NINE MONTHS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

Date	Last Name	First Name	AHCCCS ID #	DOB	Age

Primary Care Provider	PCP ph. #	Health Plan	Accompanied By (Name)	Relationship

Admitted to NICU: (Birth)	Current Medications/Vitamins/Herbal Supplements:	Risk Indicators of Hearing Loss:	Temp:	Pulse:	Resp:
☐Yes ☐No		☐Yes ☐No			

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

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

PARENTAL/HEALTH CARE DECISION MAKER CONCERNS: How are you feeling about baby? Do you feel safe in your home?

DEVELOPMENTAL SCREENING TOOL COMPLETED: ☐ ASQ ☐ PEDS

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

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

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

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

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

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): ☐ Family Adjustment/Parent Responds Positively to Child ☐Appropriate Bonding/Responsive to Needs ☐ Self-Calming ☐ Growing Independence ☐ Shows Preference for Certain People/Toys ☐Cries When Primary Caregiver Leaves ☐ Postpartum Depression ☐Other: _

COMPREHENSIVE PHYSICAL EXAM:

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

ASSESSMENT/PLAN/FOLLOW-UP:

LABS ORDERED:	☐ **Blood Lead Testing** (Child at Risk) ☐ Finger Stick (Result:_________) ☐ Venous ☐ Hgb/Hct ☐Other
IMMUNIZATIONS ORDERED:	☐HepB ☐ DTaP ☐ Hib ☐ IPV ☐ PCV ☐ Influenza ☐ Other ____________________ ☐Given at Today's Visit ☐ Parent Refused ☐ Delayed ☐ Deferred Reason: ____________________ ☐Shot Record Updated ☐ Entered in ASIIS ☐ Importance of Immunizations Discussed ☐ Parent Refusal Form Completed
REFERRALS:	☐ALTCS ☐ Audiology ☐ AzEIP ☐ CRS ☐ DDD ☐ Dental ☐ Early Head Start ☐ OT ☐ PT ☐ Speech ☐ WIC Specialist: ☐ Developmental ☐ Behavioral ☐ Other
PROVIDER'S SIGNATURE:	____________________________ NPI:___________________ Date:______________________________