

AHCCCS MEDICAL POLICY MANUAL

POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

18 TO 21 YEARS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

Audiometry:	ght hin Normal Lim RY/CONCERNS ENT: HEADS bots on Teeth:	Left Left S: (Current Concerns/ F SS GAPS Yes No Future Dental nally Balanced Diet ctivity/Exercise (1 h Abstract Thinking	Both Unable Follow-Up on Prev Other Daily Brushing Appointment S Servings of ar/day)	eight: / kg e to perform viously g 2x Daily/Fl Scheduled f Fruits & V	Blood % Con lossing De Yeggies	ntal Home: Junk Food lerweight	% es□No Menare oride Supp Provider Na □ Soda	kg/m² Unable to che: clement ame_ // Energy Dri n Referral	Resp: MI 9% Perform LMP:
Current Medications/Vita Allergies: Vision Chart Exam: Ri Audiometry: Wit FAMILY/SOCIAL HISTOF Identified Concerns) HEALTH RISK ASSESSMI ORAL HEALTH: White Sp	ght hin Normal Lim RY/CONCERNS ENT: HEADS bots on Teeth: : NG: Nutrition Ac /EILLANCE: evelopment	Left S: (Current Concerns/ F SS GAPS Yes No Future Dental nally Balanced Diet ctivity/Exercise (1 h Abstract Thinking	Both Unable Follow-Up on Prev Daily Brushing Appointment S Servings of	eight: / kg e to perform viously g 2x Daily/Fl Scheduled f Fruits & V	Blood % Con lossing De Yeggies cht □ Und	Heigh cm Corrected Y Menses: es No Flu ntal Home: Junk Food derweight	t: % es □No Menare oride Supp Provider Na □Soda □Observation	Pulse: Bl kg/m² Unable to the: che: clement tame // Energy Dri n Referral	Resp: MI 9/0 Perform LMP:
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Last Dental Appointment	☐ Ac	ctivity/Exercise (1 h	nr/day) 🗆 🗆	Overweigl	ht Und	lerweight [Observation	n Referral	
NUTRITIONAL SCREENII	/EILLANCE: evelopment	Abstract Thinking	• /						
☐ Supplements	evelopment	•	; □ Schoo	ol Attendanc	20		Orientation		
DEVELOPMENTAL SURV	•	□ Othon			Je	□ Sexuality/			
☐ Physical Growth and D									
ANTICIPATORY GUIDAN						•	_	•	
☐ Car/Seat Belt/Driving S	•	•				Refusal Skil	_	e-Appropria	
			vailability of Fa	-	-			raction/Dati	•
☐ Tobacco/Alcohol/Drug	-		f Tattoos/Pierci	ing □ E	ducation	Goals/Activ	vities \Box .	Job/CareerP	lanning
☐ Parenting Advice (As A		□ Other		51.11 1.1			<u> </u>		
SOCIAL-EMOTIONAL HE									woon.
☐ Self-Confident ☐ Buildi COMPREHENSIVE PHYS	_	ompiex Relationship	is Debression	n/Anxiety/3	sieep isst	ies 🗆 ivioou	Changes 🗆	Suiciue Sci	reen
COMPREHENSIVE PHTS	WNL	Abnormal (see no	otos bolowi			WNL	Abnorma	al (see note	oc holow)
Skin/Hair/Nails	VVIVL	Abhormai (see no	ites below)	Lungs		VVINL	ADITOTITIO	ai (see iiote	s below)
Eyes/Vision				Abdomer					
•				Genitouri					
Ear				Tanner St					
Mouth/Throat/Teeth				Extremiti	es				
Nose/Head/Neck				Spine					
Heart	II OW II D			Neurolog	icai				
ASSESSMENT/PLAN/FO	LLOW UP								
LABS ORDERED: □TB	Skin Test (If at F	Risk) 🗆 Hgb/Hct 🗆 L	∟ipid Profile □	Other					
IMMUNIZATIONS	pA 🗆 MMR 🗆	Varicella □ HepB □	☐Tdap ☐ Influ	enza 🗆 Me	ningoco	ccal 🗆 HPV	□ IPV □	Td □Had C	hicken Pox
ORDERED: □Oth	ner	☐ Given at To	day's Visit □R	Refused □	Delayed	☐ Deferred	d Reason:		
□Sho	ot Record Updat	ed/Entered in ASIIS	☐ Importance c	of Immuniza	tions Dis	cussed 🗆 Re	fusal Form (Completed	
REFERRALS:	ΓCS □Au	diology CRS	□ DDD	☐ Denta	al 🗆	OB/GYN	PT	□ОТ	☐ Speech
Spec	ialist: □Develo	opmental 🗆 Behavio	oral □Other_						
PROVIDER'S									
SIGNATURE:		N	IPI:		Date:				
		N	IPI:		Date:				