
Subjective / Objective			

Comprehensive He	alth Assessment		Name:		DOB:
			Anticipatory Guidance	e (AG) / Education (	if discussed)
			Diet, Nutrition & Exer	cise	
			Breastfeeding / formula	□ No cow's milk	□ No honey until 1 year old
_			□ Feeding position	□ No bottle in bed	Colic
			Accident Prevention	& Guidance	
			□ Lead poisoning	□ Rear-facing Infant	□ Stimulation from hanging
Assessment			prevention Call MD for fever	car seat	objects & bright colors
			□ Family support, social interaction & communication	Never shake baby	Physical growth
			<ul> <li>Signs of maternal depression</li> </ul>	Matches / burns	□ Stools
			□ Post-Partum Checkup	Uiolence prevention, gun safety	Sneezing
			<ul> <li>Hot liquid away from baby</li> </ul>	Poison control phone number	Hiccups
			Effects of passive     smoking	□ Smoke detector	□ Bathing
			□ Skin cancer prevention	□ Hot water temp < 120° F	Circumcision care
			□ Sleeping position	Drowning / tub safety	Cord care
			Next Appointment	1	
			□ 1 year	RTC PRN	□ Other:
Plan			Documentation Remi	nders	
			Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	Weight & Head Circumference measurements plotted in WHO growth chart	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
			MA / Nurse Signature	Title	Date
			Provider Signature	Title	Date
Referrals			Notes (include date, tin	me, signature, and titl	e on all entries)
	□ Audiologist	<ul> <li>Optometrist / Ophthalmologist</li> </ul>			
<ul> <li>Maternal Behavioral Health</li> </ul>	□ Regional Center	Early Start or Local Education Agency			
□ CA Children's Services (CCS)	□ Other:				
Orders					
□ Hep B vaccine	<ul> <li>Newborn metabolic screen</li> </ul>	<ul> <li>Obtain newborn hospital records &amp; hearing screen results</li> </ul>			
□ Other:					Under 1 Month Old - Page 2 of 2

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Comprehensive He		
1 to 2 Months Old	Actual Age:	Date:
Medical Record #		
Gender	🗆 Male 🛛 Fema	ale
Accompanied by	□ Mother □ Fathe	er 🗆 Other:
Parent's Primary Language		
Interpreter Requested	□ Yes □ No	□ Refused
Name of Interpreter		
Intake		Vital Signs
Allergies		Temp
Height		Pulse
Weight		Resp
Head Circumference		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Chronic Problems/Sigr	•	
Current Medications/Vi	itamins: □ See Medicati	on List
	itamins: □ See Medicati	on List
Current Medications/Vi		
	Breastfed every	hours every hours
Interval History	Breastfed every	hours every hours nd:
Interval History Feedings	Breastfed every     Formulaoz     Formula Type or Bran	hours every hours nd:
Interval History Feedings Elimination	Breastfed every	hours every hours nd: nal
Interval History Feedings Elimination Has WIC	Breastfed every	hours every hours nd: nal
Interval History Feedings Elimination Has WIC Sleep	Breastfed every	hours every hours nd: nal
Interval History Feedings Elimination Has WIC Sleep Sleep Position	Breastfed every	hours every hours nd: nal nal
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date	Breastfed every	<pre> hours every hours nd: nal nal Side See CAIR</pre>
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History	Breastfed every	hours every hours nd: nal Iside Side See <u>CAIR</u> Diabetes Asthma Family Hx of unexpected
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History Heart disease	Breastfed every	hours every hours nd: nal nal Side Side See <u>CAIR</u> Diabetes Asthma
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History  Heart disease High cholesterol	Breastfed every	<ul> <li>hours</li> <li>every hours</li> <li>nd:</li> <li>nal</li> <li>Side</li> <li>Side</li> <li>See <u>CAIR</u></li> <li>Diabetes</li> <li>Asthma</li> <li>Family Hx of unexpected or sudden death &lt; 50 YO</li> <li>hips w/ social/emotional support te last visit (move, job, death)</li> <li>tood, employment tal illness, drugs, violence/abuse)</li> </ul>

AAP Risk Screener	Screening Tools	DOB Low Risk	High Risk (see Plan/
	Used		Orders/AG)
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Develop	· · · ·		
□ Prone, lifts head 45°	□ Vocalizes (cooing)	□ Grasps rattle	9
□ Kicks	□ Follows past midline	□ Smiles resp (social)	onsively
Physical Examination		(SOCIAI)	WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	Symmetrical, A.F. open	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	k, no lesions	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest	Symmetrical, no masses		
Heart	No organic murmurs, reg	jular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction, leg leng	ths equal	
Femoral pulses	Present and equal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesio	ons	
Neurologic	Alert, no gross sensory o	or motor deficit	
Subjective / Objective	9		

Comprehensive He	ealth Assessmer	nt	Name:		DOB:
-			Anticipatory Guidance	e (AG) / Education (	√ if discussed)
			Diet, Nutrition & Exer	cise	
			□ Breastfeeding / formula	□ No cow's milk	□ No honey until 1 year old
			□ Feeding position	□ No bottle in bed	□ Signs of hunger
			Accident Prevention	& Guidance	
Assessment			□ Lead poisoning	□ Rear-facing Infant	Childcare plan
			prevention □ Call MD for fever	car seat □ Choking hazards	Crying
			□ Hot liquid burns	Never shake baby	□ Family spacing
			□ Signs of maternal depression	□ Matches / burns	□ Sibling and family relationships
			<ul> <li>Family support, social interaction &amp; communication</li> </ul>	□ Violence prevention, gun safety	Physical growth
			Diaper rash	Poison control phone number	Bathing
			□ Skin cancer prevention	Smoke detector	Sleeping position
_				□ Hot water temp < 120° F	□ Bedtime
			<ul> <li>Effects of passive smoking</li> </ul>	<ul> <li>Drowning / tub safety</li> </ul>	□ Thumb sucking
DL			Next Appointment		
Plan			□ 1 year	RTC PRN	□ Other:
			Documentation Remi		
			<ul> <li>Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, &amp; signed by provider</li> </ul>	Weight & Head Circumference measurements plotted in WHO growth chart	<ul> <li>Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)</li> </ul>
			MA / Nurse Signature	Title	Date
			Provider Signature	Title	Date
Referrals					
	□ Dietician / Nutritionist	□ Audiologist			
□ Maternal Behavioral Health	<ul> <li>Optometrist /</li> <li>Ophthalmologist</li> </ul>	Pulmonologist	Notes (include date, tin	me, signature, and titl	e on all entries)
CA Children's Services (CCS)	□ Regional Center	Early Start or Local Education Agency			
□ Other:					
Orders					
🗆 DTaP	□ IPV	CBC / Basic metabolic     panel			
□ Hep B vaccine		Hct / Hgb			
🗆 Hib	□ Rotavirus	□ ECG □ COVID 19 test			
□ Other:					1 to 2 Months Old - Page 2 of 2

Comprehensive He		
3 to 4 Months Old	Actual Age:	Date:
Medical Record #		
Gender	🗆 Male 🛛 Fema	ile
Accompanied by	□ Mother □ Fathe	er 🗆 Other:
Primary Language		
Interpreter Requested	□ Yes □ No	□ Refused
Name of Interpreter		
Intake		Vital Signs
Allergies		Temp
Height		Pulse
Weight		Resp
Head Circumference		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Chronic Problems/Sign		
Current Medications/Vi	itamins: □ See Medicatio	on List
Current Medications/Vi	tamins: □ See Medicatio	on List
Current Medications/Vi	itamins: □ See Medicatio	on List
Current Medications/Vi	itamins: □ See Medicatio	on List
	itamins: □ See Medicatio	on List
Current Medications/Vi		
	□ Breastfed every □ Formulaoz	hours every hours
Interval History Feedings	□ Breastfed every □ Formulaoz Formula Type or Brar	hours every hours rd:
Interval History Feedings Elimination	<ul> <li>□ Breastfed every</li></ul>	hours every hours rd:
Interval History Feedings Elimination Has WIC	Breastfed every	hours every hours hd: al
Interval History Feedings Elimination Has WIC Sleep	Breastfed every	hours everyhours nd: al
Interval History Feedings Elimination Has WIC Sleep Sleep Position	Breastfed every	hours every hours nd: al al Side
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date	Breastfed every	<pre> hours every hours id: al al</pre>
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History	Breastfed every	<pre>hours everyhours nd: al al     Side     See CAIR     Diabetes</pre>
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History □ Heart disease	Breastfed every	hours everyhours al al I Side I Side See <u>CAIR</u> I Diabetes Asthma
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History □ Heart disease □ High cholesterol	Breastfed every	<pre>hours everyhours nd: al al     Side     See CAIR     Diabetes</pre>
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History □ Heart disease	Breastfed every	hours every hours al al Id: al Id:
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History □ Heart disease □ High cholesterol □ Other: Psychosocial &	Breastfed every	hours every hours al al Id: al Id:
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History Heart disease High cholesterol Other: Psychosocial & Behavioral	Breastfed every	hours every hours id: hours </td
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History □ Heart disease □ High cholesterol □ Other: Psychosocial &	Breastfed every	hours every hours id: hours id: hours id: hours id: hours al al<
Interval History Feedings Elimination Has WIC Sleep Sleep Position Vaccines Up to Date Family History Heart disease High cholesterol Other: Psychosocial & Behavioral Assessment, Family/	Breastfed every	hours every hours d: al al al al I Side Side See <u>CAIR</u> I Diabetes I Asthma I Family Hx of unexpected or sudden death < 50 YO hips w/ social/emotional support e last visit (move, job, death) , food, employment al illness, drugs, violence/abuse)

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner	□ <u>PEARLS</u> , □ H&P,		
Violence Psychosocial / Behavioral	□ Other: □ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Screener,</u> □ H&P, □ Other:		
Growth and Developm	nent		
Head steady when sitting	□ Squeals or coos	Orients to ve	pices
□ Eyes follow 180°	□ Rolls form stomach to back	Brings hand	s together
□ Grasps rattle	Gums objects	Laughs alou	ıd
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect evider	•	
Head	Symmetrical, A.F. open		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pinl	k, no lesions	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest	Symmetrical, no masses		
Heart	No organic murmurs, reg	jular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal exter	nal appearance	
Hips	Good abduction, leg leng	gths equal	
Femoral pulses	Present and equal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesio	ons	
Neurologic	Alert, no gross sensory o	or motor deficit	
Subjective / Objective	)		

	alth Assessmer		Name: Anticipatory Guidanc	o (AG) / Education (	(if discussed)
				. , .	v if discussed)
			Diet, Nutrition & Exer		
			Breastfeeding / formula	□ No cow's milk	□ No honey until 1 year ol
			□ Feeding position	□ No bottle in bed	Signs of hunger
			Accident Prevention	& Guidance	
Assessment			□ <u>Lead poisoning</u> prevention	<ul> <li>Rear facing infant car seat</li> </ul>	□ Childcare plan
			□ Signs of maternal depression	□ Choking hazards	□ Rolling
			<ul> <li>Family support, social interaction &amp; communication</li> </ul>	Storage of drugs / toxic chemicals	□ Family spacing
			<ul> <li>Effects of passive smoking</li> </ul>	Matches / burns	<ul> <li>Sibling and family relationships</li> </ul>
			□ Skin cancer prevention	<ul> <li>Violence prevention, gun safety</li> </ul>	Physical growth
			□ Sleeping position	Poison control phone number	Reaching for objects
			□ No bottle in bed	Smoke detector	Bathing
			□ Falls	□ Hot water temp < 120° F	□ Bedtime
Plan			□ Minor illness care	Drowning / pool fence	□ Teething
			Next Appointment		
			□ 1 year	RTC PRN	□ Other:
			Documentation Remi	nders	
			Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	□ Weight & Head Circumference measurements plotted in WHO growth chart	Vaccines entered in CAI (manufacturer, lot #, VIS publication dates, etc.)
			MA / Nurse Signature	Title	Date
Referrals					
⊐ WIC	Dietician / Nutritionist	□ Audiologist	Provider Signature	Title	Date
☐ Maternal Behavioral Health	Optometrist / Ophthalmologist	Pulmonologist		•	
□ CA Children's Services (CCS)	□ Regional Center	Early Start or Local Education Agency			
□ Other:			Notes (include date, ti	me, signature, and title	e on all entries)
Orders					•
□ COVID 19 vaccine	Influenza vaccine	CBC / Basic metabolic     panel			
⊐ DTaP	□ IPV	□ Hct / Hgb			
□ Hep B vaccine (if not up to date)		□ PPD skin test □ QFT			
□ Hib	□ Rotavirus	ECG     COVID 19 test			
⊐ DTaP	□ IPV	□ Iron-fortified formula □ Iron supplements			
□ Other:					

5 to 6 Months Old	Actual Age:		Date:	
Medical Record #	Actual Aye.		Dale.	
Gender	□ Male	n Fema	le	
Accompanied by	Mother			
Parent's Primary				
Language Interpreter Requested	□ Yes	□ No	□ Refused	
Name of Interpreter				
Intake			Vital S	Signs
Allergies			Temp	
Height			Pulse	
Weight			Resp	
Head Circumference				
Pain	Location: Scale: 0 1	123	45678	9 10
Dental Provider			Last visit date:	
Chronic Problems/Sign	ificant Conditi	ions: 🗆 🛙	See Problem List	:
Current Medications/Vi	tamins: □ See	Medicatio	n List	
	tamins: □ See	Medicatio	n List	
Current Medications/Vi	□ Breastfed ev □ Formula	very oz e	hours	urs
Interval History	□ Breastfed ev	very oz e pe or Bran	hours every hou d:	urs
Interval History Feedings	□ Breastfed ev □ Formula Formula Typ □ Normal □	very oz e pe or Bran	hours every hou d:	urs
Interval History Feedings Elimination	Breastfed ev     Formula Formula Typ     Normal     Yes	veryoz ∈ oz ∈ oe or Bran ⊒ Abnorma	hours every hou d: al	urs
Interval History Feedings Elimination Has WIC	Breastfed ev     Formula     Formula Typ     Normal     Yes     Normal	veryoz e oe or Bran Abnorma	hours every hou d: al	urs
Interval History         Feedings         Elimination         Has WIC         Sleep	Breastfed ev Formula Typ Normal Ves Normal Normal Supine	veryoz e oe or Bran Abnorma No Abnorma	hours every hou d: al	urs
Interval History         Feedings         Elimination         Has WIC         Sleep         Sleep Position         Fluoridated Water	Breastfed ev     Formula Formula Typ     Normal     Yes     Normal     Supine	very oz e oe or Bran Abnorma No Prone No	hours every hou d: al	urs
Interval History         Feedings         Elimination         Has WIC         Sleep         Sleep Position         Fluoridated Water         Supply	Breastfed ev     Formula	very oz e oe or Bran Abnorma No Prone No	hours every hou d: al	urs
Interval History         Feedings         Elimination         Has WIC         Sleep         Sleep Position         Fluoridated Water         Supply         Fluoride Varnish	Breastfed ev     Formula Formula Typ     Normal     Yes     Normal     Supine     Yes     Date last applie	very oz e pe or Bran Abnorma No Prone No ed: No	hours every hou d: al al Side	urs
Interval HistoryInterval HistoryFeedingsEliminationHas WICSleepSleep PositionFluoridated Water SupplyFluoride VarnishVaccines Up to Date	Breastfed ev     Formula Typ     Formula Typ     Normal     Yes     Supine     Yes     Date last applie	very oz e pe or Bran Abnorma No Prone No ed: No	hours every hou d: al al	
Interval HistoryInterval HistoryFeedingsEliminationHas WICSleepSleep PositionFluoridated Water SupplyFluoride VarnishVaccines Up to DateFamily History	Breastfed ev     Formula Typ     Formula Typ     Normal     Yes     Supine     Yes     Date last applie     Yes     Unremarkab	very oz e pe or Bran Abnorma No Prone No ed: No	hours every hou d: al al Side Side See <u>CAIR</u> Diabetes Asthma Family Hx o	f unexpected
Interval History Interval History Feedings Elimination Has WIC Sleep Sleep Sleep Position Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History □ Heart disease	Breastfed ex Formula Type Formula Type Normal  Yes  Normal  Supine  Yes  Date last applie  Yes  Unremarkab  HTN	very oz e pe or Bran Abnorma No Prone No ed: No	hours every hou d: al al Side Side See <u>CAIR</u> Diabetes Asthma Family Hx o	

Name:		DOB	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Blood Lead	□ <u>Lead Assessment,</u> □ H&P, □ Other:		
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ H&P, □ Other:		
Hepatitis B	$\Box$ H&P, $\Box$ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developr	nent		
No head lag when pulled to sitting	□ Sits briefly alone	Orients to be	ell
□ Bears weight on legs	□ Rolls both ways	Bangs smal surface	l objects on
□ Reaches for objects	□ Gums objects	□ Babbles	
Physical Examination	1		WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	Symmetrical, A.F. open	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	l	
Nose	Passages clear, MM pinl	, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage:	IV V	
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage: I II III	IV V	
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction, leg leng	ths equal	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesio		
UNIT	Significant iest		

Neurologic	Alert, no gross sensory of	or motor deficit
Subjective / Objectiv	e	
Accessment		
Assessment		
Plan		
Referrals		
	□ Optometrist / Ophthalmologist	□ Audiologist
□ WIC □ Maternal Behavioral	Ophthalmologist	Audiologist  Pulmonologist
□ WIC □ Maternal Behavioral Health	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> </ul>	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> <li>Regional Center</li> </ul>	Pulmonologist
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services</li> </ul>	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> </ul>	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> <li>Regional Center</li> </ul>	Pulmonologist     Early Start or Local
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Orders</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Other:	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> </ul>
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Orders</li> <li>COVID 19 vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Other: IPV	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Orders</li> <li>COVID 19 vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Other:	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Other: IPV	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
Dentist CA Children's Services (CCS) Orders COVID 19 vaccine DTaP Hep A vaccine (if high	Ophthalmologist Dietician / Nutritionist Regional Center Other: IPV PCV Rotavirus Hep B Panel (if	Pulmonologist     Early Start or Local     Education Agency      CBC / Basic metabolic     panel     Hct / Hgb     PPD skin test     QFT     CXR
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if high risk)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Other: UIPV PCV Rotavirus Hep B Panel (if high risk)	Pulmonologist     Early Start or Local     Education Agency      CBC / Basic metabolic     panel     Hct / Hgb      PPD skin test     QFT
<ul> <li>WIC</li> <li>Maternal Behavioral Health</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if high risk)</li> <li>Hep B vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Other: IPV PCV Rotavirus Hep B Panel (if	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>

#### Name:

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Anticipatory Guidance (AG) / Education ( $\sqrt{i}$ f discussed)			
Diet, Nutrition & Exercise			
□ Introduction to solids	<ul> <li>Fortified Infant Cereals</li> </ul>	□ Start solid one at a time	
□ Breastfeeding / formula	No cow's milk	□ Start feeder cup	
Accident Prevention	& Guidance		
Lead poisoning prevention	<ul> <li>Rear facing infant car seat</li> </ul>	Electrical outlet covers	
□ Routine dental care	□ Choking hazards	Blocks	
Brush teeth with fluoride toothpaste	Storage of drugs / toxic chemicals	□ Repetitive games	
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	□ Play with cloth book	
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	<ul> <li>Violence prevention, gun safety</li> </ul>	□ Physical growth	
□ Caution with strangers	Poison control phone number	□ Bathing	
$\square$ Skin cancer prevention	□ Smoke detector	□ Limit screen time	
<ul> <li>Signs of maternal depression</li> </ul>	□ Hot water temp < 120° F	□ Bedtime	
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	Teething	
Next Appointment			
□ 1 year	RTC PRN	□ Other:	

#### **Documentation Reminders**

Staying Healthy     Assessment / IHEBA     forms reviewed,     completed, dated, &     signed by provider	Weight & Head Circumference measurements plotted in WHO growth chart	<ul> <li>Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)</li> </ul>
	-	

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

5 to 6 Months Old - Page 2 of 2

Comprehensive He 7 to 9 Months Old	Actual Age		Date:	
Medical Record #	, iotoon , ige		2000	
Gender	□ Male	🗆 Fema	le	
Accompanied by			r □ Other:	
Parent's Primary				
Language				
Interpreter Requested	□ Yes	□ No	□ Refused	
Name of Interpreter				
Intake			Vital S	Signs
Allergies			Temp	
Height			Pulse	
Weight			Resp	
Head Circumference			I	I
Pain	Location: Scale: 0	1 2 3	4 5 6 7 8	9 10
Dental Provider	Scale. 0	125	Last visit date:	5 10
Chronic Problems/Sign	ificant Cond	litions: 🗆 :	See Problem List	
Current Medications/Vi	tamine:	o Modicatic	n Liet	
Current Medications/Vi	itamins: 🗆 Se	ee Medicatio	on List	
	itamins: 🗆 Se	ee Medicatio	on List	
Interval History				
	□ Regular	□ Iron-rich	foods □ Other:	
Interval History	□ Regular □ Breastfed □ Formula _	□ Iron-rich every	foods □ Other: hours everyhou	
Interval History Diet / Nutrition	□ Regular □ Breastfed □ Formula _	□ Iron-rich every	foods	
Interval History Diet / Nutrition Feedings	<ul> <li>Regular</li> <li>Breastfed</li> <li>Formula _ Formula T</li> </ul>	□ Iron-rich everyoz oz ( ÿpe or Bran	foods	
Interval History         Diet / Nutrition         Feedings         Elimination         Has WIC	<ul> <li>Regular</li> <li>Breastfed</li> <li>Formula _ Formula T</li> <li>Normal</li> </ul>	□ Iron-rich everyoz ( oz ( ype or Bran □ Abnorm	foods	
Interval History         Diet / Nutrition         Feedings         Elimination         Has WIC         Sleep	<ul> <li>Regular</li> <li>Breastfed</li> <li>Formula _ Formula T</li> <li>Normal</li> <li>Yes</li> <li>Normal</li> </ul>	Iron-rich everyoz o ype or Bran Abnorm No Abnorm	foods	
Interval History         Diet / Nutrition         Feedings         Elimination         Has WIC	<ul> <li>Regular</li> <li>Breastfed</li> <li>Formula _ Formula T</li> <li>Normal</li> <li>Yes</li> <li>Normal</li> <li>Supine</li> </ul>	Iron-rich everyoz o ype or Bran Abnorm No Abnorm Prone	foods	
Interval History         Diet / Nutrition         Feedings         Elimination         Has WIC         Sleep         Sleep Position         Fluoridated Water         Supply	<ul> <li>Regular</li> <li>Breastfed</li> <li>Formula _ Formula T</li> <li>Normal</li> <li>Yes</li> <li>Normal</li> </ul>	Iron-rich everyoz o ype or Bran Abnorm No Abnorm	foods	
Interval History         Diet / Nutrition         Feedings         Elimination         Has WIC         Sleep         Sleep Position         Fluoridated Water	<ul> <li>Regular</li> <li>Breastfed</li> <li>Formula _ Formula T</li> <li>Normal</li> <li>Yes</li> <li>Normal</li> <li>Supine</li> </ul>	Iron-rich everyoz o ype or Bran Abnorm No Abnorm Prone No No	foods	
Interval History         Diet / Nutrition         Feedings         Elimination         Has WIC         Sleep         Sleep Position         Fluoridated Water         Supply	<ul> <li>Regular</li> <li>Breastfed</li> <li>Formula _ Formula T</li> <li>Normal</li> <li>Yes</li> <li>Normal</li> <li>Supine</li> <li>Yes</li> <li>Date last app</li> <li>Yes</li> </ul>	Iron-rich every	foods  Other:hours everyhou d: al al Side Side See <u>CAIR</u>	
Interval History         Diet / Nutrition         Diet / Nutrition         Feedings         Elimination         Has WIC         Sleep         Sleep Position         Fluoridated Water         Supply         Fluoride Varnish	<ul> <li>Regular</li> <li>Breastfed</li> <li>Formula _ Formula T</li> <li>Normal</li> <li>Yes</li> <li>Supine</li> <li>Yes</li> <li>Date last app</li> </ul>	Iron-rich every	foods  Other:hours everyhou d: al al Side	
Interval HistoryDiet / NutritionDiet / NutritionFeedingsEliminationHas WICSleepSleep PositionFluoridated Water SupplyFluoride VarnishVaccines Up to Date	<ul> <li>Regular</li> <li>Breastfed</li> <li>Formula _ Formula T</li> <li>Normal</li> <li>Yes</li> <li>Normal</li> <li>Supine</li> <li>Yes</li> <li>Date last app</li> <li>Yes</li> </ul>	Iron-rich every	foods  Other:hours everyhou d: al al Side Side See <u>CAIR</u>	
Interval History Diet / Nutrition Eeedings Elimination Has WIC Sleep Sleep Position Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History	<ul> <li>Regular</li> <li>Breastfed</li> <li>Formula _ Formula T</li> <li>Normal</li> <li>Yes</li> <li>Normal</li> <li>Supine</li> <li>Yes</li> <li>Date last app</li> <li>Yes</li> <li>Unremark</li> </ul>	Iron-rich every	foods  Other:hours everyhou d: al al Side See <u>CAIR</u> Diabetes Asthma Family Hx of	JITS
Interval History Diet / Nutrition Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History Heart disease	<ul> <li>Regular</li> <li>Breastfed</li> <li>Formula _ Formula T</li> <li>Normal</li> <li>Yes</li> <li>Normal</li> <li>Supine</li> <li>Yes</li> <li>Date last app</li> <li>Yes</li> <li>Unremark</li> <li>HTN</li> </ul>	Iron-rich every	foods  Other:hours everyhou d: al al Side See <u>CAIR</u> Diabetes Asthma Family Hx of	
Interval History Diet / Nutrition Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Sleep Position Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History Beart disease	<ul> <li>Regular</li> <li>Breastfed</li> <li>Formula _ Formula T</li> <li>Normal</li> <li>Yes</li> <li>Normal</li> <li>Supine</li> <li>Yes</li> <li>Date last app</li> <li>Yes</li> <li>Unremark</li> <li>HTN</li> <li>Cancer</li> </ul>	Iron-rich every	foods  Other: hours every hou d: al al Side See CAIR Diabetes Asthma Family Hx of or sudden d	f unexpected eath < 50 YO
Interval History Diet / Nutrition Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoridated Water Supply Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History  High cholesterol  High cholesterol Other: Psychosocial & Behavioral	<ul> <li>Regular</li> <li>Breastfed</li> <li>Formula _ Formula T</li> <li>Normal</li> <li>Yes</li> <li>Normal</li> <li>Supine</li> <li>Yes</li> <li>Date last app</li> <li>Yes</li> <li>Unremark</li> <li>HTN</li> <li>Cancer</li> </ul>	Iron-rich every	foods  Other:hours everyhou d: al al Side See <u>CAIR</u> Diabetes Asthma Family Hx of	f unexpected eath < 50 YO
Interval History Diet / Nutrition Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History I Heart disease High cholesterol Other: Psychosocial & Behavioral Assessment, Family/	Regular  Regular  Rormula _ Formula T  Normal  Yes Normal  Yes Normal  Yes Date last app Yes Unremark HTN Cancer  WNL - Stal Changes ir Problems V	Iron-rich every	foods □ Other: hours everyhou d: al al □ Side □ Side □ Diabetes □ Diabetes □ Asthma □ Family Hx of or sudden d hips w/ social/emote e last visit (move, jy food, employmen	f unexpected eath < 50 YO tional support ob, death) t
Interval History Diet / Nutrition Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoridated Water Supply Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History  High cholesterol  High cholesterol Other: Psychosocial & Behavioral	Regular  Regular  Rormula _ Formula T  Normal  Yes Normal  Yes Normal  Yes Date last app Yes Unremark HTN Cancer  WNL - Stal Changes ir Problems V	Iron-rich every	foods □ Other: hours everyhou d: al al □ Side □ Side □ See <u>CAIR</u> □ Diabetes □ Asthma □ Family Hx of or sudden d hips w/ social/emod e last visit (move, ju food, employmen al illness, drugs, vi	f unexpected eath < 50 YO tional support ob, death) t

Name:		DOB	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder (9 Months)	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developm	nent		
□ Sits without support	Transfers object hand to hand	□ Looks for to	y dropped
□ Begins to crawl	□ Rolls over	□ Says "mama	a" or "dada"
□ Pulls to stand	□ Feeds self, cracker	□ Scribbles	
Physical Examination	l		WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. open	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage:   II III	IV V	
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal Tanner stage: 1 II III		
Male	Circ / uncircumcised, testes in scrotum		
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction		
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesio		
Neurologic	Alert, no gross sensory o		

Subjective / Objective	9	
Assessment		
-556551116111		
Plan		
Referrals		
	Optometrist /	□ Audiologist
UNIC	Ophthalmologist	-
UNIC		□ Audiologist □ Pulmonologist
UNC Dentist CA Children's Services	Ophthalmologist	Pulmonologist     Early Start or Local
WIC Dentist CA Children's Services (CCS)	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist
WIC Dentist CA Children's Services (CCS) Other:	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
WIC Dentist CA Children's Services (CCS) Other:	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel     Hct / Hgb
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if high</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if high risk)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel     Hct / Hgb
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if high risk)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel     Hct / Hgb     Lipid panel (if high risk)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if high risk)</li> <li>Hep B vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date) Rotavirus Hep B Panel (if	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb  Lipid panel (if high risk)  PPD skin test QFT CXR
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date) <ul> <li>Hep A vaccine (if high risk)</li> <li>Hep B vaccine</li> <li>Hib (if not up to date)</li> </ul></li></ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if high risk)  PCV (if not up to date)  Rotavirus  Hep B Panel (if high risk)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Drders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if high risk)</li> <li>Hep B vaccine</li> <li>Hib (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date) Rotavirus Hep B Panel (if high risk) Rx Fluoride drops / chewable tabs 0.25-	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb  Lipid panel (if high risk)  PPD skin test QFT CXR
COVID 19 vaccine COVID 19 vaccine DTaP (if not up to date) Hep A vaccine (if high	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date) Rotavirus Hep B Panel (if high risk) Rt Fluoride drops /	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>

# Name:

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Anticipatory Guidance (AG) / Education ( $\sqrt{ifdiscussed}$ )				
Diet, Nutrition & Exercise				
Introduction to meats & proteins	<ul> <li>Fortified Infant Cereals</li> </ul>	□ Mashed table food		
Whole grains / iron-rich foods	□ Finger foods	□ Start feeder cup		
Physical activity / exercise	<ul> <li>Healthy food choices</li> </ul>	□ No bottles in bed		
Accident Prevention	& Guidance			
Lead poisoning prevention	<ul> <li>Rear facing infant car seat</li> </ul>	Electrical outlet covers		
□ Routine dental care	□ Choking hazards	$\hfill \Box$ Allow to feed self		
<ul> <li>Brush teeth with fluoride toothpaste</li> </ul>	Storage of drugs / toxic chemicals	Understands "no" but not discipline		
<ul> <li>Fluoride varnish treatment</li> </ul>	Matches / burns	□ Play with cloth book		
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	<ul> <li>Violence prevention, gun safety</li> </ul>	□ Physical growth		
□ Childcare plan	Poison control phone number	□ Decreased appetite		
$\hfill\square$ Skin cancer prevention	□ Smoke detector	□ Limit screen time		
□ Falls	□ Hot water temp < 120° F	□ Bedtime		
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Teething		
Next Appointment				
□ 1 year	RTC PRN	□ Other:		

Documentation Reminders		
<ul> <li>Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, &amp; signed by provider</li> </ul>	<ul> <li>Weight &amp; Head Circumference measurements plotted in WHO growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

7 to 9 Months Old - Page 2 of 2

Comprehensive He	aith Assessment	[
10 to 11 Months Old	Actual Age:	Date:
Medical Record #		
Gender	🗆 Male 🛛 🗆 Fema	le
Accompanied by	□ Mother □ Fathe	er 🗆 Other:
Parent's Primary		
Language Interpreter		
Requested		□ Refused
Name of Interpreter		
Intake		Vital Signs
Allergies		Temp
Height		Pulse
Weight		Resp
Head Circumference		· · · · ·
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Dental Provider		Last visit date:
Chronic Problems/Sign	ificant Conditions: □	See Problem List
Oursent Mariliantiana M	1	
Current Medications/Vi	tamins:   See Medication	on List
Interval History	r	
Diet / Nutrition	🗆 Regular 🛛 Iron-rich	
Feedings	<ul> <li>□ Breastfed everyoz</li> <li>□ Formulaoz</li> <li>Formula Type or Brar</li> </ul>	every hours
Elimination	Normal     Abnorm	al
Has WIC	🗆 Yes 🗆 No	
Sleep	Normal     Abnorm	al
Sleep Position	□ Supine □ Prone	□ Side
Fluoridated Water Supply	□ Yes □ No	
Fluoride Varnish	Date last applied:	
Vaccines Up to Date	🗆 Yes 🗆 No	□ See <u>CAIR</u>
Family History	Unremarkable	Diabetes
□ Heart disease	HTN	□ Asthma
□ High cholesterol	Cancer	□ Family Hx of unexpected or sudden death < 50 YO
□ Other:		
Psychosocial &	WNL - Stable relations	hips w/ social/emotional support
Behavioral		e last visit (move, job, death)
Assessment, Family/ Social Factors	<ul> <li>Problems with housing.</li> <li>Family stressors (ment</li> </ul>	, food, employment al illness, drugs, violence/abuse)
Lives with	□ 1 Parent □ 2 Pare □ Other:	

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Develop	ment		
□ Pulls self to standing	□ Walks with help	Drop object	in cup
□ Stands holding on	□ Plays pat-a-cake	□ Says "mama	a" or "dada"
□ Thumb-finger grasp	□ Holds cup to drink	□ Scribbles	
Physical Examination	า		WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. open	cm	
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see		
Ears	Canals clear, TMs normal		
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities, grossly normal $\hfill \square$		
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III IV V		
Heart	No organic murmurs, reg	No organic murmurs, regular rhythm	
Lungs	Clear to auscultation bilaterally		
Abdomen		Soft, no masses, liver & spleen normal $\hfill \square$	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction		
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesio	ons	
Neurologic	Alert, no gross sensory o	or motor deficit	
Subjective / Objective			

			Auticia da Oli	
			Anticipatory Guidane	
			Diet, Nutrition & Exer	cise
			Introduction to meats & proteins	□ Weanir breast
			Whole grains / iron-rich foods	□ Finger
			Physical activity / exercise	□ Health choice
A +			Accident Prevention	& Guidan
Assessment			Lead poisoning prevention	Rear fa car sea
			□ Routine dental care	Chokin
			<ul> <li>Brush teeth with fluoride toothpaste</li> </ul>	□ Storag toxic c
			<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matche
			<ul> <li>Family support, social interaction &amp; communication</li> </ul>	□ Violeno gun sa
Plan			□ Caution with strangers	Poison     phone
r Idli			□ Skin cancer prevention	□ Smoke
			□ Falls	□ Hot wa < 120°
			□ Effects of passive smoking	Drowni fence
			Next Appointment	
			□ 1 year	🗆 RTC P
			Documentation Remi	inders
			Staying Healthy     Assessment / IHEBA	U Weight
Referrals			forms reviewed, completed, dated, &	plotted
	Optometrist /	□ Audiologist	signed by provider	growth
Dentist	Ophthalmologist	Pulmonologist	[	
CA Children's Services	Nutritionist	Early Start or Local	MA / Nurse Signature	-
(CCS)		Education Agency		
			Provider Signature	1
Orders				
□ COVID 19 vaccine	<ul> <li>Meningococcal (if high risk)</li> </ul>	<ul> <li>CBC / Basic metabolic panel</li> </ul>		
□ DTaP (if not up to date)	$\Box$ MMR (if high risk)	□ Hct / Hgb (at 12 months)		
<ul> <li>Hep A vaccine (if high risk)</li> </ul>	<ul> <li>PCV (if not up to date)</li> </ul>	□ Lipid panel (if high risk)	Notes (include date, ti	ime, signa
<ul> <li>Hep B vaccine (if not up to date)</li> </ul>	<ul> <li>Hep B Panel (if high risk)</li> </ul>	□ PPD skin test □ QFT		
□ Hib (if not up to date)	□ Blood Lead (at 12 months)	□ CXR □ Urinalysis		
Influenza vaccine	□ Rx Fluoride drops / chewable tabs 0.25- 0.50 mg QD	COVID 19 test		
□ IPV (if not up to date)	□ Fluoride varnish application	□ Iron-fortified formula		
□ Other:				

		-
Anticipatory Guidance (AG) / Education (√ if discussed)		
Diet, Nutrition & Exer	cise	
Introduction to meats & proteins	Weaning breastfeeding	□ Mashed table food
Whole grains / iron-rich foods	□ Finger foods	□ Start feeder cup
Physical activity / exercise	<ul> <li>Healthy food choices</li> </ul>	$\Box$ No bottles in bed
Accident Prevention	& Guidance	
□ <u>Lead poisoning</u> prevention	<ul> <li>Rear facing infant car seat</li> </ul>	Electrical outlet covers
□ Routine dental care	□ Choking hazards	$\hfill \Box$ Allow to feed self
<ul> <li>Brush teeth with fluoride toothpaste</li> </ul>	□ Storage of drugs / toxic chemicals	□ Looks in mirror
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	□ Play with cloth book
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	<ul> <li>Violence prevention, gun safety</li> </ul>	□ Physical growth
□ Caution with strangers	Poison control phone number	□ Decreased appetite
□ Skin cancer prevention	□ Smoke detector	□ Limit screen time
□ Falls	□ Hot water temp < 120° F	□ Bedtime
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Toileting habits / training
Next Appointment		
□ 1 year	RTC PRN	□ Other:
	·	L
Documentation Remi	nders	
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	□ Weight & Head Circumference measurements plotted in WHO growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)
10 to 11 Months Old - Page 2 of

10 to 11 Months Old - Page 2 of 2

12 to 15 Months Old	Actual Age:	Date:
Medical Record #	, , , , , , , , , , , , , , , , , , ,	
Gender	□ Male □ Fema	ale
Accompanied by	□ Mother □ Fathe	er 🗆 Other:
Parent's Primary		
Language Interpreter	Ver Ne	Defined
Requested		□ Refused
Name of Interpreter		
Intake		Vital Signs
Allergies		Temp
Height		Pulse
Weight		Resp
Head Circumference		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Dental Provider		Last visit date:
Chronic Problems/Sigr	nificant Conditions:	See Problem List
Current Medications/Vi	itamins: □ See Medicati	on List
	itamins: □ See Medicati	on List
Current Medications/Vi	I	on List
Interval History	I	n foods □ Other:
Interval History Diet / Nutrition	□ Regular □ Iron-ricl	n foods □ Other:
Interval History         Diet / Nutrition         Elimination         Has WIC	□ Regular □ Iron-ricl □ Normal □ Abnorm	n foods □ Other: nal
Interval History Diet / Nutrition Elimination	<ul> <li>□ Regular □ Iron-ricl</li> <li>□ Normal □ Abnorm</li> <li>□ Yes □ No</li> <li>□ Inactive (little or none</li> <li>□ Some (&lt; 30 min/day)</li> </ul>	n foods □ Other: nal
Interval History         Diet / Nutrition         Elimination         Has WIC	<ul> <li>□ Regular □ Iron-rich</li> <li>□ Normal □ Abnorm</li> <li>□ Yes □ No</li> <li>□ Inactive (little or none</li> <li>□ Some (&lt; 30 min/day)</li> <li>□ Active (&gt; 30 min/day)</li> </ul>	n foods □ Other: nal
Interval History         Diet / Nutrition         Elimination         Has WIC         Physical Activity         Sleep         Fluoridated Water	<ul> <li>□ Regular □ Iron-rich</li> <li>□ Normal □ Abnorm</li> <li>□ Yes □ No</li> <li>□ Inactive (little or none</li> <li>□ Some (&lt; 30 min/day)</li> <li>□ Active (&gt; 30 min/day)</li> </ul>	n foods
Interval History         Diet / Nutrition         Elimination         Has WIC         Physical Activity         Sleep	<ul> <li>□ Regular □ Iron-ricl</li> <li>□ Normal □ Abnom</li> <li>□ Yes □ No</li> <li>□ Inactive (little or none</li> <li>□ Some (&lt; 30 min/day)</li> <li>□ Active (&gt; 30 min/day)</li> <li>□ Regular □ Sleep r</li> </ul>	n foods
Interval History         Diet / Nutrition         Elimination         Has WIC         Physical Activity         Sleep         Fluoridated Water         Supply	<ul> <li>□ Regular</li> <li>□ Iron-rich</li> <li>□ Normal</li> <li>□ Abnorm</li> <li>□ Yes</li> <li>□ No</li> <li>□ Inactive (little or none</li> <li>□ Some (&lt; 30 min/day)</li> <li>□ Active (&gt; 30 min/day)</li> <li>□ Active (&gt; 30 min/day)</li> <li>□ Regular</li> <li>□ Sleep r</li> <li>□ Yes</li> <li>□ No</li> </ul>	n foods
Interval History         Diet / Nutrition         Elimination         Has WIC         Physical Activity         Sleep         Fluoridated Water         Supply         Fluoride Varnish	<ul> <li>□ Regular</li> <li>□ Iron-rich</li> <li>□ Normal</li> <li>□ Abnorm</li> <li>□ Yes</li> <li>□ No</li> <li>□ Inactive (little or none</li> <li>□ Some (&lt; 30 min/day)</li> <li>□ Active (&gt; 30 min/day)</li> <li>□ Regular</li> <li>□ Sleep r</li> <li>□ Yes</li> <li>□ No</li> <li>□ Date last applied:</li> </ul>	n foods
Interval History Diet / Nutrition Elimination Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date	Regular       Iron-ricl         Normal       Abnorm         Yes       No         Inactive (little or none         Some (< 30 min/day)	n foods
Interval History Diet / Nutrition Elimination Has WIC Has WIC Sleep Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History	<ul> <li>Regular □ Iron-rich</li> <li>Normal □ Abnorm</li> <li>Yes □ No</li> <li>Inactive (little or none</li> <li>Some (&lt; 30 min/day)</li> <li>Active (&gt; 30 min/day)</li> <li>Active (&gt; 30 min/day)</li> <li>Regular □ Sleep r</li> <li>Yes □ No</li> <li>Date last applied:</li> <li>Yes □ No</li> <li>Unremarkable</li> </ul>	n foods
Interval History Diet / Nutrition Elimination Has WIC Has WIC Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History Heart disease	<ul> <li>Regular □ Iron-rick</li> <li>Normal □ Abnorm</li> <li>Yes □ No</li> <li>Inactive (little or none</li> <li>Some (&lt; 30 min/day)</li> <li>Active (&gt; 30 min/day)</li> <li>Active (&gt; 30 min/day)</li> <li>Regular □ Sleep r</li> <li>Yes □ No</li> <li>Date last applied:</li> <li>Yes □ No</li> <li>Date last applied:</li> <li>Yes □ No</li> <li>Unremarkable</li> <li>HTN</li> </ul>	n foods
Interval History Diet / Nutrition Elimination Has WIC Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History Heart disease High cholesterol Other: Psychosocial &	Regular       Iron-rick         Normal       Abnorm         Yes       No         Inactive (little or none         Some (< 30 min/day)	n foods
Interval History Diet / Nutrition Elimination Has WIC Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History Heart disease High cholesterol Other: Psychosocial & Behavioral Assessment, Family/	Regular       Iron-rick         Normal       Abnorm         Yes       No         Inactive (little or none         Some (< 30 min/day)	n foods
Interval History         Diet / Nutrition         Diet / Nutrition         Elimination         Has WIC         Has WIC         Sleep         Fluoridated Xater         Supply         Fluoridated Water         Supply         Fluoride Varnish         Vaccines Up to Date         Heart disease         High cholesterol         Other:         Psychosocial & Behavioral	Regular       Iron-rick         Normal       Abnorm         Yes       No         Inactive (little or none         Some (< 30 min/day)	n foods

Name:	DOB:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developr	· · ·		
Walks alone well	□ Three-word vocabulary	□ Stacks two-I	block tower
$\hfill\square$ Stoops and recovers	□ Plays pat-a-cake	□ Says "mama	a" or "dada"
□ Takes lids off containers	□ Feeds self	□ Scribbles	
Physical Examination	]		WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	Symmetrical, A.F. opencm		
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see		
Ears	Canals clear, TMs normal		
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses		
Heart	No organic murmurs, reg	jular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes		
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction		
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesio	ons	
Neurologic	Alert, no gross sensory o	or motor deficit	

e	
□ Optometrist /	□ Audiologist
Ophthalmologist	
Ophthalmologist	□ Audiologist □ Pulmonologist
Ophthalmologist	
Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist
Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
Ophthalmologist  Dietician / Nutritionist  Regional Center	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> </ul>
Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic
Ophthalmologist  Dietician / Nutritionist  Regional Center	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (at 12 months)</li> </ul>
Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR PCV	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (at 12 months)</li> <li>Lipid panel (if high risk)</li> </ul>
Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  CBC / Basic metabolic panel  Lipid panel (if high risk)  PPD skin test
Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR PCV	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (at 12 months)</li> <li>Lipid panel (if high risk)</li> </ul>
Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR PCV Varicella	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  CBC / Basic metabolic panel  Lipid panel (if high risk)  PPD skin test QFT
Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR PCV Varicella Hep B Panel (if	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  CHC / Hgb (at 12 months)  Lipid panel (if high risk)  PPD skin test QFT CXR
Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR PCV Varicella Hep B Panel (if high risk)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (at 12 months)</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>
Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR PCV Varicella Hep B Panel (if high risk) Blood Lead (at 12	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (at 12 months)</li> <li>Lipid panel (if high risk)</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>
	<pre>&gt;</pre>

## Name:

#### DOB:

Anticipatory Guidance (AG) / Education ( $\sqrt{i}$ if discussed)		
Diet, Nutrition & Exerc	cise	
Weight control / obesity	□ Vegetables, fruits	□ Table food
Whole grains / iron-rich foods	□ Encourage solids	□ Using cup
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Healthy food choices</li> </ul>	$\square$ No bottles in bed
Accident Prevention & Guidance		
Lead poisoning prevention	<ul> <li>Rear facing toddler car seat</li> </ul>	□ Feeding self
□ Routine dental care	□ Choking hazards	□ Simple games
<ul> <li>Brush teeth with fluoride toothpaste</li> </ul>	Storage of drugs / toxic chemicals	Temper tantrum
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	□ Family play
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	<ul> <li>Violence prevention, gun safety</li> </ul>	<ul> <li>Mindful of daily movements</li> </ul>
□ Caution with strangers	Poison control phone number	□ Treatment of minor cuts
□ Skin cancer prevention	□ Smoke detector	□ Limit screen time
□ Falls	☐ Hot water temp < 120° F	□ Bedtime
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Toileting habits / training
Next Appointment		
□ 1 year	RTC PRN	□ Other:

Documentation Remin	nders	
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Weight &amp; Head Circumference measurements plotted in WHO growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)	

Comprehensive Health Assessment			
16 to 23 Months Old	Actual Age:	Date:	
Medical Record #			
Gender	🗆 Male 🛛 Fema	ale	
Accompanied by	□ Mother □ Fathe	er 🗆 Other:	
Parent's Primary Language			
Interpreter Requested	🗆 Yes 🗆 No	□ Refused	
Name of Interpreter			
Intake		Vital Signs	
Allergies		Temp	
Height		Pulse	
Weight		Resp	
Head Circumference		· · ·	
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10	
Dental Provider		Last visit date:	
Chronic Problems/Sigr	ificant Conditions:	See Problem List	
Current Medications/Vi	tamins:	on List	
Current Medications/Vitamins:   See Medication List			
Interval History			
Interval History Diet / Nutrition	□ Regular □ Iron-rich	n foods	
	Regular     Iron-rict     Normal     Abnorm	n foods 🗆 Other:	
Diet / Nutrition	<u> </u>	n foods 🗆 Other:	
Diet / Nutrition Elimination	Normal Abnorm  Yes No Inactive (little or none Some (< 30 min/day)	n foods	
Diet / Nutrition Elimination Has WIC	Normal Abnorm  Yes No  Inactive (little or none Some (< 30 min/day) Active (> 30 min/day)	n foods	
Diet / Nutrition Elimination Has WIC Physical Activity	Normal Abnorm  Yes No  Inactive (little or none Some (< 30 min/day) Active (> 30 min/day)	n foods	
Diet / Nutrition Elimination Has WIC Physical Activity Sleep Fluoridated Water	Normal     Abnorm     Yes     No     Inactive (little or none     Some (< 30 min/day)     Active (> 30 min/day)     Regular     Sleep reg	n foods	
Diet / Nutrition Elimination Has WIC Physical Activity Sleep Fluoridated Water Supply	Normal Abnorm  Yes No  Inactive (little or none Some (< 30 min/day) Active (> 30 min/day) Regular Sleep reg Yes No	n foods	
Diet / Nutrition Elimination Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish	Normal Abnorm  Abnorm  Yes No  Inactive (little or none Some (< 30 min/day) Active (> 30 min/day) Regular Sleep reg Yes No Date last applied:	n foods	
Diet / Nutrition Elimination Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date	Normal Abnorm  Abnorm  Yes No  Inactive (little or none Some (< 30 min/day) Active (> 30 min/day) Regular Sleep reg  Yes No Date last applied: Yes No	n foods	
Diet / Nutrition Elimination Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date <b>Family History</b> □ Heart disease □ High cholesterol	Normal Abnorm Yes No Inactive (little or none Some (< 30 min/day) Active (> 30 min/day) Regular Sleep reg Yes No Date last applied: Yes No Unremarkable	n foods   Other:  nal  gression  Night time fears  See <u>CAIR</u> Diabetes	
Diet / Nutrition Elimination Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History □ Heart disease	Normal Abnorm  Abnorm  Yes No  Inactive (little or none Some (< 30 min/day) Cactive (> 30 min/day) Regular Sleep reg Ves No Date last applied: Yes No Unremarkable HTN	n foods  Other:  nal  gression  Night time fears  See <u>CAIR</u> Diabetes  Asthma  Family Hx of unexpected	
Diet / Nutrition Elimination Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date <b>Family History</b> □ Heart disease □ High cholesterol □ Other: Psychosocial &	Normal Abnorm Yes No Inactive (little or none Some (< 30 min/day) Active (> 30 min/day) Regular Sleep reg Yes No Date last applied: Yes No Unremarkable HTN Cancer	n foods  Other:  nal  gression  Night time fears  See <u>CAIR</u> Diabetes  Asthma  Family Hx of unexpected	
Diet / Nutrition Elimination Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date <b>Family History</b> □ Heart disease □ High cholesterol □ Other: Psychosocial & Behavioral	Normal Abnorm Yes No Inactive (little or none Some (< 30 min/day) Active (> 30 min/day) Regular Sleep reg Yes No Date last applied: Yes No Date last applied: Outremarkable HTN Cancer WNL - Stable relations Changes in family since	n foods  Other:  nal  gression  Night time fears  See <u>CAIR</u> Diabetes  Asthma  Family Hx of unexpected or sudden death < 50 YO  hips w/ social/emotional support e last visit (move, job, death)	
Diet / Nutrition Elimination Has WIC Physical Activity Sleep Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date <b>Family History</b> □ Heart disease □ High cholesterol □ Other: Psychosocial &	Normal Abnorm Yes No Inactive (little or none Some (< 30 min/day) Active (> 30 min/day) Regular Sleep reg Yes No Date last applied: Yes No Date last applied: Outremarkable HTN Cancer WNL - Stable relations Changes in family sinc Problems with housing	n foods  Other:  nal  gression  Night time fears  See <u>CAIR</u> Diabetes  Asthma  Family Hx of unexpected or sudden death < 50 YO  hips w/ social/emotional support e last visit (move, job, death)	

Name:		DOB	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Autism Disorder (18 Months)	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ <u>M-CHAT</u> , □ Other:		
Blood Lead	□ <u>Lead Assessment,</u> □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder (18 Months)	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ H&P, □ Other:		
Hepatitis B	$\Box$ H&P, $\Box$ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developn	,		
□ Walks alone fast	□ 7 to 20-word	□ Stacks three	e-block tower
□ Climbs	vocabulary  Names 5 body parts	□ Says "mama	a" or "dada"
□ Kicks a ball	<ul> <li>Indicates wants by pointing and pulling</li> </ul>	<ul> <li>Sips from cu spillage</li> </ul>	ıp, a little
Physical Examination	I		WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	Symmetrical, A.F. open		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pinl	k, no lesions	
Teeth	No visible cavities & gros	sly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage:		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bilaterally		
Abdomen	Soft, no masses, liver & spleen normal $\hfill\square$		
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes		
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction, leg leng	th equal	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		

Skin	Clear, no significant lesio	ons 🗆
Neurologic	Alert, no gross sensory of	or motor deficit
Subjective / Objective	)	
Assessment		
Assessment		
Plan		
Referrals		
Referrals	□ Optometrist /	□ Audiologist
	Optometrist / Ophthalmologist	□ Audiologist
	Ophthalmologist	Audiologist  Pulmonologist
UNIC Dentist CA Children's Services	Ophthalmologist	Pulmonologist     Early Start or Local
UNIC Dentist CA Children's Services (CCS)	Ophthalmologist  Dietician / Nutritionist	Pulmonologist
UNIC Dentist CA Children's Services	Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local
UNIC Dentist CA Children's Services (CCS)	Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local
UNIC Dentist CA Children's Services (CCS) Other:	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to	Pulmonologist     Early Start or Local     Education Agency
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if not up to date)</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)	Pulmonologist  Early Start or Local Education Agency  C  CBC / Basic metabolic panel  CHct / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)  PPSV (if high risk)  Varicella (2 <sup>nd</sup> Dose)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)  PPSV (if high risk)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT CXR
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if not up to date) PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead Hep B Panel (if	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP (if not up to date)</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> <li>Hib (if not up to date)</li> </ul>	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)  PPSV (if high risk)  Varicella (2 <sup>nd</sup> Dose)  Blood Lead	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>

#### Name:

#### DOB:

Anticipatory Guidance (AG) / Education ( $\sqrt{i}$ if discussed)				
Diet, Nutrition & Exercise				
Weight control / obesity	□ Vegetables, fruits	Caloric balance		
Whole grains / iron-rich foods	<ul> <li>Switch to low-fat milk</li> </ul>	□ Limit candy, chips & ice cream		
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Regular balanced meal with snacks</li> </ul>	□ No bottles		
Accident Prevention &	& Guidance			
Lead poisoning prevention	<ul> <li>Rear facing toddler car seat</li> </ul>	□ Independence		
□ Routine dental care	Safety helmet	□ Make-believe / role play		
Brush teeth with fluoride toothpaste	Storage of drugs / toxic chemicals	□ Dressing self		
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	□ Reading together		
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	<ul> <li>Violence prevention, gun safety</li> </ul>	<ul> <li>Mindful of daily movements</li> </ul>		
□ Caution with strangers	<ul> <li>Poison control phone number</li> </ul>	□ Parallel peer play		
□ Skin cancer prevention	□ Smoke detector	□ Limit screen time		
□ Falls	□ Hot water temp < 120° F	□ Bedtime		
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Toileting habits / training		
Next Appointment				
□ 1 year	□ RTC PRN	Other:		

Documentation Reminders			
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Weight &amp; Head Circumference measurements plotted in WHO growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

16 to 23 Months Old - Page 2 of 2

Comprehensive He 2 Years Old	Actual Age:	iviit	Date:	
Medical Record #	<u> </u>			
Gender	🗆 Male 🗆 F	ema	le	
Accompanied by	□ Mother □ F	athe	r 🗆 Other:	
Parent's Primary				
Language Interpreter		lo	□ Refused	
Requested Name of Interpreter				
Intake			Vital S	Signe
Allergies			Temp	
Height			Pulse	
-				
Weight			Resp	
BMI Value	Location:		BMI %	
Pain	Scale: 0 1 2	3		9 10
Dental Provider Chronic Problems/Sign			Last visit date:	
Current Medications/Vi	rrent Medications/Vitamins:   See Medication List			
Interval History				
Diet / Nutrition	🗆 Regular 🗆 Iro	n-rich	foods	:
Appetite	🗆 Good 🛛 🗆 Fa	ir	□ Poor	
Elimination	Normal     Ab	norma	al	
Has WIC	🗆 Yes 🗆 No			
Physical Activity	<ul> <li>□ Inactive (little or none)</li> <li>□ Some (&lt; 2 ½ hrs/week)</li> <li>□ Active (&gt; 60 min/day)</li> </ul>			
Sleep Pattern	□ Regular □ Sleep regression □ Night time fears			
Fluoridated Water Supply	🗆 Yes 🗆 No	)		
Fluoride Varnish	Date last applied:			
Vaccines Up to Date	🗆 Yes 🗆 No	)	□ See <u>CAIR</u>	
Family History	Unremarkable		□ Diabetes	
□ Heart disease	□ HTN		□ Asthma	
□ High cholesterol	Cancer		□ Family Hx o or sudden d	f unexpected leath < 50 YO
□ Other:	1			
Psychosocial & Behavioral Assessment, Family/	<ul> <li>WNL - Stable relationships w/ social/emotional support</li> <li>Changes in family since last visit (move, job, death)</li> <li>Problems with housing, food, employment</li> <li>Family stressors (mental illness, drugs, violence/abuse)</li> <li>1 Parent 2 Parents</li> <li>Other:</li> </ul>			

Name:		DOB	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Autism Disorder	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ <u>M-CHAT</u> , □ Other:		
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developr	nent		
Runs well, walks up and down	<ul> <li>Identifies 5 body parts</li> </ul>	□ Helps arour	nd the house
<ul> <li>Jumps off the ground with both feet</li> </ul>	<ul> <li>Plays hide and seek</li> </ul>	□ Stacks three	e-block tower
Puts 2 or more words together	<ul> <li>Kicks and throws a ball</li> </ul>	□ Handles spoon well	
7 to 20-word vocabulary	Name at least 1 color	□ Puts on sim	ple clothes
Physical Examination	1		WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	Symmetrical, A.F. closed		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pinl	k, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III IV V		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes		
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction		

Femoral pulses	Normal	
Extremities	No deformities, full ROM	1
Lymph nodes	Not enlarged	
Back	No scoliosis	
Skin	Clear, no significant lesion	ons 🗆
Neurologic	Alert, no gross sensory of	or motor deficit
Subjective / Objective	)	
Assessment		
Assessment		
Plan		
Referrals		
	□ Optometrist / Ophthalmologist	□ Audiologist
Referrals	Ophthalmologist	Audiologist     Pulmonologist
Referrals         WIC         Dentist         CA Children's Services	Ophthalmologist	Pulmonologist     Early Start or Local
Referrals	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	□ Pulmonologist
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
Referrals  UVIC Dentist CA Children's Services (CCS)	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders	Ophthalmologist  Dietician / Nutritionist  Regional Center	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> </ul>
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders         COVID 19 vaccine         DTaP (if not up to date)	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> </ul>
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders         COVID 19 vaccine         DTaP (if not up to date)         Hep A vaccine (if not up to date)         Hep A vaccine (if not up to date)	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)  PPSV (if high risk)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel     Hct / Hgb (if high risk)     Lipid panel (if high risk
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders         COVID 19 vaccine         DTaP (if not up to date)         Hep A vaccine (if not up	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> </ul>
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders         COVID 19 vaccine         DTaP (if not up to date)         Hep A vaccine (if not up to date)         Hep B vaccine (if not up	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)  PPSV (if high risk)  Varicella (2 <sup>nd</sup> Dose)  Blood Lead (at 2	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  CBC / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT CXR
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders         COVID 19 vaccine         DTaP (if not up to date)         Hep A vaccine (if not up to date)         Hep B vaccine (if not up to date)         Hep B vaccine (if not up to date)	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if not up to date) PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (at 2 Yrs old) Hep B Panel (if	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>Lipid panel (if high risk</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>
Referrals         WIC         Dentist         CA Children's Services (CCS)         Other:         Orders         COVID 19 vaccine         DTaP (if not up to date)         Hep A vaccine (if not up to date)         Hep B vaccine (if not up to date)         Hep I vaccine (if not up to date)         Hep I vaccine (if not up to date)         Hib (if not up to date)	Ophthalmologist  Dietician / Nutritionist  Regional Center  Meningococcal (if high risk)  MMR (if not up to date)  PPSV (if high risk)  Varicella (2 <sup>nd</sup> Dose)  Blood Lead (at 2 Yrs old)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>Lipid panel (if high risk</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>

#### Name:

#### DOB:

Anticipatory Guidance (AG) / Education ( $\sqrt{if}$ discussed)				
Diet, Nutrition & Exercise				
□ Weight control / obesity	□ Vegetables, fruits	Caloric balance		
Whole grains / iron-rich foods	<ul> <li>Switch to low-fat milk</li> </ul>	□ Limit candy, chips & ice cream		
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Regular balanced meal with snacks</li> </ul>	□ No bottles		
Accident Prevention 8	Guidance			
□ <u>Lead poisoning</u> <u>prevention</u>	Seat belt / Toddler car seat	□ Independence		
$\square$ Routine dental care	□ Safety helmet	□ Make-believe / role play		
<ul> <li>Brush teeth with fluoride toothpaste</li> </ul>	Storage of drugs / toxic chemicals	□ Dressing self		
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	□ Reading together		
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	□ Violence prevention, gun safety	<ul> <li>Mindful of daily movements</li> </ul>		
□ Caution with strangers	Poison control phone number	□ Parallel peer play		
□ Skin cancer prevention	□ Smoke detector	□ Limit screen time		
□ Falls	□ Hot water temp < 120° F	□ Bedtime		
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Toileting habits / training		
Next Appointment				
□ 1 year	□ RTC PRN	□ Other:		

Documentation Reminders			
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Height / Weight / BMI measurements plotted in CDC growth chart</li> </ul>	<ul> <li>Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)</li> </ul>	

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)
2 Voors Old Base 2 of 2

2 Years Old - Page 2 of 2

	Actual Age	e:	Date:	
Medical Record #				
Gender	□ Male	🗆 Fema	le	
Accompanied by	Mother	□ Fathe	er 🗆 Other:	
Parent's Primary Language Interpreter Requested	□ Yes	□ No	□ Refused	
Name of Interpreter				
Intake			Vital S	Signs
Allergies			Temp	
Height			Pulse	
Weight			Resp	
BMI Value			BMI %	
Pain	Location: Scale: 0	123	4 5 6 7 8	9 10
Dental Provider			Last visit date:	
Current Medications/Vi	tamins: 🗆 Se	ee Medicatio	on List	
Interval History				
interval metery	1			
Diet / Nutrition	□ Regular	□ Iron-rich	n foods	:
-	□ Regular □ Good	□ Iron-rich □ Fair	n foods □ Other: □ Poor	:
Diet / Nutrition	_		□ Poor	:
Diet / Nutrition Appetite	□ Good	□ Fair	□ Poor	
Diet / Nutrition Appetite Elimination	□ Good □ Normal	Fair Abnorm No Value Va	□ Poor nal	
Diet / Nutrition Appetite Elimination Has WIC	Good Good Normal Yes Inactive (I Some (< 2 Active (> 0))	Fair Abnorm No ttle or none 2 ½ hrs/wee 50 min/day)	□ Poor nal	
Diet / Nutrition Appetite Elimination Has WIC Physical Activity	Good Good Normal Yes Inactive (I Some (< 2 Active (> 0))	Fair Abnorm No ttle or none 2 ½ hrs/wee 50 min/day)	□ Poor Ial ) k)	
Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water	Good Good Normal Yes Inactive (I Some (< 2 Active (> 1 Regular	Fair  Abnorm  No  Ittle or none  2 ½ hrs/wee  60 min/day)  Sleep reg  No	□ Poor Ial ) k)	
Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply	Good Good Good Normal Good Good Good Good Good Good Good Goo	Fair  Abnorm  No  Ittle or none  2 ½ hrs/wee  60 min/day)  Sleep reg  No	□ Poor Ial ) k)	
Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply Fluoride Varnish	Good Good Good Normal Good Good Good Good Good Good Good Goo	Fair  Abnorm  No  V2 /hrs/wee  om/day)  Sleep reg  No  lied: No	□ Poor nal ) k) gression □ Nigh	
Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date	Good Good Good Normal Good Good Good Good Good Good Good Goo	Fair  Abnorm  No  V2 /hrs/wee  om/day)  Sleep reg  No  lied: No	Poor al pression Nigh See CAIR	
Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date <b>Family History</b>	Good Good Good Normal Good Good Good Good Good Good Good Goo	Fair  Abnorm  No  V2 /hrs/wee  om/day)  Sleep reg  No  lied: No	Poor  Ial  K  See <u>CAIR  Diabetes  Asthma  Family Hx o</u>	nt time fears
Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History □ Heart disease	Good Good Good Good Good Good Good Goo	Fair  Abnorm  No  V2 /hrs/wee  om/day)  Sleep reg  No  lied: No	Poor  Ial  K  See <u>CAIR  Diabetes  Asthma  Family Hx o</u>	nt time fears

Name:		DOB	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developm			
Balances on each foot, 1 second	□ Eats independently	□ Helps in dre	ssing
□ Uses 3-word sentences	<ul> <li>Goes up stairs alternating feet</li> </ul>	□ Draws a sin	gle circle
Plays with other children	Knows age, sex, first, & last name	□ Cuts with so	sissors
Physical Examination	I Contraction of the second		WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. closed	l	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage:	IV V	
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes		
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction		
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesio	ons	

Neurologic	Alert, no gross sensory of	or motor deficit 🛛 🗆
Subjective / Objective	•	
Assessment		
Plan		
Referrals		
	Optometrist /	□ Audiologist
□ WIC	Ophthalmologist	-
□ WIC	Ophthalmologist	Audiologist     Pulmonologist
U WIC Dentist	Ophthalmologist	-
UMC Dentist	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist
WIC Dentist CA Children's Services (CCS)	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
WIC Dentist CA Children's Services (CCS) Other:	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
WIC Dentist CA Children's Services (CCS) Other:	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul>	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> </ul>	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic
Other: Orders COVID 19 vaccine	Ophthalmologist Dietician / Nutritionist Regional Center MMR	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP</li> </ul>	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> <li>Regional Center</li> </ul>	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabolic     panel
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PSV (if high risk)	Pulmonologist  Early Start or Local Education Agency  CODE / Basic metabolic panel  CODE / Hgb (if high risk)  Lipid panel (if high risk)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR PPSV	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  CBC / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PSV (if high risk)	Pulmonologist  Early Start or Local Education Agency  CODE / Basic metabolic panel  CODE / Hgb (if high risk)  Lipid panel (if high risk)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose)	Pulmonologist  Early Start or Local Education Agency  CCBC / Basic metabolic panel  CCBC / Basic metabolic panel  Lipid panel (if high risk)  PPD skin test QFT
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart) Hep B Panel (if	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Het / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> <li>IPV</li> <li>Influenza vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart) Hep B Panel (if high risk)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> </ul>
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> <li>IPV</li> <li>Influenza vaccine</li> <li>Meningococcal (if high</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart) Hep B Panel (if high risk) Rx Fluoride drops /	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fluoride varnish</li> </ul>
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> <li>IPV</li> <li>Influenza vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart) Hep B Panel (if high risk)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>Lipid panel (if high risk)</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> </ul>

#### Name:

Anticipatory Guidanc	e (AG) / Education (*	√ if discussed)
Diet, Nutrition & Exer	cise	
Weight control / obesity	□ Vegetables, fruits	□ Meal socialization
Whole grains / iron-rich foods	<ul> <li>Limit fatty, sugary &amp; salty foods</li> </ul>	□ Limit candy, chips & ice cream
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Regular balanced meal with snacks</li> </ul>	□ No bottles
Accident Prevention 8	& Guidance	
□ <u>Lead poisoning</u> prevention	<ul> <li>Seat belt /Toddler car seat</li> </ul>	□ Independence
□ Routine dental care	□ Safety helmet	□ Make-believe / role play
<ul> <li>Brush teeth with fluoride toothpaste</li> </ul>	Storage of drugs / toxic chemicals	□ Dressing self
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	Reading together / school readiness
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	□ Violence prevention, gun safety	Knows name, address, & phone number
□ Caution with strangers	Poison control phone number	Plays with other children
□ Skin cancer prevention	□ Smoke detector	□ Limit screen time
□ Falls	☐ Hot water temp < 120° F	□ Bedtime
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Toileting habits
Next Appointment		
□ 1 year	RTC PRN	□ Other:

Documentation Remin	nders	
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Height / Weight / BMI measurements plotted in CDC growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

Comprehensive He 3 Years Old	Actual Age	e:	Date:	
Medical Record #				
Gender	□ Male	□ Fema	le	
Accompanied by	Mother	□ Fathe	er 🗆 Other:	
Parent's Primary				
Language Interpreter Requested	□ Yes	□ No	□ Refused	
Name of Interpreter				
Intake			Vital	Signs
Allergies			Temp	
Height			BP	
Weight			Pulse	
BMI Value			Resp	
BMI %				
Pain	Location: Scale: 0	123	4 5 6 7 8	9 10
Hearing Screening	□ Responde 1000-4000	ed at <u>&lt;</u> 25 dE		□ Non coop
	OD:	OS:	OU:	□ Non coop
Vision Screening	<b>•</b> = ·			
Vision Screening Dental Provider Chronic Problems/Sigr		litions: 🗆 :	Last visit date: See Problem List	
Dental Provider	hificant Conc		See Problem List	
Dental Provider Chronic Problems/Sigr Current Medications/Vi	hificant Conc		See Problem List	
Dental Provider Chronic Problems/Sigr	hificant Conc	ee Medicatic	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History	itamins:	ee Medicatic	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition	itamins:	ee Medicatic	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite	itamins:	ee Medicatic	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination	itamins:	ee Medicatic Iron-rich Fair Abnorm No ittle or none) 2 ½ hrs/weel	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vit Interval History Diet / Nutrition Appetite Elimination Has WIC	itamins:  Solution itamins:  Sol	ee Medicatic Iron-rich Fair Abnorm No ittle or none) 2 ½ hrs/weel	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity	itamins:S Regular Good Normal Yes Inactive (I Some (< 2 Active (>	ee Medicatic Iron-rich Fair Abnorm No ittle or none; 2 ½ hrs/weel 60 min/day)	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vit Current Medications/Vit Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water	itamins:s itamins:s Good Normal Yes Inactive (I Some (< 2 Active (> 1 Regular	ee Medicatic Iron-rich Fair Abnorm No 1/2 ½ hrs/weel 60 min/day) Fatigue No	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply	itamins:	ee Medicatic Iron-rich Fair Abnorm No 1/2 ½ hrs/weel 60 min/day) Fatigue No	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply Fluoride Varnish	itamins:S itamins:S Good Normal Yes Inactive (I Some (< 2 Active (> Regular Regular Yes Date last app	ee Medicatic Iron-rich Fair Abnorm Abnorm No Ittle or none; 2 ½ hrs/weel 60 min/day) Fatigue No Died: No	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date	itamins:  Solution So	ee Medicatic Iron-rich Fair Abnorm Abnorm No Ittle or none; 2 ½ hrs/weel 60 min/day) Fatigue No Died: No	See Problem List	l 
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Elimination Has WIC Sleep Pattern Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History	itamins:S itamins:S Regular Good Normal Yes Nactive (1 Some (< 2 Active (>) Regular Yes Date last app Yes Unremark	ee Medicatic Iron-rich Fair Abnorm Abnorm No Ittle or none; 2 ½ hrs/weel 60 min/day) Fatigue No Died: No	See Problem List	t Enuresis

Name:		DOB	:
Psychosocial & Behavioral Assessment, Family/ Social Factors	WNL - Stable relationsh Changes in family since Problems with housing, Family stressors (menta	e last visit (move, j food, employmen	ob, death) t
Lives with	□ 1 Parent □ 2 Parer □ Other:	nts	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developm	nent		
□ Balances on each foot, 1 second	□ Eats independently	□ Helps in dre	ssing
□ Uses 3-word sentences	<ul> <li>Goes up stairs alternating feet</li> </ul>	□ Draws a sin	gle circle
<ul> <li>Plays with several children</li> </ul>	Knows age, sex, first, & last name	□ Cuts with so	issors
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. closed		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	I	
Nose	Passages clear, MM pink	, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III	V V	
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal Tanner stage: 1 II III	V V	
Male	Circ / uncircumcised, tes		
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction		
1 lipe			

Femoral pulses	Normal	E	
Extremities	No deformities, full ROM	1 c	
Skin	Clear, no significant lesi	ons [	
Neurologic	Alert, no gross sensory of	or motor deficit	
Subjective / Objective	9		
Assessment			
Plan			
ridii			
Referrals			
	□ Optometrist / Ophthalmologist	□ Audiologist	
Referrals	Ophthalmologist	□ Audiologist □ Pulmonologist	
WIC     Dentist     CA Children's Services	Ophthalmologist	Pulmonologist     Early Start or Local	
UNC Dentist CA Children's Services (CCS)	Ophthalmologist  Dietician / Nutritionist	□ Pulmonologist	
UVIC Dentist CA Children's Services (CCS) Other:	Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local	
UNC Dentist CA Children's Services (CCS)	Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local	
UVIC Dentist CA Children's Services (CCS) Other:	Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local	blic
WIC Dentist CA Children's Services (CCS) Other: Orders	Ophthalmologist  Dietician / Nutritionist  Regional Center	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabo	
WIC Dentist CA Children's Services (CCS) Other: Orders COVID 19 vaccine	Ophthalmologist Dietician / Nutritionist Regional Center MMR	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabo panel	k)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR PPSV	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabo panel</li> <li>Hct / Hgb (if high ris</li> </ul>	k)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders OCVID 19 vaccine <ul> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose)	Pulmonologist     Early Start or Local     Education Agency     CBC / Basic metabo     panel     Hct / Hgb (if high ris     Lipid panel (if high ri     PPD skin test     QFT	k)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders Orders COVID 19 vaccine DTaP Hep A vaccine (if not up to date) Hep B vaccine (if not up	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabor panel  CHC / Hgb (if high ris  Lipid panel (if high ri  PPD skin test QFT CXR	k)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> <li>IPV</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabor panel  CHC / Hgb (if high ris  Lipid panel (if high ri  PPD skin test QFT CXR Urinalysis	k)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> </ul> Orders OCVID 19 vaccine <ul> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabor panel  CHC / Hgb (if high ris  Lipid panel (if high ri  PPD skin test QFT CXR	k)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> <li>IPV</li> <li>Influenza vaccine</li> <li>Meningococcal (if high</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart) Hep B Panel (if high risk) Rx Fluoride drops /	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabo panel</li> <li>Hct / Hgb (if high ris</li> <li>Lipid panel (if high ris</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fluoride varnish</li> </ul>	k)
<ul> <li>WIC</li> <li>Dentist</li> <li>CA Children's Services (CCS)</li> <li>Other:</li> <li>Orders</li> <li>COVID 19 vaccine</li> <li>DTaP</li> <li>Hep A vaccine (if not up to date)</li> <li>Hep B vaccine (if not up to date)</li> <li>IPV</li> <li>Influenza vaccine</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PPSV PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart) Hep B Panel (if high risk)	<ul> <li>Pulmonologist</li> <li>Early Start or Local Education Agency</li> <li>CBC / Basic metabo panel</li> <li>Hct / Hgb (if high ris</li> <li>Lipid panel (if high ris</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> </ul>	k)

#### Name: . .. .

#### DOB:

Anticipatory Guidanc	e (AG) / Education (	√ if discussed)
Diet, Nutrition & Exerc	cise	
□ Weight control / obesity	□ Vegetables, fruits	□ Meal socialization
Whole grains / iron-rich foods	Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Regular balanced meal with snacks</li> </ul>	□ School lunch program
Accident Prevention &	& Guidance	
□ <u>Lead poisoning</u> <u>prevention</u>	<ul> <li>Seat belt /Toddler car seat</li> </ul>	□ Independence
□ Routine dental care	□ Safety helmet	□ Make-believe / role play
<ul> <li>Brush teeth with fluoride toothpaste</li> </ul>	Storage of drugs / toxic chemicals	□ Dressing self
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	Reading together / school readiness
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	<ul> <li>Violence prevention, gun safety</li> </ul>	Knows name, address, & phone number
□ Caution with strangers	Poison control phone number	□ Plays with other children
$\square$ Skin cancer prevention	□ Smoke detector	□ Limit screen time
□ Falls	□ Hot water temp < 120° F	□ Bedtime
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Toileting habits
Next Appointment		
□ 1 year	□ RTC PRN	□ Other:

Documentation Remin	nders	
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Height / Weight / BMI measurements plotted in CDC growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

Comprehensive He 4 to 5 Years Old	Actual Age:	Date:	
Medical Record #			
Gender	🗆 Male 🛛 Fema	le	
Accompanied by	□ Mother □ Father □ Other:		
Parent's Primary			
Language Interpreter Requested	□ Yes □ No	□ Refused	
Name of Interpreter			
Intake		Vital Signs	
Allergies		Temp	
Height		BP	
Weight		Pulse	
BMI Value		Resp	
BMI %			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10	
Hearing Screening	□ Responded at <u>&lt;</u> 25 dl 1000-4000 frequencie		оор
Vision Screening	OD: OS:	OU: 🗆 Non co	оор
	OD: OS: OU: □ Non coop		
Dental Provider		Last visit date:	
Chronic Problems/Sigr		See Problem List	
		See Problem List	
Chronic Problems/Sigr		See Problem List	
Chronic Problems/Sigr	itamins: □ See Medicatio	See Problem List	
Chronic Problems/Sigr Current Medications/Vi Interval History	itamins: □ See Medicatio	See Problem List	
Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition	itamins:	See Problem List	
Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite	itamins: □ See Medicatio	See Problem List	
Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination	itamins:  See Medication Regular Iron-rich Good Fair Normal Abnorm Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day)	See Problem List	
Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC	itamins:  See Medication Regular Iron-rich Good Fair Normal Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden see	See Problem List	
Chronic Problems/Sigr Current Medications/Vit Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity	itamins:  See Medication Regular Iron-rich Good Fair Normal Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden see	See Problem List	
Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water	itamins:  See Medication Regular Iron-rich Good Fair Normal Abnorm Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden se Regular Fatigue	See Problem List	
Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply	itamins:  See Medication Regular Iron-rich Good Fair Normal Abnorm Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden se Regular Fatigue Yes No	See Problem List	
Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Physical Activity Sleep Pattern Fluoridated Water Supply Fluoride Varnish	itamins:  See Medication Regular Iron-rich Good Fair Normal Abnorm Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden see Regular Fatigue Yes No Date last applied:	See Problem List	
Chronic Problems/Sigr	itamins:  See Medication Regular Good Fair Good Fair Normal Abnorm Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden see Regular Fatigue Yes No Date last applied: Yes No	See Problem List	
Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Elimination Has WIC Elimination Has WIC Sleep Pattern Fluoridated Water Supply Fluoride Varnish Vaccines Up to Date Family History	itamins:  See Medication Regular Good Fair Good Fair Normal Yes No Inactive (little or none Some (< 2 ½ hrs/wee Active (> 60 min/day) Fainting Sudden se Regular Fainting Sudden se Regular Fainting Ves No Date last applied: Yes No Unremarkable	See Problem List	ted

Name:		DOB	:
Psychosocial &	WNL - Stable relationsh	•	
Behavioral	Changes in family since		
Assessment, Family/ Social Factors	<ul> <li>Problems with housing,</li> <li>Family stressors (menta)</li> </ul>		
	□ 1 Parent □ 2 Parer		0101100/000000
Lives with	□ Other:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Blood Lead	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis	□ <u>TB Risk Assessment,</u>		
Exposure	□ H&P, □ Other:		
Growth and Developn	-		
Hops on one foot	Counts four pennies	□ Copies a sq	
□ Catches, throws a ball	□ Knows opposites	Recognizes	
Plays with several children	<ul> <li>Knows name, address, &amp; phone number</li> </ul>	Holds crayo finger and the	
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	k, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	

Hips	Good abduction	
Femoral pulses	Normal	
Extremities	No deformities, full ROM	I 0
Skin	Clear, no significant lesi	ons 🗆
Neurologic	Alert, no gross sensory of	
-		
Subjective / Objectiv	e	
Assessment		
Assessment		
Plan		
i iaii		
Referrals		
Referrals	Optometrist /	□ Audiologist
	Ophthalmologist	
UNC Dentist	Ophthalmologist  Dietician / Nutritionist	Pulmonologist
UNC Dentist CA Children's Services	Ophthalmologist	Pulmonologist     Early Start or Local
UNC Dentist	Ophthalmologist  Dietician / Nutritionist	Pulmonologist
□ WIC □ Dentist □ CA Children's Services (CCS) □ Other:	Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local
□ WIC □ Dentist □ CA Children's Services (CCS) □ Other: Orders	Ophthalmologist <ul> <li>Dietician / Nutritionist</li> <li>Regional Center</li> </ul>	Pulmonologist     Early Start or Local     Education Agency
□ WIC □ Dentist □ CA Children's Services (CCS) □ Other:	Ophthalmologist  Dietician / Nutritionist	Pulmonologist     Early Start or Local
□ WIC □ Dentist □ CA Children's Services (CCS) □ Other: Orders	Ophthalmologist Dietician / Nutritionist Regional Center MMR PCV13 (if not up to	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic
□ WIC □ Dentist □ CA Children's Services (CCS) □ Other: Orders □ COVID 19 vaccine □ DTaP	Ophthalmologist Dietician / Nutritionist Regional Center MMR PCV13 (if not up to date)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)
<ul> <li>□ WIC</li> <li>□ Dentist</li> <li>□ CA Children's Services (CCS)</li> <li>□ Other:</li> <li>Orders</li> <li>□ COVID 19 vaccine</li> <li>□ DTaP</li> <li>□ Hep A vaccine (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PCV13 (if not up to date) PPSV (if high risk)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel
<ul> <li>□ WIC</li> <li>□ Dentist</li> <li>□ CA Children's Services (CCS)</li> <li>□ Other:</li> <li>Orders</li> <li>□ COVID 19 vaccine</li> <li>□ DTaP</li> <li>□ Hep A vaccine (if not up to date)</li> <li>□ Hep B vaccine (if not up</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR PCV13 (if not up to date)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  CBC / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test
<ul> <li>□ WIC</li> <li>□ Dentist</li> <li>□ CA Children's Services (CCS)</li> <li>□ Other:</li> <li>Orders</li> <li>□ COVID 19 vaccine</li> <li>□ DTaP</li> <li>□ Hep A vaccine (if not up to date)</li> <li>□ Hep B vaccine (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR DPCV13 (if not up to date) PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT
<ul> <li>□ WIC</li> <li>□ Dentist</li> <li>□ CA Children's Services (CCS)</li> <li>□ Other:</li> <li>Orders</li> <li>□ COVID 19 vaccine</li> <li>□ DTaP</li> <li>□ Hep A vaccine (if not up to date)</li> <li>□ Hep B vaccine (if not up</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR MMR PCV13 (if not up to date) PPSV (if high risk)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT CXR
<ul> <li>□ WIC</li> <li>□ Dentist</li> <li>□ CA Children's Services (CCS)</li> <li>□ Other:</li> <li>Orders</li> <li>□ COVID 19 vaccine</li> <li>□ DTaP</li> <li>□ Hep A vaccine (if not up to date)</li> <li>□ Hep B vaccine (if not up to date)</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR PCV13 (if not up to date) PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart) Hep B Panel (if	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT CXR Urinalysis at 5 years ECG
<ul> <li>□ WIC</li> <li>□ Dentist</li> <li>□ CA Children's Services (CCS)</li> <li>□ Other:</li> <li>Orders</li> <li>□ COVID 19 vaccine</li> <li>□ DTaP</li> <li>□ Hep A vaccine (if not up to date)</li> <li>□ Hep B vaccine (if not up to date)</li> <li>□ IPV</li> </ul>	Ophthalmologist Dietician / Nutritionist Regional Center MMR DPCV13 (if not up to date) PPSV (if high risk) Varicella (2 <sup>nd</sup> Dose) Blood Lead (if not in chart)	Pulmonologist  Early Start or Local Education Agency  CBC / Basic metabolic panel  Hct / Hgb (if high risk)  Lipid panel (if high risk)  PPD skin test QFT CXR Urinalysis at 5 years

# Name:

DOB:

Anticipatory Guidance	e (AG) / Education (	√ if discussed)
Diet, Nutrition & Exerc	cise	
□ Weight control / obesity	□ Vegetables, fruits	□ Meal socialization
Whole grains / iron-rich foods	□ Limit fatty, sugary & salty foods	Limit candy, chips & ice cream
Physical activity / exercise	<ul> <li>Regular balanced meal with snacks</li> </ul>	□ School lunch program
Accident Prevention &	Guidance	
□ <u>Lead poisoning</u> prevention	□ Seat belt	□ Independence
□ Routine dental care	□ Safety helmet	□ Make-believe / role play
Brush teeth with fluoride toothpaste	Storage of drugs / toxic chemicals	□ Dressing self
<ul> <li>Fluoride varnish treatment</li> </ul>	□ Matches / burns	Reading together / school readiness
<ul> <li>Family support, social interaction &amp; communication</li> </ul>	□ Violence prevention, gun safety	☐ Knows name, address, & phone number
□ Caution with strangers	Poison control phone number	□ Plays with other children
□ Skin cancer prevention	□ Smoke detector	□ Limit screen time
□ Falls	□ Hot water temp < 120° F	□ Bedtime
<ul> <li>Effects of passive smoking</li> </ul>	Drowning / pool fence	□ Toileting habits
Next Appointment		
□ 1 year	□ RTC PRN	□ Other:

Documentation Remin	nders	
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	Height / Weight / BMI measurements plotted in CDC growth chart	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

4 to 5 Years Old - Page 2 of 2

Comprehensive He 6 to 8 Years Old	Actual Age:	Date:
Medical Record #		
Gender	Male     Female	)
Accompanied By	□ Self □ Parent	□ Other:
Parent's Primary		
Language Interpreter Requested	□ Yes □ No	□ Refused
Name of Interpreter:		1
Intake		Vital Signs
Allergies		Тетр
Height		BP
Weight		Pulse
BMI Value		Resp
BMI %		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Hearing Screening	□ Responded at <u>&lt;</u> 25 d 1000-4000 frequencie	
Vision Screening	OD: OS:	OU: 🗆 Non coop
0		
Dental Provider Chronic Problems/Sigr	ificant Conditions: □	Last visit date: See Problem List
Dental Provider		See Problem List
Dental Provider Chronic Problems/Sigr		See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vi		See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History	itamins: □ See Medicatio	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition	itamins: □ See Medicatio	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite	itamins: □ See Medicatio	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vit Interval History Diet / Nutrition Appetite Physical Activity	itamins: □ See Medicatio	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern	itamins: □ See Medicatio	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vi Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date	itamins: □ See Medication	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vit Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Family History	itamins: □ See Medicatio	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vit Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Family History Heart disease	itamins: □ See Medicatio	See Problem List
Dental Provider Chronic Problems/Sigr Current Medications/Vit Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Family History Heart disease High cholesterol	itamins: □ See Medication	See Problem List  See Problem List  See Problem List  Total List  foods  Other:  Poor  Poor Poo

Name:		DOB	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ H&P, □ Other:		
Sudden Cardiac Arrest	□ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis	□ TB Risk Assessment,		
Exposure Growth and Developn	□ H&P, □ Other:		
Rides bicycle	Knows right from	.ss □ Reads for pl	easure
-	left		easure
□ Ties shoelaces	<ul> <li>Draws person with</li> <li>6 parts including</li> <li>clothing</li> </ul>	□ Tells time	
Rules and consequences	□ Independence	□ Prints first n	ame
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs norma Hearing grossly normal	I	
Nose	Passages clear, MM pink	, no lesions	
Teeth	No visible cavities & gros	sly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III	V V	
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Abdomen Genitalia	Soft, no masses, liver & s Grossly normal Tanner stage:		
	Grossly normal	V V	
Genitalia	Grossly normal Tanner stage:	V V tes in scrotum	
Genitalia Male	Grossly normal Tanner stage:            Circ / uncircumcised, test	V V tes in scrotum	
Genitalia Male Female	Grossly normal Tanner stage:            Circ / uncircumcised, test No lesions, normal extern	IV V tes in scrotum nal appearance	
Genitalia Male Female Femoral pulses	Grossly normal Tanner stage:            Circ / uncircumcised, test No lesions, normal extern Normal	IV V tes in scrotum nal appearance	
Genitalia Male Female Femoral pulses Extremities	Grossly normal Tanner stage:          Circ / uncircumcised, test No lesions, normal extern Normal No deformities, full ROM	IV V tes in scrotum nal appearance	
Genitalia Male Female Femoral pulses Extremities Lymph nodes	Grossly normal Tanner stage: I II III Circ / uncircumcised, test No lesions, normal extern Normal No deformities, full ROM Not enlarged	V V tes in scrotum nal appearance	

Ν	an	۱e	:	

DOB:

Comprehensive He	ealth Assessmen	t	Name:		DOB:
Subjective / Objective			$\sqrt{ m if}$ discussed)		
			Diet, Nutrition & Exer	cise	
			Weight control / obesity	□ Vegetables, fruits	Lean protein
			Whole grains / iron-rich foods	□ Limit fatty, sugary & salty foods	□ Limit candy, chips & id cream
			Physical activity /     exercise	Healthy food choices	Eating disorder
			Accident Prevention &		I
			□ Routine dental care	□ Use of social media	Peer pressure
Assessment			Lead Poisoning <u>Prevention</u>	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence
			<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	□ Gun safety	Personal development
			<ul> <li>Mental health (emotional support)</li> </ul>	Non-violent conflict resolution	□ Physical growth
			<ul> <li>Form caring &amp; supportive relationships with family &amp; peers</li> </ul>	<ul> <li>Safety helmet</li> <li>Seat belt</li> </ul>	Daily mindful movement
			□ Early Sex education	□ Limit screen time	Puberty
			<ul> <li>Smoking/vaping use/exposure</li> </ul>	<ul> <li>Skin cancer prevention</li> </ul>	□ Bedtime
			Next Appointment		
Plan			□ 1 year	□ RTC PRN	□ Other:
			Documentation Remin	nders	
			□ Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	Height / Weight / BMI measurements plotted in CDC growth chart	Vaccines entered in C (manufacturer, lot #, V publication dates, etc.
			MA / Nurse Signature	Title	Date
Referrals			Provider Signature	Title	Date
Dentist	<ul> <li>Optometrist /</li> <li>Ophthalmologist</li> </ul>	□ Audiologist			
Dietician / Nutritionist	Regional Center	□ Early Start or Local Education Agency			
CA Children's Services (CCS)	□ Other:	Education Agency	Notes (include date, tir	me signature and titl	e on all entries)
Orders					
COVID 19 vaccine	<ul> <li>Meningococcal (if high risk)</li> </ul>	CBC / Basic metabolic     panel			
<ul> <li>DTaP (if not up to date)</li> </ul>	□ MMR (if not up to date)	□ Hct / Hgb (if high risk)			
□ Hep A (if not up to date)	□ Tdap ( <u>&gt;</u> 7 YO)	□ Lipid panel (if high risk)			
<ul> <li>Hep B (if not up to date)</li> </ul>	Varicella (if not up to date)	<ul> <li>□ PPD skin test (if high risk)</li> <li>□ QFT (if high risk)</li> </ul>			
□ IPV (if not up to date)	<ul> <li>Blood Lead (if high risk)</li> </ul>	□ CXR □ Urinalysis			
□ Influenza vaccine	□ Hep B Panel (if				
	high risk)	COVID 19 test			

6 to 8 Years Old - Page 2 of 2

9 to 12 Years Old	Actual Age:	Date:
Medical Record #		
Gender	Male     Female	)
Accompanied By	□ Self □ Parent	□ Other:
Primary Language		
Interpreter Requested	□ Yes □ No Interpreter Name:	□ Refused
Intake		Vital Signs
Allergies		Temp
Height		BP
Weight		Pulse
BMI Value		Resp
BMI %		· ·
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Hearing Screening	□ Responded at < 25 d	B at
Vision Screening	1000-8000 frequencie OD: OS:	OU: Non coop
Dental Provider		Last visit date:
Chronic Problems/Sigr Current Medications/V		
Current Medications/V	itamins: □ See Medicatio	on List
Current Medications/V Interval History	itamins: □ See Medicatio	on List ow calorie
Current Medications/V Interval History Diet / Nutrition	itamins: □ See Medicatio	on List ow calorie
Current Medications/V Interval History Diet / Nutrition Appetite	itamins: □ See Medicatio	on List ow calorie
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity	itamins: □ See Medicatio	on List ow calorie
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern	itamins: □ See Medicatio	on List ow calorie
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date	itamins: □ See Medicatio	on List bw calorie
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Sexually active	itamins: □ See Medicatio	on List bw calorie
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Sexually active Contraceptive Used LMP (females): Current Alcohol /	itamins: □ See Medicatio	on List
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Sexually active Contraceptive Used LMP (females):	itamins:  See Medication Regular Regul	on List  Dw calorie ADA ther: air Poor ) k) eizures SOB Chest pain Chest pain Chest Pain See CAIR iple Partners MSM doms Other: Menorrhagia Alcohol Chest Pain Chest
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Sexually active Contraceptive Used LMP (females): Current Alcohol / Substance use	itamins:  See Medication Regular Iron-rich foods Good Good Good Good Good Good Good	on List  Dev calorie ADA ther: air Poor  ) k) eizures SOB Chest pain Chest Pa
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Sexually active Contraceptive Used LMP (females): Current Alcohol / Substance use □ Drugs (specify):	itamins:  See Medication Regular Iron-rich foods Good Good Good Good Good Good Good	on List  Dev calorie ADA ther: air Poor  k  eizures SOB Chest pain  Son Chest pain  Sonoring Enuresis  Soe CAIR  iple Partners MSM  doms Other:  Menorrhagia Alcohol  Tobacco / Vape Packs/day:
Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Sleep Pattern Vaccines Up to Date Sexually active Contraceptive Used LMP (females): Current Alcohol / Substance use Drugs (specify): Family History	itamins: □ See Medication	on List  Dow calorie  ADA  ther: air  Poor  ADA  ther: air  Poor  ADA  ther: air  Poor  ADA  ther: air  Poor  ADA  ther: air  ADA  ther: ADA  ther: ADA  ther: ADA  ther: ADA  ther: ADA  ther: ADA  ADA  th

Name:		DOB	:
Psychosocial & Behavioral Assessment, Family/ Social Factors	<ul> <li>WNL - Stable relationsh</li> <li>Changes in family since</li> <li>Problems with housing,</li> <li>Family stressors (mental</li> </ul>	e last visit (move, j food, employmen	ob, death) t
Lives with	□ 1 Parent □ 2 Parer □ Other:	nts	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Depression	□ <u>PHQ-9A</u> , □ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS</u> , □ <u>PEARLS-12&amp;UP</u> □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ <u>PSC-Y</u> , □ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Sudden Cardiac Arrest	□ H&P, □ Other:		
Suicide	□ <u>ASQ</u> , □ <u>PHQ-9A</u> , □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developm		ess	
School achievement	□ Performs chores	□ Plays / lister	ns to music
□ School attendance	<ul> <li>Exhibit compassion</li> <li>&amp; empathy</li> </ul>	□ Reads for p	leasure
Cause and effect are understood	Participates in organized sports /	Demonstrate social & emotional competence	
□ Caring & supportive relationships with family & peers	social activities  Adheres to predetermined rules	□ Knows right	If-regulation) from left
Physical Examination WNL			
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs norma Hearing grossly normal	al	
Nose	Passages clear, MM pink	k, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	

Comprehensive He Neck	Supple, no masses, thy		_
Chest /	enlarged		
Breast (females)	Symmetrical, no masses Tanner stage:   II III	IV V	
Heart	No organic murmurs, re		
Lungs	Clear to auscultation bila	aterally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes	stes in scrotum	
Female	No lesions, normal exter	rnal appearance	
Femoral pulses	Normal		
Extremities	No deformities, full ROM	1	
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesi	ons	
Neurologic	Alert, no gross sensory	or motor deficit	
Subjective / Objective	•		
Assessment			
Plan	□ Optometrist / Ophthalmologist	Dietician / Nut	ritionist
Plan Referrals	Optometrist /     Ophthalmologist     Behavioral health	Dietician / Nut     Tobacco cess	
Plan Referrals □ Dentist	Ophthalmologist		ation class Local
Plan Plan Referrals Dentist Drug / ETOH Tx rehab CA Children's Services	Ophthalmologist	□ Tobacco cess □ Early Start or	ation class Local
Plan Plan Referrals Dentist Drug / ETOH Tx rehab CA Children's Services (CCS)	Ophthalmologist  Behavioral health  Regional Center	□ Tobacco cess □ Early Start or	ation class Local
Plan Plan Carterials Dentist Drug / ETOH Tx rehab CA Children's Services (CCS) OB/GYN:	Ophthalmologist  Behavioral health  Regional Center	□ Tobacco cess □ Early Start or	ation class Local ency
Plan  Plan  Contemporation  Plan  Plan  Contemporation  Plan  Plan Plan	Ophthalmologist  Behavioral health  Regional Center  Other:	Tobacco cess     Early Start or     Education Age     CBC / Basic n	ation class Local ency
Plan  Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)  OB/GYN:  Orders  COVID 19 vaccine  Hep B vaccine (if not	Ophthalmologist Behavioral health Regional Center Other: Tdap Varicella (if not up	Tobacco cess      Early Start or     Education Age      CBC / Basic n     panel      Hct / Hgb (yea	ation class Local ency netabolic arly if )
Plan Plan Contemporation Plan Plan Plan Plan Plan Plan Plan Pla	Ophthalmologist  Dehavioral health  Regional Center  Other:  Other:  Varicella (if not up to date)  Hep B Panel (if not up to date)  Chlamydia	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic n panel</li> <li>Hct / Hgb (yea menstruating)</li> <li>Lipid panel (on between 9-11</li> <li>PPD skin test</li> </ul>	ation class Local ency netabolic arly if ) nce YO)
Plan  Referrals  Dentist  Dentist  CA Children's Services (CCS)  OB/GYN:  Orders  COVID 19 vaccine  Hep B vaccine (if not up to date)  Influenza vaccine	Ophthalmologist      Behavioral health      Regional Center      Other:      Tdap      Varicella (if not up to date)      Hep B Panel (if not up to date)	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic n panel</li> <li>Hct / Hgb (yea menstruating)</li> <li>Lipid panel (or between 9-11</li> </ul>	ation class Local ency netabolic arly if ) nce YO)
Plan  Plan  Referrals  Doutist  Doutist  CA Children's Services (CCS)  OB/GYN:  Orders  COVID 19 vaccine  Hep B vaccine (if not up to date)  Influenza vaccine  Meningococcal vaccine (11 to 12 YO)	Ophthalmologist  Dehavioral health  Regional Center  Other:  Tdap  Varicella (if not up to date)  Hep B Panel (if not up to date)  Chlamydia Gonorrhea HIV Herpes	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic n panel</li> <li>Hct / Hgb (yea menstruating)</li> <li>Lipid panel (or between 9-11</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>	ation class Local ency netabolic arly if ) nce YO)
Plan  Plan  Referrals  Dentist  Dentist  CA Children's Services (CCS)  OB/GYN:  Orders  COVID 19 vaccine  Hep B vaccine (if not up to date)  Influenza vaccine  Meningococcal vaccine	Ophthalmologist  Dehavioral health  Regional Center  Other:  Other:  Tdap  Varicella (if not up to date)  Hep B Panel (if not up to date)  Chlamydia Gonorrhea HIV	Tobacco cess     Early Start or     Education Age     CBC / Basic n     panel     Hct / Hgb (yea     menstruating     Lipid panel (or     between 9-11     PPD skin test     QFT     CXR	ation class Local ency netabolic arly if ) nce YO)

#### Name:

#### DOB:

		_			
Anticipatory Guidance (AG) / Education ( $\sqrt{i}$ if discussed)					
Diet, Nutrition & Exercise					
□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein			
Whole grains / iron-rich foods	□ Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream			
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Healthy food choices</li> </ul>	□ Eating disorder			
Accident Prevention &	& Guidance				
<ul> <li>Alcohol/drug/substance misuse counseling</li> </ul>	□ Social media use	Peer pressure			
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	<ul> <li>Avoid risk-taking behavior</li> </ul>				
<ul> <li>Mental health (emotional support)</li> </ul>	□ Gun safety	Personal development			
<ul> <li>Form caring &amp; supportive relationships with family &amp; peers</li> </ul>	<ul> <li>Non-violent conflict resolution</li> </ul>	□ Physical growth			
<ul> <li>Early Sex education / Safe sex practices</li> </ul>	□ Safety helmet	<ul> <li>Mindful of daily movements</li> </ul>			
□ Skin cancer prevention	□ Seat belt	□ Puberty			
<ul> <li>Smoking/vaping use/exposure</li> </ul>	□ Routine dental care	□ Bedtime			
Tobacco Cessation	Tobacco Cessation Quit Date:				
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>			
Next Appointment					
□ 1 year	□ RTC PRN	□ Other:			

## **Documentation Reminders**

<ul> <li>Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, &amp; signed by provider</li> </ul>	<ul> <li>Height / Weight / BMI measurements plotted in CDC growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)			

9 to 12 Years Old - Page 2 of 2

Comprehensive He 13 to 16 Years	Actual Age:	Date:			
Old Medical Record #					
Gender	□ Male □ Female	<u></u>			
	□ Self □ Parent				
Accompanied By					
Primary Language Interpreter	□ Yes □ No	□ Refused			
Requested	Interpreter Name:				
Intake		Vital Signs			
Allergies		Temp			
Height		BP			
Weight		Pulse			
BMI Value		Resp			
BMI %					
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10			
Hearing Screening	□ Responded at < 25 d 1000-8000 frequencie	Bat □ Non coop			
Vision Screening	OD: OS:	OU:   Non coop			
Dentel Dur 11		Leat visit data			
Dental Provider					
Dental Provider Chronic Problems/Sigr	nificant Conditions: □	Last visit date: See Problem List			
Chronic Problems/Sigr		See Problem List			
Chronic Problems/Sigr	itamins: □ See Medicatio	See Problem List			
Chronic Problems/Sigr	itamins: □ See Medicatio	See Problem List			
Chronic Problems/Sigr Current Medications/V Interval History	itamins: □ See Medicatio	See Problem List			
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition	itamins: □ See Medicatio	See Problem List			
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite	itamins: □ See Medicatio	See Problem List			
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity	itamins: □ See Medication	See Problem List			
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Vaccines Up to Date	itamins: □ See Medication	See Problem List			
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Vaccines Up to Date Sexually Active	itamins: □ See Medication	See Problem List			
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Vaccines Up to Date Sexually Active Contraceptive Used LMP (females): Current Alcohol /	itamins: □ See Medication	See Problem List			
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Vaccines Up to Date Sexually Active Contraceptive Used LMP (females):	itamins: □ See Medicatio	See Problem List			
Chronic Problems/Sigr	itamins: □ See Medicatio	See Problem List			
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Vaccines Up to Date Sexually Active Contraceptive Used LMP (females): Current Alcohol / Substance use	itamins: □ See Medicatio	See Problem List			
Chronic Problems/Sigr Current Medications/V Interval History Diet / Nutrition Appetite Physical Activity Vaccines Up to Date Sexually Active Sexually Active Contraceptive Used LMP (females): Current Alcohol / Substance use Drugs (specify):	itamins: □ See Medication	See Problem List			

Name:		DOB	
Psychosocial & Behavioral Assessment, Family/ Social Factors	<ul> <li>WNL - Stable relationships w/ social/emotional support</li> <li>Changes in family since last visit (move, job, death)</li> <li>Problems with housing, food, employment</li> <li>Family stressors (mental illness, drugs, violence/abuse)</li> </ul>		
Lives with	□ 1 Parent □ 2 Parents □ Other:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Depression	□ <u>PHQ-9A</u> , □ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Intimate Partner Violence	□ <u>PEARLS,</u> □ <u>PEARLS-12&amp;UP,</u> □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC</u> , □ <u>PSC-Y</u> , □ <u>HEADSSS,</u> □ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Sudden Cardiac Arrest	□ H&P, □ Other:		
Suicide	□ <u>ASQ</u> , □ <u>PHQ-9A</u> , □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developm	nent / School Progre	ess	
□ School achievement	□ Performs chores	Plays / lister	ns to music
School attendance	□ Learns new skills	□ Reads	
<ul> <li>Understands parental limits &amp; consequences for unacceptable behavior</li> </ul>	<ul> <li>Participates in organized sports / social activities</li> </ul>	□ Uses both hands independently	
□ Ability to get along with peers	<ul> <li>Learns from mistakes &amp; failures, tries again</li> </ul>	Preoccupati body change	
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal	sclerae clear	
Ears	Canals clear, TMs norma Hearing grossly normal	al	
Nose	Passages clear, MM pinl	k, no lesions	
Teeth	No visible cavities, gross	ly normal	

Mouth / Pharynx	Oral mucosa pink, no le	sions	_
-	Supple, no masses, thy		
Neck	enlarged Symmetrical, no masse		
Chest/Breast (females)	Tanner stage:	IV V	
Heart	No organic murmurs, re	gular rhythm	
Lungs	Clear to auscultation bil	aterally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, te	stes in scrotum	
Female	No lesions, normal exte	rnal appearance	
Femoral pulses	Normal		
Extremities	No deformities, full ROM	И	
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant les	ions	
Neurologic	Alert, no gross sensory	or motor deficit	
Subjective / Objective	)		
Assessment			
Assessment			
Assessment Plan			
Plan			
Plan Referrals			ritionist
Plan Referrals □ Dentist	□ Optometrist / Ophthalmologist	Dietician / Nut	ritionist
Plan Referrals		Dietician / Nut     Tobacco cess	
Plan Referrals □ Dentist	Ophthalmologist		ation class Local
Plan Plan Referrals Dentist Drug / ETOH Tx rehab CA Children's Services	Ophthalmologist	□ Tobacco cess □ Early Start or	ation class Local
Plan Referrals □ Dentist □ Drug / ETOH Tx rehab □ CA Children's Services (CCS)	Ophthalmologist      Behavioral health      Regional Center	□ Tobacco cess □ Early Start or	ation class Local
Plan Plan CA Children's Services (CCS) OB/GYN:	Ophthalmologist      Behavioral health      Regional Center	□ Tobacco cess □ Early Start or	ation class Local ency
Plan Plan Referrals Dentist Drug / ETOH Tx rehab CA Children's Services (CCS) OB/GYN: Orders	Ophthalmologist      Behavioral health      Regional Center      Other:	Tobacco cess     Early Start or     Education Age     CBC / Basic n	ation class Local ency
Plan  Referrals  Dentist Drug / ETOH Tx rehab CA Children's Services (CCS) OB/GYN: Orders COVID 19 vaccine Hep B vaccine (if not up	Ophthalmologist Behavioral health Regional Center Other: Tdap Varicella (if not up	Tobacco cess      Early Start or     Education Age      CBC / Basic m     panel      Hct / Hgb (yea	ation class Local ency netabolic
Plan Plan Contemporation Plan Plan Plan Plan Plan Plan Plan Pla	Ophthalmologist  Dehavioral health  Regional Center  Other:  Tdap  Varicella (if not up to date) Hep B Panel (if high risk) Chlamydia	Tobacco cess      Early Start or     Education Age      CBC / Basic n     panel      Hct / Hgb (yea     menstruating)      Lipid panel (if      PPD skin test	ation class Local ency netabolic
Plan  Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)  OB/GYN:  Orders  COVID 19 vaccine  Hep B vaccine (if not up to date)  HPV vaccine (if not up to date)  Influenza vaccine  Meningococcal vaccine	Ophthalmologist      Behavioral health      Regional Center      Other:      Tdap      Varicella (if not up to date)      Hep B Panel (if high risk)	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic n panel</li> <li>Hct / Hgb (yea menstruating)</li> <li>Lipid panel (if</li> </ul>	ation class Local ency netabolic
Plan  Plan  Referrals  Dentist  Dentist  CA Children's Services (CCS)  OB/GYN:  Orders  COVID 19 vaccine  Hep B vaccine (if not up to date)  HPV vaccine (if not up to date)  HPV vaccine (if not up to date)  Meningococcal vaccine (if not up to date)	Ophthalmologist Behavioral health Regional Center Other: Other: Other: Other: Uaricella (if not up to date) Hep B Panel (if high risk) Chlamydia Gonorrhea HIV Herpes		ation class Local Incy netabolic
Plan  Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)  OB/GYN:  Orders  COVID 19 vaccine  Hep B vaccine (if not up to date)  HPV vaccine (if not up to date)  Influenza vaccine  Meningococcal vaccine	Ophthalmologist Behavioral health Regional Center Other: Other: Other: Other: Hep B Panel (if high risk) Chlamydia Gonorrhea HIV	Tobacco cess      Early Start or     Education Age      CBC / Basic n panel      Hct / Hgb (yea menstruating)      Lipid panel (if      PPD skin test      QFT      CXR	ation class Local ency netabolic rrly if high risk)

#### Name:

. . . .

#### DOB:

Anticipatory Guidanc	e (AG) / Education (	√ if discussed)
Diet, Nutrition & Exerc	cise	
□ Weight control / obesity	Vegetables, fruits	□ Lean protein
Whole grains / iron-rich foods	<ul> <li>Limit fatty, sugary &amp; salty foods</li> </ul>	□ Limit candy, chips & ice cream
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Healthy food choices</li> </ul>	□ Eating disorder
Accident Prevention &	& Guidance	
<ul> <li>Alcohol/drug/substance misuse counseling</li> </ul>	□ Social Media Use	□ Goals in life
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence
<ul> <li>Mental health (emotional support)</li> </ul>	□ Gun safety	Personal development
<ul> <li>Intimate partner violence</li> </ul>	□ Violent behavior	□ Academic or work plans
<ul> <li>Sex education (partner selection)</li> </ul>	Safety helmet	<ul> <li>Family support, social interaction &amp; communication</li> </ul>
<ul> <li>Safe sex practices (condoms, contraception, HIV/AIDS)</li> </ul>	□ Seat belt	☐ Mindful of daily movements
□ Skin cancer prevention	<ul> <li>Motor vehicle safety (no texting &amp; driving)</li> </ul>	□ Physical growth
<ul> <li>Smoking/vaping use/exposure</li> </ul>	□ Routine dental care	□ Sexuality
Tobacco Cessation	Quit Date:	
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>
Next Appointment		
□ 1 year	□ RTC PRN	□ Other:

#### **Documentation Reminders**

Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Height / Weight / BMI measurements plotted in CDC growth chart</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

13 to 16 Years Old - Page 2 of 2

Comprehensive He 17 to 20 Years		
Old	Actual Age:	Date:
Medical Record #		
Gender	□ Male □ Female	
Accompanied By	□ Self □ Parent	Other:
Primary Language		
Interpreter Requested	□ Yes □ No Interpreter Name:	□ Refused
Intake		Vital Signs
Allergies		Temp
Height		BP
Weight		Pulse
BMI Value		Resp
BMI %		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Hearing Screening	□ Responded at ≤ 25 dE 1000-8000 frequencie	3 at 🛛 Non coop
Vision Screening	OD: OS:	OU:  Non coop
Dental Provider		Last visit date:
Advance Directive	□ Yes □ Refuse	d
Info given/discussed	Starting at 18 Years Old	
Chronic Problems/Sigr		See Problem List
Current Medications/Vi	tamins:   See Medication	on List
□ Taking 0.4 to 0.8 mg of folic a	acid daily (females of reproduct	ive age)
Interval History		
Diet / Nutrition	□ Regular □ Lo □ Iron-rich foods □ O	ow calorie   □ ADA ther:
Appetite	□ Good □ Fa	air 🗆 Poor
	□ Inactive (little or none)	
Physical Activity	□ Some (< 2 ½ hrs/wee □ Active (≥ 60 min/day)	к)
	□ Fainting □ Sudden se	eizures □ SOB □ Chest pain
Weight □ Loss □ Gain	lbs	tional 🗆 Unintentional
Vaccines Up to Date	🗆 Yes 🗆 No	□ See <u>CAIR</u>
Sexually Active	□ Yes □ No □ Mult	iple Partners
Contraceptive Used	None     Condoms	□ Other:
LMP (females):	G P A	Menorrhagia
Current Alcohol / Substance use	□ None	Alcohol
	1	
□ Drugs (specify):	□ IV Drugs (or past Hx)	Tobacco / Vape Packs/day:

Name:		DOB	:
Family History	Unremarkable	□ Diabetes	
□ Heart disease	□ HTN	□ Asthma	
□ High cholesterol	Cancer	Family Hx o or sudden c	f unexpected leath < 50 YO
□ Other:			
Psychosocial & Behavioral Assessment, Family/ Social Factors Lives with	<ul> <li>WNL - Stable relationsh</li> <li>Changes in family since</li> <li>Problems with housing,</li> <li>Family stressors (mentation of the stressors)</li> <li>1 Parent 2 Parent</li> </ul>	e last visit (move, j food, employmen al illness, drugs, vi	ob, death) t
AAP Risk Screener	Other:     Screening Tools		
AAP NISK Screener	Used	Low Risk	(see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Depression	□ <u>PHQ-9A</u> , □ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Hepatitis C	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Intimate Partner Violence	□ <u>ACEs</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>PSC-Y</u> , □ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Sudden Cardiac Arrest	□ H&P, □ Other:		
Suicide	□ <u>ASQ</u> , □ <u>PHQ-9A</u> , □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Growth and Developr		SS	
□ Hobbies / work	□ Plays sports	Plays / lister	ns to music
School achievement / attendance	□ Acts responsibly for self	□ Takes on ne responsibili	
<ul> <li>Improved social skills; maintains family relationships</li> </ul>	<ul> <li>Sets goals &amp; works towards achieving them</li> </ul>	□ Preparation education, o marriage &	for further career,
Physical Examination	1		WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs norma Hearing grossly normal	II	

Neee			
Nose	Passages clear, MM pinl	k, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les		
Neck	Supple, no masses, thyre enlarged	oid not	
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III		
Heart	No organic murmurs, reg	jular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage:	IV V	
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal exter	nal appearance	
Vaginal exam	Done or completed elsev name:	where OB/GYN	
Femoral pulses	Normal		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesio	ons	
Neurologic	Alert, no gross sensory o	or motor deficit	
Subjective / Objective	)		
Assessment			
Plan			
Plan	□ Optometrist/ Ophthalmologist	Dietician/ Nut	ritionist
Plan Referrals		Dietician/ Nutr     Tobacco cess	
Plan Referrals Dentist	Ophthalmologist		ation class
Plan Referrals Dentist Drug / ETOH Tx rehab CA Children's Services	Ophthalmologist □ Behavioral health	□ Tobacco cess □ Early Start or	ation class
Plan Referrals □ Dentist □ Drug / ETOH Tx rehab □ CA Children's Services (CCS)	Ophthalmologist      Behavioral health      Regional Center	□ Tobacco cess □ Early Start or	ation class
Plan Referrals Dentist Drug / ETOH Tx rehab CA Children's Services (CCS) OB/GYN	Ophthalmologist      Behavioral health      Regional Center	□ Tobacco cess □ Early Start or	ation class Local ency
Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)  OB/GYN  Orders	Ophthalmologist      Behavioral health      Regional Center      Other:      Hep B Panel (if	Tobacco cess     Early Start or     Education Age     CBC / Basic n	ation class Local ency netabolic arly if
Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)  OB/GYN  Orders  COVID 19 vaccine Hep B vaccine (if not up	Ophthalmologist      Behavioral health      Regional Center      Other:      Hep B Panel (if high risk)      Hep C Antibody test (at least once	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic m panel</li> <li>Hct / Hgb (year)</li> </ul>	ation class Local ency netabolic arly if )
Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)  OB/GYN  Orders  COVID 19 vaccine Hep B vaccine (if not up to date)  HPV vaccine (if not up	Ophthalmologist         □ Behavioral health         □ Regional Center         □ Other:         □         □ Other:         □         □ Hep B Panel (if high risk)         □ Hep C Antibody test (at least once ≥ 18 YO)         □ Rx for folic acid 0.4-0.8mg daily (females)         □ Chlamydia	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic n panel</li> <li>Hct / Hgb (yea menstruating</li> <li>Lipid panel (o between 17-2</li> <li>PPD skin test</li> </ul>	ation class Local ency netabolic arly if ) nce 1 YO)
Plan  Referrals  Dentist  Dentist  CA Children's Services (CCS)  OB/GYN  Orders  COVID 19 vaccine  Hep B vaccine (if not up to date)  HPV vaccine (if not up to date)  Influenza vaccine  Meningococcal vaccine	Ophthalmologist         □ Behavioral health         □ Regional Center         □ Other:         □ Other:         □ Hep B Panel (if high risk)         □ Hep C Antibody test (at least once ≥ 18 YO)         □ Rx for folic acid 0.4-0.8mg daily (females)         □ Chlamydia         □ Gonorrhea         □ HIV	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic m panel</li> <li>Hct / Hgb (yea menstruating</li> <li>Lipid panel (o between 17-2</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> </ul>	ation class Local ency netabolic arly if ) nce 1 YO)
Plan         Referrals         Dentist         Drug / ETOH Tx rehab         CA Children's Services (CCS)         OB/GYN         Orders         COVID 19 vaccine         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine	Ophthalmologist         □ Behavioral health         □ Regional Center         □ Other:         □ Other:         □ Hep B Panel (if high risk)         □ Hep C Antibody test (at least once ≥ 18 YO)         □ Rx for folic acid 0.4-0.8mg daily (females)         □ Chlamydia         □ Gonorrhea	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic m panel</li> <li>Hct / Hgb (yea menstruating</li> <li>Lipid panel (o between 17-2</li> <li>PPD skin test</li> <li>QFT</li> </ul>	ation class Local ency netabolic arly if ) nce 1 YO)
Plan  Referrals  Dentist  CA Children's Services (CCS)  OB/GYN  Orders  COVID 19 vaccine  Hep B vaccine (if not up to date)  Influenza vaccine  Meningococcal vaccine (if not up to date)	Ophthalmologist         □ Behavioral health         □ Regional Center         □ Other:         □ Other:         □         □ Other:         □         □ Hep B Panel (if high risk)         □ Hep C Antibody test (at least once ≥ 18 YO)         □ Rx for folic acid 0.4-0.8mg daily (females)         □ Chlamydia         □ Gonorrhea         □ HIV         □ Herpes	<ul> <li>Tobacco cess</li> <li>Early Start or Education Age</li> <li>CBC / Basic m panel</li> <li>Hct / Hgb (yea menstruating</li> <li>Lipid panel (o between 17-2</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>	ation class Local ency netabolic arly if ) nce 1 YO)

#### Name:

#### DOB:

		202.
Anticipatory Guidanc	e (AG) / Education (	√ if discussed)
Diet, Nutrition & Exerc	cise	
□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Whole grains / iron-rich foods	<ul> <li>Limit fatty, sugary &amp; salty foods</li> </ul>	□ Limit candy, chips & ice cream
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Healthy food choices</li> </ul>	□ Eating disorder
Accident Prevention &	& Guidance	
<ul> <li>Alcohol/drug/substance misuse counseling</li> </ul>	□ Social media use	<ul> <li>Transitioning to adult provider</li> </ul>
□ Routine dental care	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	□ Gun safety	Personal development & goals in life
<ul> <li>Intimate partner violence</li> </ul>	□ Violent behavior	□ Academic or work plans
<ul> <li>Safe sex practices</li> <li>(condoms, contraception, HIV/AIDS)</li> </ul>	Seat belt / Safety Helmet	□ Testicular self-exam
□ Skin cancer prevention	<ul> <li>Motor vehicle safety (no texting &amp; driving)</li> </ul>	□ Self-breast exam
<ul> <li>Smoking/vaping use/exposure</li> </ul>	<ul> <li>Mental health (emotional support)</li> </ul>	<ul> <li>Prenatal care / encourage breastfeeding</li> </ul>
Tobacco Cessation	Quit Date:	
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>
Next Appointment		
□ 1 year	□ RTC PRN	□ Other:

<b>Documentation Remin</b>	nders	
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated & signed by provider	<ul> <li>Height / Weight / BMI measurements plotted in CDC growth chart</li> </ul>	<ul> <li>Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)</li> </ul>

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date,	time, signature,	and title on all entries)

17 to 20 Years Old - Page 2 of 2

Comprehensive Hea		
21 to 39 Years: Female	Actual Age:	Date:
Medical Record #		
Primary Language		
Interpreter Requested	🗆 Yes 🗆 No	□ Refused
Name of Interpreter		
Intake		Vital Signs
Allergies		Temp
Height		BP
Weight		Pulse
BMI Value		Resp
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Dental Provider		Last visit date:
Advance Directive Info Given/Discussed	□ Yes □ Refuse	ed
Chronic Problems/Signif	icant Conditions:	ee Problem List
Current Medications/Vita		
Current Medications/Vita		
□ taking 0.4 to 0.8 mg of folic	acid daily (for reproductiv	
taking 0.4 to 0.8 mg of folio	acid daily (for reproductiv	
□ taking 0.4 to 0.8 mg of folic	acid daily (for reproductiv	
taking 0.4 to 0.8 mg of folio	acid daily (for reproductiv nental):	
Limitations (physical or r	nental):	e females)
taking 0.4 to 0.8 mg of folio	acid daily (for reproductiv nental): Regular □ L Iron-rich foods □ C Good □ F Inactive (little or none)	e females)
□ taking 0.4 to 0.8 mg of folio	acid daily (for reproductiv nental): Regular L Iron-rich foods C Good F Inactive (little or none) Some (< 2 ½ hrs/week	e females) ow calorie
taking 0.4 to 0.8 mg of folio	acid daily (for reproductiv nental): Regular L Iron-rich foods C Good F Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per w	e females)
taking 0.4 to 0.8 mg of folio	acid daily (for reproductiv nental): Regular L Iron-rich foods C Good F Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per w	e females) ow calorie
□ taking 0.4 to 0.8 mg of folio Limitations (physical or r Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain	acid daily (for reproductiv nental): □ Regular □ L □ Iron-rich foods □ C □ Good □ F □ Inactive (little or none) □ Some (< 2 ½ hrs/week □ Active (≥ 2 ½ hrs per w Ibs □ G P A	e females)  ow calorie
□ taking 0.4 to 0.8 mg of folio Limitations (physical or r Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain LMP:	acid daily (for reproductiv nental): □ Regular □ L □ Iron-rich foods □ C □ Good □ F □ Inactive (little or none) □ Some (< 2 ½ hrs/week □ Active (≥ 2 ½ hrs per w Ibs □ G P A	e females)
□ taking 0.4 to 0.8 mg of folio Limitations (physical or r Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain LMP: Sexually active	acid daily (for reproductiv nental): □ Regular □ L □ Iron-rich foods □ C □ Good □ F □ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 2 ½ hrs per w Ibs □ G P A □ Yes □ No □	e females)
□ taking 0.4 to 0.8 mg of folio   Itaking 0.4 to 0.8 mg of folio   Itaking 0.4 to 0.8 mg of folio   Itaking 0.4 to 0.8 mg of folio   Interval History   Interval History   Diet / Nutrition   Appetite   Physical Activity   Weight □ Loss □ Gain   LMP:   Sexually active   Contraceptive Used	acid daily (for reproductiv nental): Regular L Iron-rich foods C Good F Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per w Los C G P A Yes No C	e females)
□ taking 0.4 to 0.8 mg of folio   Itaking 0.4 to 0.8 mg of folio   Itaking 0.4 to 0.8 mg of folio   Itaking 0.4 to 0.8 mg of folio   Itimitations (physical or r   Itimitations (physical or r   Itaking 0.4 to 0.8 mg of folio   Itaking 0.4 to 0.8 mg of folio	acid daily (for reproductiv nental): □ Regular □ L □ Iron-rich foods □ C □ Good □ F □ Inactive (little or none) □ Some (< 2 ½ hrs/week □ Active (≥ 2 ½ hrs/week □ Active (≥ 2 ½ hrs per w Ibs □ G P A □ Yes □ No □ □ None □ Condoms Date:	e females)
□ taking 0.4 to 0.8 mg of folio   □ taking 0.4 to 0.4 mg of folio	acid daily (for reproductiv nental): Regular L Iron-rich foods C Good F Inactive (little or none) Some (< 2 ½ hrs/week Active (≥ 2 ½ hrs/week Active (≥ 2 ½ hrs per w Ibs C G P A Yes No C None Condoms Date: None IV Drugs (or past	e females)
□ taking 0.4 to 0.8 mg of folio   □ taking 0.4 to 0.4 mg	acid daily (for reproductiv nental): Regular L Iron-rich foods C Good F Inactive (little or none) Some (< 2 ½ hrs/week Active (≥ 2 ½ hrs/week Active (≥ 2 ½ hrs/week Yes No C None Condoms Date: None IV Drugs (or past Hx)	e females)

Name:		DOB:	
Immunization History / Date	□ None □ See <u>CAIR</u>	□ Tdap:	
□ COVID #1: □ COVID #2:	Influenza:	□ Varicella:	
COVID Booster(s):	D MMR:	□ Zoster:	
□ Hepatitis B:	Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Cervical Cancer	□ H&P, □ Other:		
Depression	□ <u>PHQ2,</u> □ <u>PHQ9,</u> □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Hepatitis C	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Intimate Partner Violence	□ <u>HARK</u> , □ <u>HITS</u> , □ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect evider		
Head	No lesions	-	
Eyes	PERRLA, conjunctivae & Vision grossly normal	k sclerae clear,	
Ears	Canals clear, TMs norma Hearing grossly normal	al	
Nose	Passages clear, MM pin	k, no lesions	
Teeth	No visible cavities, gross	sly normal	
Mouth / Pharynx	Oral mucosa pink, no lesions		
Neck	Supple, no masses, thyr enlarged	oid not	
Chest / Breast	Symmetrical, no masses	;	
Heart	No organic murmurs, reg	gular rhythm	
Lungs	Clear to auscultation bila	iterally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal		

Female	No lesions, normal exte appearance		
Vaginal exam	Done or completed else OB/GYN name:	ewhere	
Femoral pulses	Present & equal		
Extremities	No deformities, full ROI	M	
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant les	sions	
Neurologic	Alert, no gross sensory	or motor deficit	
Subjective / Objective			
Assessment			
Plan			
Plan			
Plan			
	□ Optometrist / Ophthalmologist	Dietician / Nutrit	tionist
Referrals	□ Optometrist / Ophthalmologist □ Behavioral health	Dietician / Nutrit     Tobacco cessat	
Referrals	Ophthalmologist		
Referrals  Dentist Drug / ETOH Tx rehab	Ophthalmologist		
Referrals  Dentist  Drug / ETOH Tx rehab  OB/GYN:  Orders  COVID 19 vaccine /	Ophthalmologist  Behavioral health  Other:  Varicella (if not up	Tobacco cessat     CBC / Basic me	ion class
Referrals  Dentist  Drug / ETOH Tx rehab  OB/GYN:  Orders  COVID 19 vaccine / booster  Hep B vaccine (if not up	Ophthalmologist  Behavioral health  Other:  Varicella (if not up to date) Hep B Panel (if	Tobacco cessat     CBC / Basic me     panel     Hct / Hgb	ion class
Referrals  Dentist  Drug / ETOH Tx rehab  OB/GYN:  Orders  COVID 19 vaccine / booster  Hep B vaccine (if not up to date)	Ophthalmologist Behavioral health Other: Varicella (if not up to date) Hep B Panel (if high risk)	CBC / Basic me panel Hct / Hgb Lipid panel	tabolic
Referrals  Dentist  Drug / ETOH Tx rehab  OB/GYN:  Orders  COVID 19 vaccine / booster  Hep B vaccine (if not up	Ophthalmologist  Behavioral health  Other:  Varicella (if not up to date) Hep B Panel (if	Tobacco cessat     CBC / Basic me     panel     Hct / Hgb	tabolic
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to	Ophthalmologist Behavioral health Other: Other: Uaricella (if not up to date) Hep B Panel (if high risk) Hep C Antibody test Chlamydia	CBC / Basic me panel CBC / Hgb Lipid panel Lipid panel Low to moderat statin PPD skin test	tabolic
Referrals  Dentist  Drug / ETOH Tx rehab  OB/GYN:  Orders  COVID 19 vaccine / booster  Hep B vaccine (if not up to date)  HPV vaccine (if not up to date)	Ophthalmologist  Dehavioral health  Other:  Varicella (if not up to date)  Hep B Panel (if high risk)  Hep C Antibody test	Tobacco cessat     CBC / Basic me     panel     Hct / Hgb     Lipid panel     Low to moderat     statin	tabolic
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine	Ophthalmologist  Definition of the service of the s	Tobacco cessat     CBC / Basic me     panel     Hct / Hgb     Lipid panel     Low to moderat     statin     PPD skin test     QFT	tabolic
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if	Ophthalmologist Behavioral health Other: Varicella (if not up to date) Hep B Panel (if high risk) Hep C Antibody test Chlamydia Gonorrhea HIV Herpes Syphilis	Tobacco cessat     CBC / Basic me     panel     Hct / Hgb     Lipid panel     Low to moderat     statin     PPD skin test     QFT     CXR     Urinalysis     ECG	tabolic
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if not up to date)         MMR (if not up to date)	Ophthalmologist  Definition of the service of the s	<ul> <li>Tobacco cessat</li> <li>CBC / Basic me panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderat statin</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> </ul>	e dose
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN:         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         HPV vaccine (if not up to date)         Influenza vaccine         Meningococcal vaccine (if not up to date)	Ophthalmologist Behavioral health Other: Varicella (if not up to date) Hep B Panel (if high risk) Hep C Antibody test Chlamydia Gonorrhea HIV Herpes Syphilis Trichomonas	Tobacco cessat     CBC / Basic me     panel     Hct / Hgb     Lipid panel     Low to moderat     statin     PPD skin test     QFT     CXR     Urinalysis     ECG	e dose

## Name:

DOB:

Anticipatory Guidance (AG) / Education ( $\sqrt{i}$ if discussed)		
Diet, Nutrition & Exercis	se	
Weight control / obesity	Vegetables, fruits	□ Lean protein
Whole grains / iron-rich foods	□ Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Healthy food choices</li> </ul>	□ Eating disorder
Accident Prevention &	Guidance	
Alcohol/drug/substance misuse counseling	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence
□ Routine dental care	□ Gun safety	Personal development
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	□ Violent behavior	□ Goals in life
□ Intimate partner violence	<ul> <li>Mindful of daily movements</li> </ul>	<ul> <li>Family support, social interaction &amp; communication</li> </ul>
Diabetes management	<ul> <li>Motor vehicle safety (DUI / no texting &amp; driving)</li> </ul>	□ Academic or work plans
<ul> <li>Safe sex practices (condoms, contraception, HIV/AIDS)</li> </ul>	□ Seat belt	□ Self-breast exam
□ Skin cancer prevention	Safety helmet	□ Breastfeeding
<ul> <li>Smoking/vaping use/exposure</li> </ul>	□ ASA use	<ul> <li>Sex education (partner selection)</li> </ul>
Tobacco Cessation	Quit Date:	
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>
Next Appointment		
□ 1 year	RTC PRN	□ Other:

#### **Documentation Reminders**

Staying Healthy Assessment / IHEBA	□ Vaccines entered in	Problem / Medication
Assessment / InebA	CAIR (manufacturer,	Lists updated
forms reviewed,	lot #, VIS publication	
completed, dated, &	dates, etc.)	
signed by provider		

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

21 to 39 Years Old Female - Page 2 of 2

Comprehensive He 21 to 39 Years: Male	Actual Age:	Date:
Medical Record #		Date.
Primary Language Interpreter		
Requested		□ Refused
Name of Interpreter		
Intake		Vital Signs
Allergies		Temp
Height		BP
Weight		Pulse
BMI Value		Resp
Pain	Location: Scale: 0 1 2 3 4	5 6 7 8 9 10
Dental Provider		Last visit date:
Advance Directive Info given/discussed	□ Yes □ Refused	
Chronic Problems/Sign	ificant Conditions:	ee Problem List
Current Medications/Vi		List
		List
Limitations (physical or		calorie
Limitations (physical or Interval History	<sup>-</sup> mental): □ Regular □ Low	calorie
Limitations (physical or Interval History Diet / Nutrition	r mental):	calorie
Limitations (physical or Interval History Diet / Nutrition Appetite	mental):  Regular □ Low Iron-rich foods □ Othe Good □ Fair Inactive (little or none)	calorie □ ADA er: □ Poor k w/ 2 days strength training)
Limitations (physical or Interval History Diet / Nutrition Appetite Physical Activity	mental):	calorie
Limitations (physical or Interval History Diet / Nutrition Appetite Physical Activity Weight 🗆 Loss 🗆 Gain	r mental): □ Regular □ Low □ Iron-rich foods □ Othe □ Good □ Fair □ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 2 ½ hrs per weet) □ Los □ Intenti	calorie
Limitations (physical or Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually Active	r mental): □ Regular □ Low □ Iron-rich foods □ Othe □ Good □ Fair □ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 2 ½ hrs per wee Ibs □ Intenti □ Yes □ No □ Multip	calorie
Limitations (physical or Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually Active Contraceptive Used Current Alcohol /	mental):     Regular □ Low     Iron-rich foods □ Othe     Good □ Fair     Inactive (little or none)     Some (< 2 ½ hrs/week)     Active (≥ 2 ½ hrs per wee     lbs □ Intenti     Yes □ No □ Multip     None □ Condoms     None     IV Drugs (or past	calorie
Limitations (physical or Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually Active Contraceptive Used Current Alcohol / Substance use	mental):     Regular □ Low     Iron-rich foods □ Othe     Good □ Fair     Inactive (little or none)     Some (< 2 ½ hrs/week)     Active (≥ 2 ½ hrs per wee     lbs □ Intenti     Yes □ No □ Multip     None □ Condoms	calorie
Limitations (physical or Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually Active Contraceptive Used Current Alcohol / Substance use □ Drugs (specify):	mental):     Regular □ Low     Iron-rich foods □ Othe     Good □ Fair     Inactive (little or none)     Some (< 2 ½ hrs/week)     Active (≥ 2 ½ hrs per wee     lbs □ Intenti     Yes □ No □ Multip     None □ Condoms     None     IV Drugs (or past     Hx)	calorie

Name:		DOB:	
Immunization	□ None	□ Tdap:	
History / Date	□ See <u>CAIR</u>		
COVID #1:     COVID #2:	□ Influenza:	□ Varicella:	
□ COVID Booster(s):	D MMR:	□ Zoster:	
□ Hepatitis B:	Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Depression	□ <u>PHQ2,</u> □ <u>PHQ9,</u> □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Hepatitis C	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develope No abuse/neglect evident	ed	
Head	No lesions		
Eyes	PERRLA, conjunctivae & s Vision grossly normal	sclerae clear	
Ears	Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pink,	no lesions	
Teeth	No visible cavities, grossly	normal	
Mouth / Pharynx	Oral mucosa pink, no lesio	ons	
Neck	Supple, no masses, thyroid not enlarged		
Chest	Symmetrical, no masses		
Heart	No organic murmurs, regu	lar rhythm	
Lungs	Clear to auscultation bilate	erally	
Abdomen	Soft, no masses, liver & sp	oleen normal	
Genitalia	Grossly normal Circ / uncircumcised, teste	e in scrotum	
Male	Prostate Exam / Rectal		
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Lymph nodes	Not enlarged		

Back	No scoliosis	
Skin	Clear, no significant lesior	ns 🗆
Neurologic	Alert, no gross sensory or	motor deficit
Subjective / Objective	)	
Assessment		
Diam		
Plan		
Referrals		
Referrals □ Dentist	□ Optometrist /	Dietician / Nutritionist
□ Dentist	Ophthalmologist	
□ Dentist		Dietician / Nutritionist     Tobacco cessation class
Dentist     Drug / ETOH Tx rehab	Ophthalmologist	
Dentist Drug / ETOH Tx rehab Other:	Ophthalmologist	
Referrals  Dentist  Drug / ETOH Tx rehab  Other:  Orders  COVID 19 vaccine /	Ophthalmologist	
Dentist Drug / ETOH Tx rehab Other: Orders COVID 19 vaccine / booster	Ophthalmologist  Behavioral health  Tdap	Tobacco cessation class     CBC / Basic metabolic     panel
Dentist Drug / ETOH Tx rehab Other: Corders COVID 19 vaccine / booster Hep B vaccine (if not up	Ophthalmologist  Dehavioral health  Totap  Varicella (if not up to	Tobacco cessation class     CBC / Basic metabolic     panel     Hct / Hgb
Dentist Drug / ETOH Tx rehab Other: Orders COVID 19 vaccine / booster Hep B vaccine (if not up to date)	Ophthalmologist  Behavioral health  Tdap	Tobacco cessation class     CBC / Basic metabolic     panel
Dentist Drug / ETOH Tx rehab Other: Cother: COVID 19 vaccine / booster Hep B vaccine (if not up to date) HPV vaccine (if not up to date)	Ophthalmologist  Dehavioral health  Tdap  Varicella (if not up to date)  Hep B Panel (if at risk)	<ul> <li>Tobacco cessation class</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderate dose statin</li> </ul>
Dentist Drug / ETOH Tx rehab Other: Cother: COVID 19 vaccine / booster Hep B vaccine (if not up to date) HPV vaccine (if not up to date)	Ophthalmologist  Dehavioral health  Tdap  Varicella (if not up to date)  Hep B Panel (if at	Tobacco cessation class      CBC / Basic metabolic     panel      Hct / Hgb      Lipid panel      Low to moderate dose     statin      PPD skin test
Dentist  Drug / ETOH Tx rehab  Other:  Orders  COVID 19 vaccine / booster  Hep B vaccine (if not up to date)  Influenza vaccine	Ophthalmologist  Dehtaimologist Behavioral health  Tdap  Varicella (if not up to date) Hep B Panel (if at risk) Hep C Antibody test	Tobacco cessation class     Tobacco cessation class     CBC / Basic metabolic     panel     Hct / Hgb     Lipid panel     Low to moderate dose     statin     PPD skin test     QFT
Dentist  Drug / ETOH Tx rehab  Other:  Orders  COVID 19 vaccine / booster  Hep B vaccine (if not up to date) HPV vaccine (if not up	Ophthalmologist  Dehavioral health  Tdap  Varicella (if not up to date)  Hep B Panel (if at risk)	Tobacco cessation class      CBC / Basic metabolic     panel      Hct / Hgb      Lipid panel      Low to moderate dose     statin      PPD skin test
<ul> <li>Dentist</li> <li>Drug / ETOH Tx rehab</li> <li>Other:</li> </ul> Orders <ul> <li>COVID 19 vaccine / booster</li> <li>Hep B vaccine (if not up to date)</li> <li>HPV vaccine (if not up to date)</li> <li>Influenza vaccine</li> </ul>	Ophthalmologist Behavioral health Tdap Tdap Varicella (if not up to date) Hep B Panel (if at risk) Hep C Antibody test Chlamydia Gonorrhea HIV	Tobacco cessation class      CBC / Basic metabolic     panel      Hct / Hgb      Lipid panel      Low to moderate dose     statin      PPD skin test      QFT      CXR
Dentist Drug / ETOH Tx rehab Other: Cother: COVID 19 vaccine / booster Hep B vaccine (if not up to date) HPV vaccine (if not up to date) Influenza vaccine (if not up to date) MMR (if not up to date) MMR (if not up to date)	Ophthalmologist  Dehtaimologist  Behavioral health  Tdap  Varicella (if not up to date)  Hep B Panel (if at risk)  Hep C Antibody test Chlamydia Gonorrhea HIV Herpes	<ul> <li>Tobacco cessation class</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderate dose statin</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> </ul>
Dentist Drug / ETOH Tx rehab Other: Orders COVID 19 vaccine / booster Hep B vaccine (if not up to date) HPV vaccine (if not up to date) Influenza vaccine (if not up to date)	Ophthalmologist Behavioral health Tdap Tdap Varicella (if not up to date) Hep B Panel (if at risk) Hep C Antibody test Chlamydia Gonorrhea HIV	<ul> <li>Tobacco cessation class</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>Low to moderate dose statin</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> </ul>

#### Name:

DOB:

Anticipatory Guidance (AG) / Education ( $\sqrt{i}$ f discussed)		
Diet, Nutrition & Exer	cise	
□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Whole grains / iron-rich foods	□ Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream
<ul> <li>Physical activity / exercise</li> </ul>	□ Healthy food choices	□ Eating disorder
Accident Prevention	& Guidance	
<ul> <li>Alcohol/drug/substance misuse counseling</li> </ul>	<ul> <li>Avoid risk-taking behavior</li> </ul>	
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	□ Gun safety	Personal development
<ul> <li>Mental health (emotional support)</li> </ul>	□ Violent behavior	□ Goals in life
Diabetes Management	<ul> <li>Motor vehicle safety (DUI / no texting &amp; driving)</li> </ul>	□ Academic or work plans
<ul> <li>Safe sex practices (condoms, contraception, HIV/AIDS)</li> </ul>	□ Seat belt	□ Family support, social interaction & communication
□ Skin cancer prevention	□ Safety helmet	□ Testicular self-exam
<ul> <li>Smoking/vaping use/exposure</li> </ul>	□ Routine dental care	Sex education (partner selection
Tobacco Cessation	Quit Date:	
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>
Next Appointment		
□ 1 year	RTC PRN	□ Other:

Documentation Reminders		
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)</li> </ul>	Problem/Medication Lists updated

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

21 to 39 Years Old Male - Page 2 of 2

Comprehensive He	alth Assessmen	t
40 to 49 Years: Female	Actual Age:	Date:
Medical Record #		
Primary Language		
Interpreter Requested	□ Yes □ No Interpreter Name:	□ Refused
Intake		Vital Signs
Allergies		Temp
Height		BP
Weight		Pulse
BMI Value		Resp
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Dental Provider		Last visit date:
Advance Directive Info Given/Discussed	□ Yes □ Refuse	ed
Chronic Problems/Sign	ificant Conditions:	See Problem List
Limitations (physical or	mental):	
Interval History	mentaly.	
-	□ Regular □ L	.ow calorie
Diet / Nutrition	-	Other:
Appetite		Fair 🗆 Poor
Physical Activity	<ul> <li>□ Inactive (little or none)</li> <li>□ Some (&lt; 2 ½ hrs/week</li> <li>□ Active (&gt; 2 ½ hrs per v</li> </ul>	
Weight 🗆 Loss 🗆 Gain	lbs	□ Intentional □ Unintentional
LMP:	G P A	<ul> <li>□ Menorrhagia</li> <li>□ Menopause</li> </ul>
Hysterectomy	🗆 Partial 🛛 Total	
Sexually active	🗆 Yes 🗆 No	□ Multiple Partners
Contraceptive Used	None     Condon	ns 🗆 Other:
Last PAP	Date:	□ WNL
Last Mammogram	Date:	U WNL
Last Colonoscopy	Date:	U WNL
Current Alcohol / Substance Use	□ None	□ Alcohol
□ Drugs (specify):	□ IV Drugs (or past Hx)	<ul> <li>Tobacco / Vape</li> <li>Packs/day:</li> </ul>
Family History	□ None	□ Diabetes
□ Heart disease	□ HTN	□ Hip fracture
□ High cholesterol	Cancer	□ Other:

Name:		DOB	
Immunization History / Date		□ Tdap:	
	□ See <u>CAIR</u> □ Influenza:	□ Varicella:	
COVID Booster(s):	D MMR:	□ Zoster:	
□ Hepatitis B:	Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Breast Cancer	□ H&P, □ Other:		
Cervical Cancer	□ H&P, □ Other:		
Colorectal Cancer	□ H&P, □ Other:		
Depression	□ <u>PHQ2</u> , □ <u>PHQ9,</u> □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Hepatitis C	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Intimate Partner Violence	□ <u>HARK</u> , □ <u>HITS,</u> □ H&P, □ Other:		
Obesity	□ H&P, □ Other: □		
Osteoporosis	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Screener,</u> □ H&P, □ Other:		
Physical Examination			WNL
General appearance	Well-nourished & devel No abuse/neglect evide		
Head	No lesions	0	
Eyes	PERRLA, conjunctivae Vision grossly normal		
Ears	Canals clear, TMs norn Hearing grossly normal		
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities, grossly normal		
Mouth / Pharynx	Oral mucosa pink, no le		
Neck	Supple, no masses, thy enlarged	vroid not	
Chest / Breast	Symmetrical, no masse	es	
Heart	No organic murmurs, re	egular rhythm	
	Clear to auscultation bilaterally		
Lungs	Clear to auscultation bi	laterally	

Genitalia	Grossly normal		
Female	No lesions, normal exte appearance	ernal	
Vaginal exam	Done or completed els OB/GYN name:	ewhere	
Femoral pulses	Present & equal		
Extremities	No deformities, full RO	M	
Lymph nodes	Not enlarged		
Back	-		
	No scoliosis		
Skin	Clear, no significant les		
Neurologic	Alert, no gross sensory	or motor deficit	
Subjective / Objective	9		
Assessment			
Assessment			
Plan			
Plan			
Plan			
	Optometrist /	Dietician / Nutr	itionist
Referrals □ Dentist	Ophthalmologist		
Referrals		Dietician / Nutr     Tobacco cessa	
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN	Ophthalmologist		
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN	Ophthalmologist		
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN	Ophthalmologist      Behavioral health      Other:      Hep B Panel (if		ation class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not	Ophthalmologist Behavioral health Other: Hep B Panel (if high risk) Hep C Antibody	Tobacco cessa     CBC / Basic m	ation class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster	Ophthalmologist Behavioral health Other: Hep B Panel (if high risk)	Tobacco cessa     CBC / Basic m     panel	ation class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia	CBC / Basic m panel CBC / Hgb Lipid panel PPD skin test	ation class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea	Tobacco cessa     CBC / Basic m     panel     Hct / Hgb     Lipid panel	ation class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV	Tobacco cessa     CBC / Basic m     panel     Hct / Hgb     Lipid panel     PPD skin test     QFT     CXR	ation class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes	<ul> <li>Tobacco cessa</li> <li>CBC / Basic m panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> </ul>	ation class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal (if high	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes Syphilis	Tobacco cessa     CBC / Basic m     panel     Hct / Hgb     Lipid panel     PPD skin test     QFT     CXR     Urinalysis     ECG	ation class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes	<ul> <li>Tobacco cessa</li> <li>CBC / Basic m panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> </ul>	etabolic
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal (if high	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes Syphilis Trichomonas Rx for folic acid	<ul> <li>Tobacco cessa</li> <li>CBC / Basic m panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fasting plasma</li> </ul>	etabolic
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal (if high risk)         Tdap	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes Syphilis Trichomonas Rx for folic acid 0.4-0.8mg daily	<ul> <li>Tobacco cessa</li> <li>CBC / Basic m panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fasting plasma</li> <li>Oral glucose to</li> </ul>	etabolic
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal (if high risk)         Tdap         Varicella (if not up to	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes Syphilis Trichomonas Rx for folic acid 0.4-0.8mg daily gFOBT or Fit	CBC / Basic m panel CBC / Basic m panel CLipid panel PPD skin test QFT CXR Urinalysis ECG COVID 19 test Fasting plasma Oral glucose to HbA1C	etabolic etabolic
Referrals  Dentist Durug / ETOH Tx rehab OB/GYN Orders COVID 19 vaccine / booster Dentist Hep B vaccine (if not up to date) Influenza vaccine MMR (if not up to date) Influenza vaccine Varicella (if not up to date) Varicella (if not up to date)	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes Syphilis Trichomonas Rx for folic acid 0.4-0.8mg daily GFOBT or Fit Colonoscopy	Tobacco cessa      CBC / Basic m     panel      Hct / Hgb      Lipid panel      PPD skin test      QFT      CXR      Urinalysis      ECG      COVID 19 test      Fasting plasma      Oral glucose to      HbA1C      Low to modera	etabolic etabolic a glucose olerance tes te dose stat
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal (if high risk)         Tdap         Varicella (if not up to	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV Herpes Syphilis Trichomonas Rx for folic acid 0.4-0.8mg daily gFOBT or Fit	CBC / Basic m panel CBC / Basic m panel CLipid panel PPD skin test QFT CXR Urinalysis ECG COVID 19 test Fasting plasma Oral glucose to HbA1C	etabolic etabolic a glucose olerance tes te dose stat

#### Name:

Anticipatory Guidance (AG) / Education ( $\sqrt{if discussed}$ )			
Diet, Nutrition & Exercise			
□ Weight control / obesity	Vegetables, fruits	□ Lean protein	
Whole grains / iron-rich foods	□ Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream	
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Healthy food choices</li> </ul>	□ Eating disorder	
Accident Prevention 8	Guidance		
Alcohol/drug/substance misuse counseling	<ul> <li>Avoid risk-taking behavior</li> </ul>		
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	□ Gun safety	Personal development	
<ul> <li>Mental health (emotional support)</li> </ul>	□ Violent behavior	□ Goals in life	
□ Diabetes management	<ul> <li>Mindful of daily movements</li> </ul>	□ Work activities	
<ul> <li>Intimate partner violence</li> </ul>	<ul> <li>Motor vehicle safety (DUI / no texting &amp; driving)</li> </ul>	<ul> <li>Family support, social interaction &amp; communication</li> </ul>	
<ul> <li>Sex education (partner selection)</li> </ul>	□ Seat belt	Self-breast exam	
□ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Safety helmet	□ Aging process	
Smoking/vaping use/exposure	<ul> <li>Routine dental care</li> </ul>	□ Perimenopause education	
Tobacco Cessation	Quit Date:		
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>	
Next Appointment			
□ 1 year	□ RTC PRN	□ Other:	

# Documentation Reminders Staying Healthy Vaccines entered in Assessment / IHEBA CAIR (manufacturer, forms reviewed, Iot #, VIS publication completed, dated, & dates, etc.)

signed by provider

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

40 to 49 Years Old Female - Page 2 of 2

Comprehensive Healt			
40 to 49 Years: Male	Actual Age:	Date:	
Medical Record #			
Primary Language			
Interpreter Requested	□ Yes □ No	□ Refused	
Name of Interpreter			
Intake		Vital Si	gns
Allergies		Temp	
Height		BP	
Weight		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Dental Provider		Last visit date:	
Advance Directive	□ Yes □ Refuse	d	
Chronic Problems/Significa	_I ant Conditions: □ See P	rohlem List	
Limitations (physical or me	ental):		
Limitations (physical or me Interval History			
		w calorie □ Al her:	DA
Interval History	□ Regular □ Lo	her:	
Interval History Diet / Nutrition	□ Regular       □ Lo         □ Iron-rich foods       □ Ot         □ Good       □ Fa         □ Inactive (little or none)       □ Some (< 2 ½ hrs/week)	her: ir □ Po	oor
Interval History       Diet / Nutrition       Appetite       Physical Activity	□ Regular       □ Lo         □ Iron-rich foods       □ Ot         □ Good       □ Fa         □ Inactive (little or none)       □ Some (< 2 ½ hrs/week)	her: ir □ Po	oor th training)
Interval History         Diet / Nutrition         Appetite         Physical Activity         Weight       Loss       Gain		her: ir □ Pe sek w/ 2 days streng tional □ Uninter	oor th training)
Interval History         Diet / Nutrition         Appetite         Physical Activity         Weight       Loss         Sexually active		her: Person Pers	oor th training) ntional
Interval History         Diet / Nutrition         Appetite         Physical Activity         Weight       Loss       Gain		her: Person Pers	oor th training) ntional
Interval History         Diet / Nutrition         Appetite         Physical Activity         Weight       Loss         Sexually active         Contraceptive Used         Last Colonoscopy         Current Alcohol /		her:  Perecent of the perecent	oor th training) ntional
Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use	Regular □ Lo     Iron-rich foods □ Ot     Iron-rich foods □ Ot     Good □ Fa     Inactive (little or none)     Some (< 2 ½ hrs/week)     Active (≥ 2 ½ hrs per wi     lbs □ Inten     Yes □ No □ Mult     None □ Condoms     Date:     None	her: ir Proventional Uninter iple Partners Other: WNL Alcohol	por th training) ntional MSM
Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify):	□       Regular       □ Lo         □       Iron-rich foods       ○ Ot         □       Good       □ Fa         □       Inactive (little or none)       □         □       Some (< 2 ½ hrs/week)	her: ir	oor th training) ntional MSM
Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History	□       Regular       □ Lo         □       Iron-rich foods       ○ Ot         □       Good       □ Fa         □       Inactive (little or none)       □         □       Some (< 2 ½ hrs/week)	her: ir Provent Prove	oor th training) ntional MSM
Interval History Diet / Nutrition Appetite Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History □ Heart disease	□       Regular       □ Lo         □       Iron-rich foods       ○ Ot         □       Good       □ Fa         □       Inactive (little or none)         □       Some (< 2 ½ hrs/week)	her: ir Proventional Provention Proventin Provention Provention Provention Provention Provention Pro	oor th training) ntional MSM
Interval History Diet / Nutrition Appetite Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History □ Heart disease □ High cholesterol	□       Regular       □ Lo         □       Iron-rich foods       ○ Ot         □       Good       □ Fa         □       Inactive (little or none)       □         □       Some (< 2 ½ hrs/week)	her: ir Provide the set of the s	oor th training) ntional MSM
Interval History Diet / Nutrition Appetite Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History □ Heart disease	□       Regular       □ Lo         □       Iron-rich foods       ○ Ot         □       Good       □ Fa         □       Inactive (little or none)         □       Some (< 2 ½ hrs/week)	her: ir Proventional Provention Proventin Provention Provention Provention Provention Provention Pro	oor th training) ntional MSM
Interval History Diet / Nutrition Appetite Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History □ Heart disease □ High cholesterol Immunization History / Date □ COVID #1:	□       Regular       □ Lo         □       Iron-rich foods       ○ Ot         □       Good       □ Fa         □       Inactive (little or none)       □         □       Some (< 2 ½ hrs/week)	her: ir Provide the set of the s	oor th training) ntional MSM
Interval History Diet / Nutrition Appetite Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History □ Heart disease □ High cholesterol Immunization History / Date	□       Regular       □ Lo         □       Iron-rich foods       ○ Ot         □       Good       □ Fa         □       Inactive (little or none)       □         □       Some (< 2 ½ hrs/week)	her: ir Provesting beek w/ 2 days streng tional Uninter iple Partners Other: WNL Alcohol Diabetes Asthma Other: Tdap:	oor th training) ntional MSM
Interval History Diet / Nutrition Appetite Appetite Physical Activity Weight □Loss □Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □Drugs (specify): Family History □Heart disease □High cholesterol High cholesterol Immunization History / Date □COVID #1: □COVID #1: □COVID #2:	□       Regular       □ Lo         □       Iron-rich foods       ○ Ot         □       Good       □ Fa         □       Inactive (little or none)       □         □       Some (< 2 ½ hrs/week)	her: ir Proventional Proventional Proventional Proventional Proventional Provention of the provention	oor th training) ntional MSM

Name:		DOB:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
Colorectal Cancer	□ H&P, □ Other:		
Depression	□ <u>PHQ2,</u> □ <u>PHQ9,</u> □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Hepatitis C	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ H&P, □ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect evident		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal	sclerae clear	
Ears	Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pink,	no lesions	
Teeth	No visible cavities, grossly	y normal	
Mouth / Pharynx	Oral mucosa pink, no lesi		
Neck	Supple, no masses, thyro enlarged	id not	
Chest	Symmetrical, no masses		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bilate	erally	
Abdomen	Soft, no masses, liver & s normal	pleen	
Genitalia	Grossly normal		
Male	Circ/uncircumcised, testes Prostate Exam / Rectal	s in scrotum	
Femoral pulses	Present & equal		
Extremities	No deformities, full ROM		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesior	ıs	
Neurologic	Alert, no gross sensory or motor deficit		

omprehensive Health Assessment	Name:		DOE
bjective / Objective	Anticipatory Guidan	ce (AG) / Education ( $\checkmark$ if di	scussed)
	Diet, Nutrition & Exe	rcise	
	Weight control / obesity	□ Vegetables, fruits	🗆 Lea
	Whole grains / iron-rich	foods  Limit fatty, sugary & salty foods	□ Lim ice
	Physical activity / exerci	se	□ Ea
	Accident Prevention	& Guidance	
ent	Alcohol/drug/substance misuse counseling	Avoid risk-taking behavior	□ Ind
	□ Signs of depression (suicidal ideation)	□ Gun safety	□ Pe dev
	□ Mental health (emotiona support)	I Diolent behavior	□ Go
	Diabetes management	Mindful of daily movements	□ Wo
	□ Sex education (partner	Motor vehicle safety	□ Fa

Dietician / Nutritionist

 $\hfill\square$  Tobacco cessation class

Accident Prevention & Guidance				
<ul> <li>Alcohol/drug/substance misuse counseling</li> </ul>	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence		
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	□ Gun safety	<ul> <li>Personal development</li> </ul>		
<ul> <li>Mental health (emotional support)</li> </ul>	□ Violent behavior	□ Goals in life		
Diabetes management	<ul> <li>Mindful of daily movements</li> </ul>	□ Work activities		
<ul> <li>Sex education (partner selection)</li> </ul>	<ul> <li>Motor vehicle safety (DUI / no texting &amp; driving)</li> </ul>	<ul> <li>Family support, social interaction &amp; communication</li> </ul>		
<ul> <li>Safe sex practices (condoms, contraception, HIV/AIDS)</li> </ul>	□ Seat belt	□ Testicular self-exam		
<ul> <li>Smoking/vaping use/exposure</li> </ul>	□ Safety helmet	□ Routine dental care		
Tobacco Cessation	Quit Date:			
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>		
Next Appointment				
□ 1 year	RTC PRN	□ Other:		

Documentation Reminders	5	
Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<ul> <li>Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)</li> </ul>	<ul> <li>Problem / Medication</li> <li>Lists updated</li> </ul>

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

COVID 19 vaccine / booster	□ Hep B Panel (if high risk)	<ul> <li>CBC / Basic metabolic panel</li> </ul>	
<ul> <li>Hep B vaccine (if not up to date)</li> </ul>	<ul> <li>Hep C Antibody test (if high risk)</li> </ul>	□ Hct / Hgb □ Lipid panel	] [
Influenza vaccine	□ Chlamydia □ Gonorrhea	Low to moderate dose statin	Notes
□ MMR (if not up to date)	□ HIV □ Herpes	□ PPD skin test □ QFT	]
Pneumococcal vaccine	□ Syphilis □ Trichomonas	□ CXR □ Urinalysis	1
🗆 Tdap	□ gFOBT or Fit □ Colonoscopy	COVID 19 test	
□ Varicella (if not up to date)	□ HbA1C	<ul> <li>Fasting plasma glucose</li> </ul>	]
□ Zoster	D PSA	<ul> <li>Oral glucose tolerance test</li> </ul>	<b>         </b>
□ Other:			

 $\hfill\square$  Optometrist / Ophthalmologist

Behavioral health

Plan

Referrals

□ Dentist

□ Other:

Orders

Drug / ETOH Tx rehab

(include date, time, signature, and title on all entries)

Lean protein

ice cream  $\hfill\square$  Eating disorder

 $\hfill\square$  Limit candy, chips &

Comprehensive He	alth Assessmen	t	
50+ Years: Female	Actual Age:	Date:	
Medical Record #			
Primary Language			
Interpreter Requested	□ Yes □ No	□ Refused	
Name of Interpreter			
Intake		Vital S	Signs
Allergies		Temp	
Height		BP	
Weight		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Dental Provider		Last visit date:	
Advance Directive Info Given/Discussed	□ Yes □ Refuse	ed	
Chronic Problems/Sign	I ificant Conditions: □	See Problem List	
Current Medications/Vit			
Limitations (physical or	mental):		
Interval History			
Diet / Nutrition	□ Regular □ L □ Iron-rich foods □ C		ADA
Appetite		<sup>=</sup> air □	Poor
Physical Activity	<ul> <li>□ Inactive (little or none)</li> <li>□ Some (&lt; 2 ½ hrs/week</li> <li>□ Active (≥ 2 ½ hrs per v</li> </ul>		
Weight □ Loss □ Gain		/eek w/ 2 davs strend	oth training)
	lbs	veek w/ 2 days streng □ Intentional □	
LMP:	G P A		
LMP: Hysterectomy		□ Intentional □ □ Menorrhagia	
	G P A	□ Intentional □ □ Menorrhagia	Unintentional
Hysterectomy	G P A	Intentional Menorrhagia Menopause Multiple Part	Unintentional
Hysterectomy Sexually active	G P A Partial □ Total Yes □ No	Intentional Menorrhagia Menopause Multiple Part	Unintentional
Hysterectomy Sexually active Contraceptive Used	G P A Partial □ Total Yes □ No None □ Condoms	Intentional Menorrhagia Menopause Multiple Part Conter:	Unintentional
Hysterectomy Sexually active Contraceptive Used Last PAP	G P A Partial □ Total Yes □ No None □ Condoms Date:	Intentional Menorrhagia Menopause Multiple Part GOther: WNL	Unintentional
Hysterectomy Sexually active Contraceptive Used Last PAP Last Mammogram	G P A Partial □ Total Yes □ No None □ Condoms Date: Date:	Intentional Menorrhagia Menopause Multiple Part COther: WNL WNL WNL	Unintentional
Hysterectomy Sexually active Contraceptive Used Last PAP Last Mammogram Last Colonoscopy <b>Current Alcohol</b> /	G P A Partial □ Total Yes □ No None □ Condoms Date: Date: Date: I None □ IV Drugs (or past	Intentional Inten	I Unintentional
Hysterectomy Sexually active Contraceptive Used Last PAP Last Mammogram Last Colonoscopy Current Alcohol / Substance Use	G P A Partial □ Total Yes □ No None □ Condoms Date: Date: Date: None	Intentional Menorrhagia Menopause Multiple Part COther: WNL WNL WNL Alcohol	I Unintentional
Hysterectomy Sexually active Contraceptive Used Last PAP Last Mammogram Last Colonoscopy Current Alcohol / Substance Use	G P A Partial □ Total Yes □ No None □ Condoms Date: Date: Date: IV Drugs (or past Hx)	Intentional Menorrhagia Menopause Multiple Part COther: WNL WNL WNL Alcohol Tobacco / Va Packs/day:	I Unintentional

Name:		DOB	:
Immunization		🗆 Tdap:	
History / Date	□ See <u>CAIR</u> □ Influenza:	□ Varicella:	
□ COVID #1:			
COVID Booster(s):	D MMR:	□ Zoster:	
□ Hepatitis B:	□ Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Breast Cancer	□ H&P, □ Other:		
Cervical Cancer	□ H&P, □ Other:		
Colorectal Cancer	□ H&P, □ Other:		
Depression	□ <u>PHQ2</u> , □ <u>PHQ9</u> , □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ H&P, □ Other:		
Hepatitis C	□ H&P, □ Other:		
HIV	□ <u>SHA</u> , □ H&P, □ Other:		
Lung Cancer	□ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Osteoporosis	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Screener,</u> □ H&P, □ Other:		
Physical Examination			WNL
General appearance	Well-nourished & devel No abuse/neglect evide		
Head	No lesions		
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal		
Ears	Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities, grossly normal		
Mouth / Pharynx	Oral mucosa pink, no le		
Neck	Supple, no masses, thy enlarged	roid not	
Chest / Breast	Symmetrical, no masse	S	
Heart	No organic murmurs, re	egular rhythm	
	Clear to auscultation bilaterally		
Lungs	Clear to auscultation bi	laterally	

Genitalia	Grossly normal	
Female	No lesions, normal exte appearance	ernal
Vaginal exam	Done or completed else OB/GYN name:	ewhere
Femoral pulses	Present & equal	
Extremities	No deformities, full RO	M 🗆
Lymph nodes	Not enlarged	
Back	No scoliosis	
Skin	Clear, no significant les	sions
Neurologic	Alert, no gross sensory	or motor deficit
Subjective / Objective	9	
Assessment		
Accountent		
		_
Dian		
Plan		
Plan		
Plan		
	Optometrist /     Opthalmologist	Dietician / Nutritionist
Referrals		Dietician / Nutritionist     Tobacco cessation class
Referrals	Ophthalmologist	
Referrals  Dentist Drug / ETOH Tx rehab	Ophthalmologist	
Referrals  Dentist Drug / ETOH Tx rehab OB/GYN Orders COVID 19 vaccine /	Ophthalmologist Behavioral health Other: Hep B Panel (if	Tobacco cessation class
Referrals  Dentist  Drug / ETOH Tx rehab  OB/GYN  Orders  COVID 19 vaccine / booster	Ophthalmologist Behavioral health Other: Hep B Panel (if high risk)	Tobacco cessation class
Referrals  Dentist Drug / ETOH Tx rehab OB/GYN Orders COVID 19 vaccine /	Ophthalmologist Behavioral health Other: Hep B Panel (if	Tobacco cessation class      CBC / Basic metabolic     panel     Hct / Hgb
Referrals  Dentist Drug / ETOH Tx rehab OB/GYN Orders COVID 19 vaccine / booster Hep B vaccine (if not	Ophthalmologist Behavioral health Other: Hep B Panel (if high risk) Hep C Antibody	Tobacco cessation class
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine	Ophthalmologist  Dehavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea	Tobacco cessation class      CBC / Basic metabolic     panel     Hct / Hgb     Lipid panel     PPD skin test     QFT
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)	Ophthalmologist  Behavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV	Tobacco cessation class      CBC / Basic metabolic     panel      Hct / Hgb      Lipid panel      PPD skin test      QFT      CXR
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)	Ophthalmologist     Ophthalmologist     Behavioral health     Other:     Hep B Panel (if     high risk)     Hep C Antibody     test (if high risk)     Chlamydia     Gonorrhea     HIV     Herpes	Tobacco cessation class      CBC / Basic metabolic     panel      Hct / Hgb      Lipid panel      PPD skin test      QFT      CXR      Urinalysis
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine	Ophthalmologist  Behavioral health  Other:  Hep B Panel (if high risk)  Hep C Antibody test (if high risk)  Chlamydia Gonorrhea HIV	Tobacco cessation class      CBC / Basic metabolic     panel      Hct / Hgb      Lipid panel      PPD skin test      QFT      CXR
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)	Ophthalmologist     Ophthalmologist     Behavioral health     Other:     Other:     Hep B Panel (if     high risk)     Hep C Antibody     test (if high risk)     Chlamydia     Gonorrhea     HIV     Herpes     Syphilis     Trichomonas     Rx for folic acid	<ul> <li>Tobacco cessation class</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fasting plasma glucose</li> </ul>
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal         Tdap	Ophthalmologist     Ophthalmologist     Behavioral health     Other:     Other:     Hep B Panel (if     high risk)     Hep C Antibody     test (if high risk)     Chlamydia     Gonorrhea     HIV     Herpes     Syphilis     Trichomonas	<ul> <li>Tobacco cessation class</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> </ul>
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal	Ophthalmologist         Behavioral health         Other:         Hep B Panel (if high risk)         Hep C Antibody test (if high risk)         Chlamydia         Gonorrhea         HIV         Herpes         Syphilis         Trichomonas         Rx for folic acid 0.4-0.8mg daily	<ul> <li>Tobacco cessation class</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fasting plasma glucose</li> <li>Oral glucose tolerance test</li> </ul>
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal         Tdap         Varicella (if not up to	Ophthalmologist         Behavioral health         Other:         Hep B Panel (if high risk)         Hep C Antibody test (if high risk)         Chlamydia         Gonorrhea         HIV         Herpes         Syphilis         Trichomonas         Rx for folic acid 0.4-0.8mg daily         gFOBT or Fit	<ul> <li>Tobacco cessation class</li> <li>CBC / Basic metabolic panel</li> <li>Hct / Hgb</li> <li>Lipid panel</li> <li>PPD skin test</li> <li>QFT</li> <li>CXR</li> <li>Urinalysis</li> <li>ECG</li> <li>COVID 19 test</li> <li>Fasting plasma glucose</li> <li>Oral glucose tolerance test</li> <li>HbA1C</li> <li>Low to moderate dose stat</li> <li>Low Dose CT (20-pack year</li> </ul>
Referrals         Dentist         Drug / ETOH Tx rehab         OB/GYN         Orders         COVID 19 vaccine / booster         Hep B vaccine (if not up to date)         Influenza vaccine         MMR (if not up to date)         Pneumococcal         Tdap         Varicella (if not up to date)	Ophthalmologist         Behavioral health         Other:         Hep B Panel (if high risk)         Hep C Antibody test (if high risk)         Chlamydia         Gonorrhea         HIV         Herpes         Syphilis         Trichomonas         Rx for folic acid 0.4-0.8mg daily         gFOBT or Fit         Colonoscopy	

#### Name:

#### DOB:

Anticipatory Guidance (AG) / Education ( $$ if discussed)					
Diet, Nutrition & Exercise					
□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein			
Whole grains / iron-rich foods	□ Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream			
<ul> <li>Physical activity / exercise</li> </ul>	<ul> <li>Healthy food choices</li> </ul>	□ Eating disorder			
Accident Prevention &	Guidance				
<ul> <li>Alcohol/drug/substance misuse counseling</li> </ul>	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence			
<ul> <li>Signs of depression (suicidal ideation)</li> </ul>	□ Gun safety	Personal development			
<ul> <li>Mental health (emotional support)</li> </ul>	□ Violent behavior	□ Goals in life			
□ Diabetes management	<ul> <li>Mindful of daily movements</li> </ul>	□ Work or retirement activities			
<ul> <li>Sex education (partner selection)</li> </ul>	<ul> <li>Motor vehicle safety (DUI / no texting &amp; driving)</li> </ul>	<ul> <li>Family support, social interaction &amp; communication</li> </ul>			
□ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt	□ Self-breast exam			
<ul> <li>Smoking/vaping use/exposure</li> </ul>	□ Safety helmet	□ Aging process			
□ Routine dental care	□ ASA use	□ Perimenopause education			
Tobacco Cessation Quit Date:					
□ Advised to quit smoking	<ul> <li>Discuss smoking cessation medication</li> </ul>	<ul> <li>Discuss smoking cessation strategies</li> </ul>			
Next Appointment					
□ 1 year	□ RTC PRN	□ Other:			

#### **Documentation Reminders**

□ Staying Healthy Assessment / IHEBA forms reviewed,	Vaccines entered in CAIR (manufacturer, lot #, VIS publication	Lists updated
completed, dated, & signed by provider	dates, etc.)	

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

Comprehensive Health 50+ Years: Male	Actual Age:	Date:	
Medical Record #	Actual Age.	Date.	
Primary Language	Vee Ne	Defined	
Interpreter Requested	□ Yes □ No	□ Refused	
Name of Interpreter			
Intake		Vital S	Signs
Allergies		Temp	
Height		BP	
Weight		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3	45678	3 9 10
Dental Provider		Last visit dat	e:
Advance Directive Info Given/Discussed	□ Yes □ Refused	ł	
Chronic Problems/Significa	Int Conditions: 🗆 See Pr	oblem List	
Current Medications/Vitami	ns: □ See Medication List		
Current Medications/Vitami Limitations (physical or me			
Limitations (physical or me	ntal):		] ADA
Limitations (physical or me Interval History	ntal):	her:	□ ADA
Limitations (physical or mer Interval History Diet / Nutrition	ntal):  Regular □ Lo Iron-rich foods □ Ot Good □ Fa Inactive (little or none) Some (< 2 ½ hrs/week)	her: ir ⊏	] Poor
Limitations (physical or me Interval History Diet / Nutrition Appetite	ntal):  Regular □ Lo Iron-rich foods □ Ot Good □ Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per week)	her: ir ⊏	Poor
Limitations (physical or mer Interval History Diet / Nutrition Appetite Physical Activity	ntal):  Regular □ Lo Iron-rich foods □ Ot Good □ Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per week)	her: ir ⊏ ek w/ 2 days stren tional □ Unin	Poor
Limitations (physical or mer Interval History Diet / Nutrition Appetite Physical Activity Weight 🗆 Loss 🗆 Gain	ntal):   Regular □ Lo  Iron-rich foods □ Ot  Good □ Fa  Inactive (little or none)  Some (< 2 ½ hrs/week)  Active (≥ 2 ½ hrs per we  L lbs □ Inten	her: ir ⊏ ek w/ 2 days stren tional □ Unin	Poor ngth training) tentional
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active	ntal):   Regular □ Lo  Iron-rich foods □ Ot  Good □ Fa  Inactive (little or none)  Some (< 2 ½ hrs/week)  Active (≥ 2 ½ hrs/week)  Locative (≥ 2 ½ hrs per week)  Ves □ No □ Multiple	her: ir □ <u>ek w/ 2 days strer</u> tional □ Unin ple Partners □	Poor ngth training) tentional
Limitations (physical or mean Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol /	ntal):   Regular □ Lo I Iron-rich foods □ Ot Good □ Fa I Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per we L Ibs □ Inten Yes □ No □ Multi None □ Condoms	her: ir □ ek w/ 2 days stren tional □ Unin ple Partners □ □ Other:	Poor ngth training) tentional
Limitations (physical or mer Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy	ntal):      Regular □ Lo     Iron-rich foods □ Ot     Good □ Fa     Inactive (little or none)     Some (< 2 ½ hrs/week)     Active (≥ 2 ½ hrs per we     Ibs □ Inten     Yes □ No □ Multi     None □ Condoms     Date:	her: ir  ek w/ 2 days stree tional  Unin ple Partners  Other: WNL	□ Poor ngth training) tentional □ MSM
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use	ntal):   Regular □ Lo I Iron-rich foods □ Ot Good □ Fa I Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs/week) Active (≥ 2 ½ hrs per we Ibs □ Inten Yes □ No □ Multit None □ Condoms Date: I None I IV Drugs (or past	her: ir C ek w/ 2 days street tional Unin ple Partners C Other: WNL Alcohol Tobacco /	□ Poor ngth training) tentional □ MSM
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □Loss □Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □Drugs (specify):	ntal):   Regular □ Lo I Iron-rich foods □ Ot Good □ Fa I Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs/week) Active (≥ 2 ½ hrs per we Ibs □ Inten Yes □ No □ Multit None □ Condoms Date: I None I IV Drugs (or past Hx)	her: ir ir ek w/ 2 days strent tional  Unin ple Partners Other: WNL Alcohol Tobacco / Packs/day	□ Poor ngth training) tentional □ MSM
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History	ntal):   Regular □ Lo Iron-rich foods □ Ot Good □ Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs/week) Active (≥ 2 ½ hrs per wee Ibs □ Inten Ves □ No □ Multi None □ Condoms Date: None IV Drugs (or past Hx) Unremarkable	her: ir C ek w/ 2 days street tional Unin ple Partners C Other: WNL Alcohol Tobacco / Packs/day Diabetes	□ Poor ngth training) tentional □ MSM
Limitations (physical or mean Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History □ Heart disease	ntal):   Regular □ Lo Iron-rich foods □ Ot Good □ Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs/week) Los □ Inten Ves □ No □ Multi None □ Condoms Date: None IV Drugs (or past Hx) Unremarkable HTN	her: ir Cays street tional Unin ple Partners C Other: WNL Alcohol Tobacco / Packs/day Diabetes Asthma	□ Poor ngth training) tentional □ MSM
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History □ Heart disease □ High cholesterol Immunization History /	ntal):    Regular □ Lo  Iron-rich foods □ Ot  Good □ Fa  Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs/week) Active (≥ 2 ½ hrs per we  lbs □ Inten  Yes □ No □ Multi None □ Condoms Date: None IV Drugs (or past Hx) Unremarkable HTN Cancer None None None None None None None None	her: ir Cays street tional Unin ple Partners C Other: WNL Alcohol Diabetes Asthma Other:	□ Poor ngth training) tentional □ MSM
Limitations (physical or me Interval History Diet / Nutrition Appetite Physical Activity Weight □ Loss □ Gain Sexually active Contraceptive Used Last Colonoscopy Current Alcohol / Substance Use □ Drugs (specify): Family History □ Heart disease □ High cholesterol High cholesterol Immunization History / Date □ COVID #1:	ntal):   Regular □ Lo Iron-rich foods □ Ot Good □ Fa Good □ Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs/week) Los □ Inten Ves □ No □ Multi None □ Condoms Date: None IV Drugs (or past Hx) Unremarkable HTN Cancer None See CAIR	her: ir Cays street tional Unin ple Partners C Other: WNL Alcohol Tobacco / Packs/dar Diabetes Asthma Other: Tdap:	□ Poor ngth training) tentional □ MSM

	DOB:	
Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
□ H&P, □ Other:		
□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
□ H&P, □ Other:		
□ <u>PHQ2,</u> □ <u>PHQ9,</u> □ Other:		
□ H&P, □ Other:		
□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ Other:		
□ H&P, □ Other:		
□ H&P, □ Other:		
□ H&P, □ Other:		
□ <u>SHA</u> , □ H&P, □ Other:		
□ H&P, □ Other:		
□ H&P, □ Other:		
□ <u>SHA</u> , □ H&P, □ Other:		
□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
□ <u>TB Risk Assessment,</u> □ H&P. □ Other:		
		WNL
•	ed	
No lesions		
	sclerae clear	
Canals clear, TMs normal		
	no lesions	
No visible cavities, grossly normal		
No visible cavities, grossly	normal	
No visible cavities, grossly Oral mucosa pink, no lesio		
Oral mucosa pink, no lesio Supple, no masses, thyroi	ons	
Oral mucosa pink, no lesio	ons	
Oral mucosa pink, no lesic Supple, no masses, thyroi enlarged	ons	
Oral mucosa pink, no lesic Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs,	ons d not	
Oral mucosa pink, no lesic Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs, regular rhythm	ons d not erally	
Oral mucosa pink, no lesic Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs, regular rhythm Clear to auscultation bilate Soft, no masses, liver & sp	ons d not erally	
Oral mucosa pink, no lesic Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs, regular rhythm Clear to auscultation bilate Soft, no masses, liver & s normal	ons d not erally oleen	
Oral mucosa pink, no lesio Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs, regular rhythm Clear to auscultation bilato Soft, no masses, liver & sp normal Grossly normal Circ /uncircumcised, teste	ons d not erally oleen	
Oral mucosa pink, no lesic Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs, regular rhythm Clear to auscultation bilate Soft, no masses, liver & sp normal Grossly normal Circ /uncircumcised, teste Prostate Exam / Rectal	ons d not erally oleen	
Oral mucosa pink, no lesic Supple, no masses, thyroi enlarged Symmetrical, no masses No organic murmurs, regular rhythm Clear to auscultation bilate Soft, no masses, liver & sp normal Grossly normal Circ /uncircumcised, teste Prostate Exam / Rectal Present & equal No deformities,	ons d not erally oleen	
	Used         H&P, Other:         SHA, CRAFFT,         H&P, Other:         <	Screening Tools UsedLow RiskI H&P, I Other:ISHA, I CRAFFT, I H&P, I Other:IH&P, Other:IH&P, Other:IH&P, Other:IH&P, Other:IH&P, Other:IH&P, Other:IH&P, Other:ISHA, I H&P, Other:ISHA, I H&P, Other:ISHA, I H&P, Other:IH&P, Other:IH&P, Other:ISHA, I H&P, Other:ISHA, I OTHER: </td

Skin	Clear, no significant lesio	
Neurologic	Alert, no gross sensory or motor deficit	
Subjective / Objective		
Assessment		
Plan		
Referrals		
Dentist	<ul> <li>Optometrist / Ophthalmologist</li> </ul>	Dietician / Nutritionis
Drug / ETOH Tx rehab	Behavioral health	□ Tobacco cessation
C Other		class
□ Other:		
Orders		
COVID 19 vaccine /	□ Hep B Panel (if high	CBC / Basic
booster	risk)	metabolic panel
<ul> <li>Hep B vaccine (if not up to date)</li> </ul>	<ul> <li>Hep C Antibody test (if high risk)</li> </ul>	□ Hct / Hgb □ Lipid panel
Influenza	Chlamydia	□ Low to moderate
		dose statin
□ MMR (if not up to date)	□ HIV □ Herpes	□ PPD skin test □ QFT
Pneumococcal	Syphilis	
	Trichomonas	□ Urinalysis
□ Tdap	□ gFOBT or Fit	□ ECG □ COVID 19 test
□ Varicella (if not up to date)	Colonoscopy Low Dose CT (20-	Fasting plasma
	pack year smoking	glucose
	history & currently smoke or have quit	<ul> <li>Oral glucose tolerance test</li> </ul>
- 7	within past 15 years)	
Zoster	AAA Ultrasound (65 to 75 who have	□ HbA1C □ PSA
	ever smoked >100 cigarettes in lifetime)	
	cigarettes in litetime)	

#### Name:

Anticipatory Guidance (A	G) / Education ( $$ if dis	cussed)
Diet, Nutrition & Exercise		
□ Weight control / obesity	□ Vegetables, fruits	Lean protein
□ Whole grains / iron-rich foods	Limit fatty, sugary & salty foods	Limit candy, chips & ice cream
□ Physical activity / exercise	Healthy food choices	Eating disorder
Accident Prevention & Gu	idance	
Alcohol/drug/substance misuse counseling	<ul> <li>Avoid risk-taking behavior</li> </ul>	□ Independence
□ Signs of depression (suicidal ideation)	□ Gun safety	Personal development
□ Diabetes management	□ Violent behavior	□ Goals in life
<ul> <li>Sex education (partner selection)</li> </ul>	<ul> <li>Mindful of daily movements</li> </ul>	Work or retirement activities
<ul> <li>Safe sex practices (condoms, contraception, HIV/AIDS)</li> </ul>	<ul> <li>Motor vehicle safety (DUI / no texting &amp; driving)</li> </ul>	<ul> <li>Family support, social interaction &amp; communication</li> </ul>
<ul> <li>Smoking/vaping use/exposure</li> </ul>	□ Seat belt	□ Testicular self-exam
□ Routine dental care	□ Safety helmet	□ Aging process
Tobacco Cessation	Quit Date:	
□ Advised to quit smoking	Discuss smoking cessation medication	<ul> <li>Discuss smoking cessation strategies</li> </ul>
Next Appointment		coocation cautogios
□ 1 year	RTC PRN	□ Other:
Documentation Reminders	6	
<ul> <li>Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, &amp; signed by provider</li> </ul>	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	Problem / Medication Lists updated
-		
MA / Nurse Signature	Title	Date
Provider Signature	Title	Date
Notas (include data time a	ignature, and title on a	ll antriaa)
Notes (include date, time, s	ignature, and title on a	an entities)

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