Comprehensive He				
Under 1 Month Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Female			
Accompanied by	□ Mother □ Fathe	r 🗆 Other:		
Parent's Primary Language				
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused		
Intake	(See WHO Growth Chart) Vital Signs			
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Cultural Needs (e.g., cult preference/restrictions, and h		religious practices, die □ Unremarka		
Birth Weight: Birth Length: Gestational Age:  Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Country of Birth: □ US □ Other:  At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No				
OB/GYN Provider: Post-Partum Appointment Date:				
Cord		Present		
Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:				
Current Medications/Vitamins: □ See Medication List				
Interval History				
Nutrition	☐ Breastfed every ☐ Formulaoz e Formula Type or Bran	every hours		
Elimination	□ Normal □ Abnorma			
Has WIC	□ Yes □ No			
Sleep	□ Normal (2-4 hours)	□ Abnormal		
Sleeping Position	□ Supine □ Prone	□ Side		
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	□ Lives/lived with someone HBV+	□ Born to HBV+ par	ents	
☐ High cholesterol	□ Cancer	□ Family Hx of unex or sudden death <		
☐ Childhood hearing impairment	□ Other:			
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationsh     □ Changes in family since     □ Problems with housing,     □ Family stressors (mental)	e last visit (move, job, dea food, employment	ath)	
Lives with	□ 1 Parent □ 2 Pare	nts □ Other:		

	High D
Name: DOB:	MR#:

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ Other:		
Tobacco Use / Exposure	□ □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:		
<b>Growth and Developm</b>	nent		
□ Prone, lifts head briefly	☐ Turns head side to side	□ Responds to	sound
□ Moro reflex	☐ Blinks at bright light	☐ Keeps hands	s in a fist
<b>Physical Examination</b>			WNL
General appearance	Well-nourished & develo 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 Appears to hear		
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, regular rhythm		
Lungs	Clear to auscultation bilaterally		
Abdomen	Soft, no masses, liver & spleen normal		
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal exteri	nal appearance	
Hips	Good abduction, leg leng	ths equal	
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesion	ins	
Neurologic	Alert, no gross sensory of	r motor deficit	
Subjective / Objective			

Comprehensive He	alth Assessment		Name:	DOB	: MR#:
Assessment			Anticipatory Guidanc Health education preference		
			Diet, Nutrition & Exerc	cise	
			□ Breastfeeding / formula	□ No cow's milk	☐ No honey until 1 year old
			☐ Feeding position	□ No bottle in bed	□ Colic
			Accident Prevention 8	& Guidance	
			□ <u>Lead poisoning</u> prevention	☐ Rear-facing Infant car seat	☐ Stimulation from hanging objects & bright colors
			□ Call MD for fever	☐ Choking hazards	□ Family spacing
			☐ Family support, social interaction & communication	□ Never shake baby	□ Physical growth
			☐ Signs of maternal depression	☐ Matches / burns	□ Stools
			□ Post-Partum Checkup	☐ Violence prevention, gun safety	□ Sneezing
			☐ Hot liquid away from baby	☐ Poison control phone number	□ Hiccups
			☐ Effects of passive smoking	☐ Smoke detector	□ Bathing
			☐ Skin cancer prevention	☐ Hot water temp < 120° F	☐ Circumcision care
Plan			☐ Sleeping position	☐ Drowning / tub safety	□ Cord care
			Next Appointment		
			☐ At 2 Months Old	□ RTC PRN	□ Other:
			Documentation Remir	nders	
			☐ Screening tools (TB, HEP B, Maternal Depression, etc.) are completed, dated, & reviewed by provider	☐ Length, 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, tir	me, signature, and title	e on all entries)
□ <u>WIC</u>	□ Audiologist	☐ Optometrist / Ophthalmologist	☐ Member/parent refused th	ne following screening/orde	rs:
☐ Maternal Behavioral Health	□ Regional Center	☐ Early Start or Local Education Agency			
□ CA Children's Services (CCS)	□ Other:				
Orders					
☐ Hep B vaccine	□ Newborn metabolic screen	<ul> <li>Obtain newborn hospital records &amp; hearing screen results</li> </ul>			
☐ Hep B Panel (if at risk)	□ Other:				Under 1 Month Old - Page 2 of 2

Comprehensive Health Assessme	Assessment
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□ Mother □ Father □ Other:			
(See WHO Growth Chart)	Vital S	Signs	
	Temp		
	Pulse		
	Resp		
Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs):			
Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section Complications: □ Yes □ No Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No OB/GYN Provider:			
Post-Partum Appointment Date:			
Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV			
□ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months			
□ Other:			
O IM I' I' AI'			
tamins: □ See Medicatio	on List		
□ Formulaoz e	every hou	urs	
□ Yes □ No			
□ Normal □ Abnorm	al		
□ Supine □ Prone	□ Side		
□ Yes □ No	□ See <u>CAIR</u>		
□ Unremarkable	□ Diabetes		
☐ Lives/lived with someone HBV+	☐ Born to HB\	/+ parents	
□ Cancer	□ Family Hx of or sudden d	f unexpected leath < 50 yrs	
		,	
□ WNL - Stable relationships w/ social/emotional support     □ Changes in family since last visit (move, job, death)     □ Problems with housing, food, employment     □ Family stressors (mental illness, drugs, violence/abuse)			
	Actual Age:  Male   Female     Mother   Father     Yes   No     Name of Interpreter     (See WHO Growth Chart)	Male	

Name: Do	OB:	MR#:
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AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:			
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:			
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:			
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ Other:			
Tobacco Use / Exposure	□ Other:			
Tuberculosis Exposure	☐ <u>TB Risk Assessment,</u> ☐ Other:			
Growth and Developm				
□ Prone, lifts head 45°	□ Vocalizes (cooing)	☐ Grasps rattle	e	
☐ Kicks	□ Follows past midline	☐ Smiles respo	onsively	
Physical Examination			WNL	
General appearance	Well-nourished & develo No abuse/neglect eviden	ped t		
Head	Symmetrical, A.F. open			
Eyes		PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus		
Ears	Canals clear, TMs norma Appears to hear			
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, regular rhythm			
Lungs	Clear to auscultation bilaterally			
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	ths equal		
Femoral pulses	Present and equal			
Extremities	No deformities, full ROM			
Skin	Clear, no significant lesion	ons		
Neurologic	Alert, no gross sensory of	or motor deficit		
Subjective / Objective				

comprehensive He	ealth Assessmer	nt	Name:	DOB	: MR#:
Assessment			Anticipatory Guidance Health education preference		
			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 8	& Guidance	I
			☐ <u>Lead poisoning</u> prevention	☐ Rear-facing Infant car seat	□ Childcare plan
			□ Call MD for fever	☐ Choking hazards	□ Crying
			☐ Hot liquid burns	□ Never shake baby	□ Family spacing
			☐ Signs of maternal depression	☐ Matches / burns	☐ Sibling and family relationships
			□ Family support, social interaction & communication	☐ Violence prevention, gun safety	□ Physical growth
DI.			□ Diaper rash	☐ Poison control phone number	□ Bathing
Plan			☐ Skin cancer prevention	□ Smoke detector	☐ Sleeping position
			□ Crying	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / tub safety	☐ Thumb sucking
			Next Appointment		
			☐ At 4 Months Old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB, HEP B, Maternal Depression, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
			MA / Nurse Signature	Title	Date
Referrals					
□ <u>WIC</u>	□ 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	Notes (include date, tin		,
□ Other:			☐ Member/parent refused th	ne following screening/orde	rs:
Orders					
□ DTaP	□ IPV	☐ CBC / Basic metabolic panel			
□ Hep B vaccine	□ PCV	□ Hct / Hgb			
□ Hib	□ Rotavirus	□ ECG □ COVID 19 test			
□ Hep B Panel (if at risk)	□ Other:				
					1 to 2 Months Old - Page 2 of 2

Comprehensive me	ailii Assessiileiil			
3 to 4 Months Old	4 Months Old Actual Age: Date:			
Sex at Birth	□ Male □ Female			
Accompanied by	□ Mother □ Father □ Other:			
Parent's Primary Language				
Interpreter Requested	□ Yes □ No □ Refused Name of Interpreter:			
Intake	(See WHO Growth Chart) Vital Signs			
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Cultural Needs (e.g., cult preference/restrictions, and h	ural background/traditions, nealthcare beliefs):	religious practice  □ Unre	es, dietary markable	
Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section Complications: □ Yes □ No Country of Birth: □ US □ Other:				
At least 1 parent born in	n Africa, Asia, Pacific □ Vaginal	Islands: □ \ □ C-Section	res □ No	
Delivery	Complications	□ Yes □ N		
Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:				
Current Medications/Vitamins: ☐ See Medication List				
Interval History				
Feedings	☐ Breastfed everyoz € Formulaoz € Formula Type or Bran	hours every hou	urs	
Elimination	□ Normal □ Abnorma			
Has WIC	□ Yes □ No			
Sleep	□ Normal □ Abnorma	al		
Sleep Position	□ Supine □ Prone	□ Side		
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HB\	/+ parents	
☐ High cholesterol	□ Cancer	☐ Family Hx of or sudden d	f unexpected eath < 50 yrs	
□ Anemia	□ Other:			
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationsh     □ Changes in family since     □ Problems with housing,     □ Family stressors (mental)	e last visit (move, j , food, employmen	ob, death) t	
Lives with	□ 1 Parent □ 2 Parer	nts   Other:		

Name:	DOB:	MR#:
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AAP Risk Screener	Screening Tools Used		
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Anemia	□ H&P, □ Other:		
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
Maternal Depression Score:	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ Other:		
Tobacco Use / Exposure	□ Other:		
Tuberculosis Exposure	☐ <u>TB Risk Screener,</u> ☐ Other:		
Growth and Developn			
☐ Head steady when sitting	☐ Squeals or coos	□ Orients to vo	pices
□ Eyes follow 180°	□ Rolls form stomach to back	□ Brings hand	s together
☐ Grasps rattle	☐ Gums objects ☐ Laughs alou		d
Physical Examination			WNL
General appearance	Well-nourished & develo 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 norma Appears to hear	al	
Nose	Passages clear, MM pink, no lesions		
Mouth / Pharynx	Oral mucosa pink, no lesions		
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 exteri	nal appearance	
Hips	Good abduction, leg leng	ths equal	
Femoral pulses	Present and equal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesion	ons	
Neurologic	Alert, no gross sensory of	or motor deficit	

Comprehensive Health Assessment		Name:	DOB	: MR#:	
Subjective / Objective		Anticipatory Guidance (AG) / Education (√ if discussed)  Health education preference: □ Verbal □ Visual □ Multimedia □ Other:			
			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	
			☐ <u>Lead poisoning</u> prevention	□ Rear facing infant car seat	□ Childcare plan
			☐ Signs of maternal depression	□ Choking hazards	□ Rolling
Assessment			□ Family support, social interaction & communication	□ Storage of drugs / toxic chemicals	☐ Family spacing
			☐ Effects of passive smoking	☐ Matches / burns	☐ Sibling and family relationships
			☐ Skin cancer prevention	☐ Violence prevention, gun safety	□ 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
			☐ Minor illness care	☐ Drowning / pool fence	□ Teething
			Next Appointment		
Plan			☐ At 6 Months Old	□ RTC PRN	□ Other:
			Documentation Remi		T
			☐ Screening tools (TB, HEP B, Maternal Depression, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
			MA / Nurse		
			Signature	Title	Date
Referrals					
□ <u>WIC</u>	□ 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 titl	e on all entries)
Orders			☐ Member/parent refused the	he following screening/orde	ers:
□ COVID 19 vaccine	□ Influenza vaccine	□ CBC / Basic metabolic			
□ DTaP	□ IPV	panel □ Hct / Hgb			
☐ Hep B vaccine (if not up to date)	□ PCV	□ PPD skin test			
□ Hib	□ Rotavirus	□ QFT □ ECG			
		□ COVID 19 test			
□ DTaP	□ IPV	<ul><li>□ Iron-fortified formula</li><li>□ Iron supplements</li></ul>			
□ Other:		FF			<del></del>

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5 to 6 Months Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Female		
Accompanied by	□ Mother □ Father □ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No Name of Interpreter	□ Refused	
Intake	(See WHO Growth Chart)	Vital S	Signs
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Cultural Needs (e.g., cult preference/restrictions, and h		religious practice  □ Unre	
Birth Weight: Birth Weight: Birth Weight: Selection Birth: Selection Birth: US At least 1 parent born in	□ C-section s □ No □ Other: n Africa, Asia, Pacific	Islands: □ \	∕es □No
Chronic Problems/Sign  □ DM □ Dialysis □ Her  □ Liver Disease □ Seizure  □ Other:	art Disease □ HEP B □	□ HEP C □ H	IV
Current Medications/Vi	tamins: □ See Medicatio	n List	
Interval History			
Feedings	☐ Breastfed everyoz € Formulaoz € Formula Type or Bran	every hou	urs
Elimination	□ Normal □ Abnormal		
Has WIC	□ Yes □ No		
Sleep	□ Normal □ Abnorma	al	
Sleep Position	□ Supine □ Prone	□ Side	
Fluoride Use	Drinks fluoridated water or	takes suppleme	nts: □Yes □No
Fluoride Varnish	Applied to teeth within last	6 months: □ Ye	s □ No
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>	
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HB\	/+ parents
☐ High cholesterol	□ Cancer	☐ Family Hx of	f unexpected eath < 50 yrs
□ Other:			<b>,</b> -
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationsh     □ Changes in family since     □ Problems with housing,     □ Family stressors (mental)	e last visit (move, j food, employmen	ob, death) t
Lives with	□ 1 Parent □ 2 Parents □ Other:		

Name:	DOB:	MR#:
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AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Blood Lead Education (Start at 6 months)	☐ H&P, ☐ Other:		
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
Maternal Depression Score:	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ Other:		
Tobacco Use / Exposure	□ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:		
Growth and Developm	nent		
☐ No head lag when pulled to sitting	□ Sits briefly alone	□ Orients to be	ell
☐ Bears weight on legs	□ Rolls both ways	□ Bangs small surface	objects on
□ Reaches for objects	□ Gums objects	□ Babbles	
Physical Examination			WNL
General appearance	Well-nourished & develo		
Head	Symmetrical, A.F. open _	cm	
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	k, no lesions	
Teeth	Present, grossly normal, No visible cavities		
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, Thyroid not enlarged		
Chest / Breast	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	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesion	ons	
Neurologic	Alert, no gross sensory of	r motor deficit	

Comprehensive Health Assessment		Name:	DOB	: MR#:	
Subjective / Objective		Anticipatory Guidance (AG) / Education (√ if discussed)  Health education preference: □ Verbal □ Visual □ Multimedia □ Other:			
			Diet, Nutrition & Exer	cise	
			☐ Introduction to solids	□ Fortified Infant Cereals	☐ Start solid foods one at a time
			□ Breastfeeding / formula	□ No cow's milk	□ Start feeder cup
			Accident Prevention	& Guidance	
			□ <u>Lead poisoning</u> <u>prevention</u>	□ Rear facing infant car seat	□ Electrical outlet covers
Accoment			□ Routine dental care	☐ Choking hazards	□ Blocks
Assessment			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Repetitive games
			☐ Fluoride varnish treatment	□ Matches / burns	☐ Play with cloth book
			<ul> <li>□ Family support, social interaction &amp; communication</li> </ul>	☐ Violence prevention, gun safety	☐ Physical growth
			☐ Caution with strangers	☐ Poison control phone number	□ Bathing
			☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
			☐ Signs of maternal depression	☐ Hot water temp < 120° F	□ Bedtime
Plan			☐ Effects of passive smoking	☐ Drowning / pool fence	□ Teething
			Next Appointment		
			☐ At 9 Months Old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB, HEP B, Maternal Depression, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
Referrals			MA / Nurse	Title	Date
□ <u>WIC</u>	☐ Optometrist / Ophthalmologist	□ Audiologist	Signature	1100	Juio
☐ Maternal Behavioral Health	□ Dietician / Nutritionist	□ Pulmonologist	Provider Signature	Title	Date
□ Dentist	□ Regional Center	☐ Early Start or Local Education Agency			
☐ CA Children's Services (CCS)	□ Other:				
Orders			Notes (include data ti	:	a an all antrias)
□ COVID 19 vaccine	□ IPV	☐ CBC / Basic metabolic panel	Notes (include date, ti  ☐ Member/parent refused the		•
□ DTaP	□ PCV	□ Hct / Hgb	'	<u> </u>	
☐ Hep A vaccine (if high risk)	□ Rotavirus	□ PPD skin test □ QFT			
☐ Hep B vaccine	☐ Hep B Panel (if high risk)	□ CXR □ Urinalysis			
□ Hib	Rx Fluoride drops / chewable tabs (0.25 mg QD)	□ ECG □ COVID 19 test			
□ Influenza vaccine	☐ Fluoride varnish application	☐ Iron-fortified formula			
□ Other:					

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7 to 9 Months Old	Actual Age: Date:			
Sex at Birth	□ Male □ Female			
Accompanied by	□ Mother □ Father □ Other:			
Parent's Primary Language				
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused :		
Intake	(See WHO Growth Chart)	Vital S	Signs	
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable	
Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No  Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:  Current Medications/Vitamins: □ See Medication List				
Interval History				
Diet / Nutrition	□ Regular □ Iron-rich	foods   Other:		
Feedings	☐ Breastfed every ☐ Formulaoz e Formula Type or Bran	every hou	urs	
Elimination	□ Normal □ Abnorma			
Has WIC	□ Yes □ No			
Sleep	□ Normal □ Abnorma	al		
Sleep Position	□ Supine □ Prone	□ Side		
Fluoride Use	Drinks fluoridated water or	takes suppleme	nts: □Yes □No	
Fluoride Varnish	Applied to teeth within last	6 months: □ Ye	s □ No	
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HB\	/+ parents	
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	f unexpected eath < 50 yrs	
□ Other:				
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationships w/ social/emotional support     □ Changes in family since last visit (move, job, death)     □ Problems with housing, food, employment     □ Family stressors (mental illness, drugs, violence/abuse)			
Lives with	□ 1 Parent □ 2 Parents □ Other:			

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Blood Lead Education (At each Well Visit)	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder (At 9 months) Score:	□ ASQ-3, □ SWYC, □ Other:		
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Hepatitis B	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:		
Growth and Developn	nent		
☐ Sits without support	☐ Transfers object	□ Looks for to	dropped
□ Begins to crawl	□ Rolls over	□ Says "mama	" or "dada"
□ Pulls to stand	□ Feeds self, cracker	□ Scribbles	
Physical Examination			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 Appears to hear		
Nose	Passages clear, MM pink, no lesions		
Teeth	Present, grossly normal, No visible cavities		
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, test	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		
Neurologic	Alert, no gross sensory o	r motor deficit	

Subjective / Objective	9		Anticipatory Guidance  Health education preference		
			Diet, Nutrition & Exer		diamodia E otioi.
			☐ Introduction to meats & proteins	□ Fortified Infant Cereals	☐ Mashed table food
			☐ Whole grains / iron-rich foods	□ Finger foods	☐ Start feeder cup
			☐ Physical activity / exercise	☐ Healthy food choices	☐ No bottles in bed
			Accident Prevention	& Guidance	
			☐ <u>Lead poisoning</u> prevention	☐ Rear facing infant car seat	□ Electrical outlet covers
Assessment			□ Routine dental care	☐ Choking hazards	☐ Allow to feed self
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Understands "no" but not discipline
			☐ Fluoride varnish treatment	☐ Matches / burns	□ Play with cloth book
			□ Family support, social interaction & communication	□ Violence prevention, gun safety	□ Physical growth
			☐ Childcare plan	☐ Poison control phone number	□ Decreased appetite
			☐ Skin cancer prevention	□ Smoke detector	□ Limit screen time
Plan			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	□ Teething
			Next Appointment		
			☐ At 12 Months Old	□ RTC PRN	□ Other:
			Documentation Remi	T	I - v · · · · · · · · · · · ·
			☐ Screening tools (TB, HEP B, Developmental	☐ Length, Weight & Head Circumference	□ Vaccines entered in CAIR (manufacturer, lot #, VIS
Referrals			D/O, etc.) are completed, dated, &	measurements plotted in WHO	publication dates, etc.)
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist	reviewed by provider	growth chart	
□ Dentist	<ul><li>□ Dietician / Nutritionist</li></ul>	□ Pulmonologist	MA / Nurse		
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Local Education Agency	Signature	Title	Date
□ Other:					
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	<ul> <li>Meningococcal (if high risk)</li> </ul>	□ CBC / Basic metabolic panel			
☐ DTaP (if not up to date)	☐ MMR (if high risk)	□ Hct / Hgb			
☐ Hep A vaccine (if high risk)	□ PCV (if not up to date)	☐ Lipid panel (if high risk)	Notes (include date, ti	me, signature, and titl	e on all entries)
☐ Hep B vaccine	□ Rotavirus	□ PPD skin test □ QFT	☐ Member/parent refused the		,
☐ Hib (if not up to date)	☐ Hep B Panel (if high risk)	□ CXR			
□ Influenza vaccine	☐ Rx Fluoride drops /	□ Urinalysis □ ECG			
	chewable tabs (0.25 mg QD)	□ COVID 19 test			
□ IPV	☐ Fluoride varnish application	☐ Iron-fortified formula			
□ Other:	• •				

Name:

DOB:

MR#:

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12 to 15 Months Old	Actual Age: Date:			
Sex at Birth	□ Male □ Female			
Accompanied by	□ Mother □ Father □ Other:			
Parent's Primary Language				
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused :		
Intake	(See WHO Growth Chart)	Vital S	Signs	
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Cultural Needs (e.g., cult preference/restrictions, and h	ural background/traditions, nealthcare beliefs):		es, dietary markable	
Birth Weight: Bi Delivery: □ Vaginal Complications: □ Yes Country of Birth: □ US At least 1 parent born in	□ C-section  □ No □ Other:	estational Age		
Chronic Problems/Sign				
•				
□ DM □ Dialysis □ Hea		□ HEP C □ HI		
☐ Liver Disease ☐ Seizure	s ☐ Uses DIME ☐ ≥ 2	ER VISITS IN 12 m	nontns	
□ Other:				
Current Medications/Vi	tamins: □ See Medicatio	n List		
Interval History				
	Dental visit within past 12 months: ☐ Yes ☐ No			
Dental Home	Drinks fluoridated water or Fluoride varnish applied in			
Diet / Nutrition	□ Regular □ Iron-rich foods □ Other:			
Elimination	□ Normal □ Abnorm	al		
Has WIC	□ Yes □ No			
	☐ Inactive (little or none)			
	☐ Inactive (little or none)	)		
Physical Activity	☐ Some (< 30 min/day)	)		
	☐ Some (< 30 min/day) ☐ Active (> 30 min/day)		nttime fears	
Sleep	☐ Some (< 30 min/day) ☐ Active (> 30 min/day) ☐ Regular ☐ Sleep re	egression □Nigh	nttime fears	
Sleep Vaccines Up to Date	☐ Some (< 30 min/day) ☐ Active (> 30 min/day) ☐ Regular ☐ Sleep re		nttime fears	
Sleep	□ Some (< 30 min/day) □ Active (> 30 min/day) □ Regular □ Sleep re □ Yes □ No □ Unremarkable	egression □Nigh □ See CAIR □ Diabetes		
Sleep Vaccines Up to Date Family History	□ Some (< 30 min/day) □ Active (> 30 min/day) □ Regular □ Sleep re □ Yes □ No	egression □Nigh		
Sleep Vaccines Up to Date Family History	□ Some (< 30 min/day) □ Active (> 30 min/day) □ Regular □ Sleep re □ Yes □ No □ Unremarkable □ Lives/lived with	egression	/+ parents	
Sleep Vaccines Up to Date Family History Heart disease / HTN High cholesterol Anemia	□ Some (< 30 min/day) □ Active (> 30 min/day) □ Regular □ Sleep re □ Yes □ No □ Unremarkable □ Lives/lived with someone HBV+	egression	/+ parents	
Sleep Vaccines Up to Date Family History Heart disease / HTN High cholesterol Anemia Dyadic Behavioral /	□ Some (< 30 min/day) □ Active (> 30 min/day) □ Regular □ Sleep re □ Yes □ No □ Unremarkable □ Lives/lived with someone HBV+ □ Cancer □ Other: □ WNL - Stable relations	egression	/+ parents f unexpected eath < 50 yrs tional support	
Sleep Vaccines Up to Date Family History Heart disease / HTN High cholesterol Anemia Dyadic Behavioral / Social	□ Some (< 30 min/day) □ Active (> 30 min/day) □ Regular □ Sleep re □ Yes □ No □ Unremarkable □ Lives/lived with someone HBV+ □ Cancer □ Other: □ WNL - Stable relationsh □ Changes in family since	egression	/+ parents  f unexpected leath < 50 yrs  tional support ob, death)	
Sleep Vaccines Up to Date Family History Heart disease / HTN High cholesterol Anemia Dyadic Behavioral / Social Determinants of	□ Some (< 30 min/day) □ Active (> 30 min/day) □ Regular □ Sleep re □ Yes □ No □ Unremarkable □ Lives/lived with someone HBV+ □ Cancer □ Other: □ WNL - Stable relationsh □ Changes in family since □ Problems with housing,	egression	/+ parents  f unexpected eath < 50 yrs  tional support ob, death) t	
Sleep Vaccines Up to Date Family History Heart disease / HTN High cholesterol Anemia Dyadic Behavioral / Social	□ Some (< 30 min/day) □ Active (> 30 min/day) □ Regular □ Sleep re □ Yes □ No □ Unremarkable □ Lives/lived with someone HBV+ □ Cancer □ Other: □ WNL - Stable relationsh □ Changes in family since	egression	/+ parents  f unexpected eath < 50 yrs  tional support ob, death) t	

Name:	DOB:	MR#:

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Anemia	☐ H&P, ☐ Other:		
Blood Lead Test Test at 12 months and Educate at each well visit	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Dyadic Behavioral / SDOH	<ul> <li>□ SDOH, □ PEARLS,</li> <li>□ H&amp;P, □ Other:</li> </ul>		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
Tobacco Use / Exposure	□ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:		
<b>Growth and Developn</b>	nent		
□ Walks alone well	☐ Three-word vocabulary	□ Stacks two-b	olock tower
☐ Stoops and recovers	□ Plays pat-a-cake	□ Says "mama	" or "dada"
☐ Takes lids off containers	□ Feeds self	□ Scribbles	
Physical Examination			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	strabismus	
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	c, 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	Symmetrical, no masses		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, testes in scrotum		
Female	No lesions, normal exteri	nal appearance	
Hips	Good abduction		
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesion	ons	
Neurologic	Alert, no gross sensory of	r motor deficit	

Comprehensive He	ealth Assessmen	t	Name:	DOB	: MR#:
	Subjective / Objective		Anticipatory Guidance (AG) / Education (√ if discussed)  Health education preference: □ Verbal □ Visual □ Multimedia □ Other:		
			Diet, Nutrition & Exer	cise	
			☐ Relaxed atmosphere / Avoid rushing while eating	□ Vegetables, fruits	□ Table food
			☐ Whole grains / iron-rich foods	□ Encourage solids	□ Using cup
			☐ Physical activity / exercise	☐ Healthy food choices	□ No bottles in bed
			<b>Accident Prevention</b>	& Guidance	
Assessment			☐ <u>Lead poisoning</u> prevention	☐ Rear facing toddler car seat	□ Feeding self
			☐ Routine dental care	☐ Choking hazards	☐ Simple games
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Temper tantrum
			☐ Fluoride vamish treatment	□ Matches / burns	□ Family play
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Mindful of daily movements
			☐ Caution with strangers	☐ Poison control phone number	☐ Treatment of minor cuts
DI .			☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
Plan			□ Falls	□ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	□ Toileting habits / training
			Next Appointment		
			□ In 3 Months	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB,	□ Length, Weight &	□ Vaccines entered in CAIF
Referrals			HEP B, etc.) are completed, dated, &	Head Circumference measurements	(manufacturer, lot #, VIS publication dates, etc.)
□ <u>WIC</u>	☐ Optometrist / Ophthalmologist	□ Audiologist	reviewed by provider	plotted in WHO growth chart	, , ,
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist			
☐ CA Children's Services (CCS)	□ Regional Center	□ Early Start or Local Education Agency	MA / Nurse Signature	Title	Date
□ Other:					
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel	Flovider Signature	Title	Date
□ DTaP	□ MMR	☐ Hct / Hgb (at 12 months)			
☐ Hep A vaccine	□ PCV	☐ Lipid panel (if high risk)			
☐ Hep B vaccine	□ Varicella	□ PPD skin test □ QFT	Notes (include date, ti		,
□ Hib	☐ Hep B Panel (if high risk)	□ CXR □ Urinalysis	☐ Member/parent refused the	ne rollowing screening/orde	
□ Influenza vaccine	□ Blood Lead (at 12 months)	□ ECG □ COVID 19 test			
□ IPV	□ Rx Fluoride drops / chewable tabs (0.25 mg QD)	☐ Fluoride varnish application			
□ Othor:	, ,				

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16 to 23 Months Old	Actual Age:	Date:			
Sex at Birth	□ Male □ Female				
Accompanied by	□ Mother □ Father □ Other:				
Parent's Primary Language					
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused			
Intake	(See WHO Growth Chart)	Vital S	Signs		
Head Circumference		Temp			
Length		Pulse			
Weight		Resp			
Allergies / Reaction					
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10		
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable		
Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No  Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months					
□ Other:  Current Medications/Vi					
Current Medications/VI	tarriiris. 🗆 See Medicatio	in List			
Interval History					
Dental Home	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in	takes suppleme	nts: □Yes □No		
Diet / Nutrition	□ Regular □ Iron-rich	foods □ Other	r:		
Elimination	□ Normal □ Abnorm	al			
Has WIC	□ Yes □ No				
Physical Activity	☐ Inactive (little or none) ☐ Some (< 30 min/day) ☐ Active (> 30 min/day)				
Sleep	□ Regular □ Sleep reg	ression   Night	ttime fears		
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>			
Family History	□ Unremarkable	□ Diabetes			
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma			
☐ High cholesterol	□ Cancer	□ Family Hx of	f unexpected leath < 50 yrs		
□ Anemia	□ Other:		-		
Dyadic Behavioral / Social Determinants of Health (SDOH)	<ul> <li>□ WNL - Stable relationsh</li> <li>□ Changes in family since</li> <li>□ Problems with housing,</li> <li>□ Family stressors (mental contents)</li> </ul>	e last visit (move, j food, employmen	ob, death) t		
Lives with		nts   Other:	,		

Name: DOB: MR#:

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AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Anemia	☐ H&P, ☐ Other:		
Autism Disorder (At 18 months) Score:	□ <u>SWYC</u> , □ <u>M-CHAT</u> , □ Other:		
Blood Lead Education (At each Well Visit)	☐ Lead Assessment, ☐ H&P, ☐ Other:		
Dental (cavities, no dental home)	☐ H&P, ☐ Other:		
Developmental Disorder (At 18 months) Score:	□ ASQ-3, □ SWYC, □ Other:		
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
Tobacco Use / Exposure	□ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Growth and Developn	nent		
☐ Walks alone fast	□ 7 to 20-word vocabulary	□ Stacks three	-block tower
□ Climbs	☐ Names 5 body ☐ Says "mama" or "dace parts		ı" or "dada"
☐ Kicks a ball ☐ Indicates wants by ☐ Sips from pointing and pulling spillage		□ Sips from cu spillage	p, a little
<b>Physical Examination</b>			WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. open _	<del></del>	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see	strabismus	
Ears	Canals clear, TMs norma Appears to hear	ıl	
Nose	Passages clear, MM pink	x, 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	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, test	tes in scrotum	
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 lesions		

Comprehensive He	alth Assessment	<u> </u>	Name:	DOR	
Neurologic	Alert, no gross sensory of	or motor deficit	Anticipatory Guidano Health education preference		
Subjective / Objective	•		Diet, Nutrition & Exer		
			□ Relaxed atmosphere / Avoid rushing while eating	□ Vegetables, fruits	☐ Caloric balance
			□ Whole grains / iron-rich foods	☐ Switch to low-fat milk	☐ Limit candy, chips & ice cream
			☐ Physical activity / exercise	□ Regular balanced meal with snacks	□ No bottles
			Accident Prevention	& Guidance	
			☐ <u>Lead poisoning</u> prevention	☐ Rear facing toddler car seat	□ Independence
Assessment			□ Routine dental care	□ Safety helmet	☐ Make-believe / role play
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Dressing self
			☐ Fluoride varnish treatment	□ Matches / burns	□ Reading together
			<ul> <li>□ Family support, social interaction &amp; communication</li> </ul>	☐ Violence prevention, gun safety	☐ Mindful of daily movements
			☐ Caution with strangers	☐ Poison control phone number	□ Parallel peer play
<b>D</b>			☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
Plan			□ Falls	□ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits / training
			Next Appointment		
			☐ At 2 Years Old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB, Autism, Developmental	☐ Length, Weight & Head Circumference	□ Vaccines entered in CAIR (manufacturer, lot #, VIS
Referrals			D/O, HEP B, etc.) are	measurements	publication dates, etc.)
□ <u>WIC</u>	<ul><li>□ Optometrist / Ophthalmologist</li></ul>	☐ Audiologist	completed, dated, & reviewed by provider	plotted in WHO growth chart	
□ Dentist	<ul><li>□ Dietician / Nutritionist</li></ul>	☐ Pulmonologist			
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Local Education Agency	MA / Nurse Signature	Title	Date
□ Other:					
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel	1 Tovider digitature	Title	Dute
□ DTaP (if not up to date)	☐ MMR (if not up to date)	☐ Hct / Hgb (if high risk)			
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	☐ Lipid panel (if high risk)			
☐ Hep B vaccine (if not up	□ Varicella (2 <sup>nd</sup> Dose)	□ PPD skin test	Notes (include date, ti	me, signature, and title	e on all entries)
to date)	□ Dleed Leed	□ QFT	☐ Member/parent refused the	he following screening/orde	ers:
☐ Hib (if not up to date)	☐ Blood Lead	□ CXR □ Urinalysis			
□ Influenza vaccine	☐ Hep B Panel (if high risk)	□ ECG □ COVID 19 test			
□ IPV (if not up to date)	☐ Rx Fluoride drops / chewable tabs (0.25 mg QD)	☐ Fluoride vamish application			

□ Other:

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2 Years Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Fema	le		
Accompanied by	□ Mother □ Fathe	r 🗆 Other:		
Parent's Primary Language				
Interpreter	□ Yes □ No	□ Refused		
Requested	Name of Interpreter			
Intake	(See CDC Growth Chart)	Vital Signs		
Allergies / Reaction		Temp		
Height		Pulse		
Weight		Resp		
BMI Value		BMI %		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10		
Cultural Needs (e.g., cult preference/restrictions, and h		religious practices, dietary  □ Unremarkable		
Birth Weight: Birth Length: Gestational Age:  Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Country of Birth: □ US □ Other:  At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No  Chronic Problems/Significant Conditions: □ None □ See Problem List  □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV  □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months  □ Other:  Current Medications/Vitamins: □ See Medication List				
Interval History				
Dental Home		months: □ Yes □ No takes supplements: □Yes □No last 6 months: □Yes □ No		
Diet / Nutrition	□ Regular □ Iron-rich	foods   Other:		
Appetite	□ Good □ Fair	□ Poor		
Elimination	□ Normal □ Abnorm	al		
Has WIC	□ Yes □ No			
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/wee) ☐ Active (> 60 min/day)	'		
Sleep Pattern	□ Regular □ Sleep reg	ression   Nighttime fears		
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with	□ Asthma		
☐ High cholesterol	someone HBV+	☐ Family Hx of unexpected or sudden death < 50 yrs		
□ Anemia	□ Other:			

Name:	DOB:	. IV	IR#:			
Dyadic Behavioral /	☐ WNL - Stable relationsh	nips w/ social/emo	tional support			
Social	☐ Changes in family since last visit (move, job, death)					
Determinants of Health (SDOH)	<ul><li>□ Problems with housing,</li><li>□ Family stressors (mentage)</li></ul>					
Lives with	·	nts   Other:	olerice/abuse)			
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)			
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:					
Anemia	☐ H&P, ☐ Other:					
Autism Disorder	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ <u>M-CHAT</u> , □ Other:					
Blood Lead Test Test at 24 months and Educate at each well visit	□ Lead Assessment, □ H&P, □ Other:					
Dental (cavities, no dental home)	□ H&P, □ Other:					
Developmental Disorder Score:	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ Other:					
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:					
Dyslipidemia	□ H&P, □ Other:					
Hepatitis B	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:					
Tobacco Use / Exposure	□ Other:					
Tuberculosis	☐ TB Risk Assessment,	1				
Exposure	□ Other:					
Growth and Developn	nent					
☐ Runs well, walks up and down	□ Identifies 5 body parts	☐ Helps aroun	d the house			
☐ Jumps off the ground with both feet	□ Plays hide and seek	□ Stacks three	e-block tower			
<ul> <li>□ Puts 2 or more words together</li> </ul>	☐ Kicks and throws a ball	☐ Handles spo	oon well			
□ 7 to 20-word vocabulary	□ Name at least 1 color	□ Puts on sim	ple clothes			
Physical Examination			WNL			
General appearance	Well-nourished & develo					
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 pink	c, 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	Symmetrical, no masses					
Heart	No organic murmurs, reg	ular rhythm				
Lungs	Clear to auscultation bila	terally				
Abdomen	Soft, no masses, liver &	spleen normal				

Comprehensive Health Assessment Name: Anticipatory Guidance (AG) / Education (√ if discussed) Genitalia Grossly normal Health education preference: □ Verbal □ Visual □ Multimedia □ Other: Male Circ / uncircumcised, testes in scrotum Diet. Nutrition & Exercise Female No lesions, normal external appearance ☐ Weight control / obesity □ Vegetables, fruits □ Caloric balance Hips Good abduction П ☐ Whole grains / iron-rich ☐ Limit candy, chips & ice □ Switch to low-fat foods milk cream Femoral pulses Normal □ Physical activity / □ Regular balanced □ No bottles exercise meal with snacks Extremities No deformities, full ROM П Accident Prevention & Guidance Lymph nodes Not enlarged П □ Lead poisoning ☐ Seat belt / Toddler □ Independence prevention car seat Back No scoliosis □ Routine dental care □ Safety helmet ☐ Make-believe / role play Clear, no significant lesions Skin П □ Brush teeth with ☐ Storage of drugs / □ Dressing self Alert, no gross sensory or motor deficit Neurologic П fluoride toothpaste toxic chemicals ☐ Fluoride varnish ☐ Matches / burns □ Reading together Subjective / Objective treatment ☐ Family support, social □ Violence prevention. □ Mindful of daily interaction & gun safety movements communication ☐ Caution with strangers □ Poison control □ Parallel peer play phone number ☐ Smoke detector ☐ Skin cancer prevention □ Limit screen time **Assessment** □ Hot water temp □ Falls □ Bedtime < 120° F ☐ Effects of passive □ Drowning / pool ☐ Toileting habits / training smoking fence **Next Appointment** Plan ☐ RTC PRN ☐ At 30 Months Old □ Other: **Documentation Reminders** ☐ Screening tools (TB, ☐ Height / Weight / BMI □ Vaccines entered in CAIR Autism, Developmental measurements (manufacturer, lot #, VIS D/O, HEP B, etc.) are plotted in CDC publication dates, etc.) Referrals completed, dated, & growth chart reviewed by provider □ Optometrist / □ WIC □ Audiologist Ophthalmologist MA / Nurse □ Dentist □ Dietician / □ Pulmonologist Title Date Nutritionist **Signature** □ CA Children's Services □ Regional Center ☐ Early Start or Local (CCS) **Education Agency** □ Other: **Provider Signature** Title **Date Orders** □ COVID 19 vaccine ☐ Meningococcal (if ☐ CBC / Basic metabolic high risk) panel □ DTaP (if not up to date) ☐ MMR (if not up to ☐ Hct / Hgb (if high risk) date) **Notes** (include date, time, signature, and title on all entries) ☐ Hep A vaccine (if not up □ PPSV (if high risk) ☐ Lipid panel (if high risk) to date) ☐ Member/parent refused the following screening/orders: ☐ Hep B vaccine (if not up □ Varicella (2nd Dose) ☐ PPD skin test to date) □ QFT ☐ Hib (if not up to date) ☐ Blood Lead (at 2 □ CXR yrs old) □ Urinalysis □ Influenza vaccine ☐ Hep B Panel (if □ ECG high risk) □ COVID 19 test

☐ Rx Fluoride drops /

chewable tabs

(0.25 mg QD)

☐ Fluoride varnish

application

☐ IPV (if not up to date)

□ Other:

30 Months Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Fema	le	
Accompanied by	□ Mother □ Fathe	r 🗆 Other:	
Parent's Primary			
Language Interpreter	□ Yes □ No	□ Refused	
Requested	Name of Interpreter		
Intake	(See CDC Growth Chart)	Vital S	Signs
Allergies / Reaction		Temp	
Height		Pulse	
Weight		Resp	
BMI Value		BMI %	
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Country of Birth: □ US □ Other: □  At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No  Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:  Current Medications/Vitamins: □ See Medication List			
Ourient Medications/V			
Interval History			
	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in	takes suppleme	nts: □Yes □N
Interval History	Drinks fluoridated water or Fluoride varnish applied in	takes suppleme	nts: □Yes □Ne 1Yes □ No
Interval History  Dental Home	Drinks fluoridated water or Fluoride varnish applied in	takes supplemental last 6 months:	nts: □Yes □Ne 1Yes □ No
Interval History  Dental Home  Diet / Nutrition	Drinks fluoridated water or Fluoride varnish applied in   ☐ Regular ☐ Iron-rich	takes supplementated for takes supplementated	nts: □Yes □N ìYes □ No
Interval History  Dental Home  Diet / Nutrition  Appetite	Drinks fluoridated water or Fluoride varnish applied in  ☐ Regular ☐ Iron-rich  ☐ Good ☐ Fair	takes supplementated for takes supplementated	nts: □Yes □N ìYes □ No
Interval History  Dental Home  Diet / Nutrition  Appetite  Elimination	Drinks fluoridated water or Fluoride varnish applied in  ☐ Regular ☐ Iron-rich  ☐ Good ☐ Fair  ☐ Normal ☐ Abnorm	takes supplemerates and takes supplemerates and takes an	nts: □Yes □Ne 1Yes □ No

Vaccines Up to Date

**Family History** 

 $\ \square \ \mathsf{High} \ \mathsf{cholesterol}$ 

 $\quad \Box \ \, \text{Anemia}$ 

☐ Heart disease / HTN

 $\; \square \; \mathsf{Yes}$ 

 $\quad \Box \ \, \text{Unremarkable}$ 

 $\hfill\Box$  Lives/lived with

 $\quad \Box \ \, \text{Cancer}$ 

 $\hfill\Box$  Other:

someone HBV+

 $\; \square \; \mathsf{No}$ 

 $\ \square \ \text{See} \ \underline{\text{CAIR}}$ 

 $\quad \Box \ \, \text{Diabetes}$ 

□ Asthma

☐ Family Hx of unexpected or sudden death < 50 yrs

Name:	DOB: MR#:				
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationships w/ social/emotional support     □ Changes in family since last visit (move, job, death)     □ Problems with housing, food, employment     □ Family stressors (mental illness, drugs, violence/abuse)				
Lives with	□ 1 Parent □ 2 Parents □ Other:				
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)		
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:				
Anemia	☐ H&P, ☐ Other:				
Blood Lead Education (At each Well Visit)	☐ <u>Lead Assessment</u> , ☐ H&P, ☐ Other:				
Dental (cavities, no dental home)	□ H&P, □ Other:				
Developmental Disorder Score:	☐ ASQ-3, ☐ SWYC, ☐ Other:				
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:				
Hepatitis B	☐ <u>CDC HEP Risk</u> , ☐ H&P, ☐ Other:				
Tobacco Use / Exposure	□ Other:				
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:				
Growth and Develop	nent				
☐ Balances on each foot, 1 second	□ Eats independently	☐ Helps in dre	ssing		
☐ Uses 3-word sentences	☐ Goes up stairs ☐ Draws a single circle alternating feet				
☐ Plays with other children	☐ Knows age, sex, ☐ Cuts with scissors first, & last name				
Physical Examination			WNL		
General appearance	Well-nourished & develo No abuse/neglect eviden	t			
Head	Symmetrical, A.F. closed				
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see	strabismus			
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	Symmetrical, no masses				
Heart	No organic murmurs, reg	jular rhythm			
Lungs	Clear to auscultation bila	terally			
Abdomen	Soft, no masses, liver &	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				

Comprehensive He	ealth Assessmen	t		Name:	DOB	: MR#:
Femoral pulses	Normal			Anticipatory Guidano Health education preference		
Extremities	No deformities, full ROM	1		Diet, Nutrition & Exer		
Skin	Clear, no significant lesion	ons		□ Weight control / obesity	□ Vegetables, fruits	☐ Meal socialization
Neurologic	Alert, no gross sensory	or motor deficit		☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Subjective / Objective	9			□ Physical activity / exercise	□ Regular balanced meal with snacks	□ No bottles
				Accident Prevention	1	L
				☐ <u>Lead poisoning</u> prevention	☐ Seat belt /Toddler car seat	□ Independence
				☐ Routine dental care	☐ Safety helmet	☐ Make-believe / role play
				☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Dressing self
Assessment				☐ Fluoride varnish treatment	□ 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
Plan				☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits
				Next Appointment		
				☐ At 3 Years Old	□ RTC PRN	□ Other:
				Documentation Remi	T	T
Referrals				☐ Screening tools (TB, Developmental D/O,	☐ Height / Weight / BMI measurements plotted in CDC	□ Vaccines entered in CAIR (manufacturer, lot #, VIS
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	☐ Audiologist		HEP B, etc.) are completed, dated, & reviewed by provider	growth chart	publication dates, etc.)
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist		,,		
☐ CA Children's Services (CCS)	□ Regional Center	□ Early Start or Lo Education Agen		MA / Nurse Signature	Title	Date
□ Other:				Signature		
Orders				Provider Signature	Title	Date
□ COVID 19 vaccine	□ MMR	☐ CBC / Basic met	abolic	Provider Signature	Title	Date
□ DTaP	□ PPSV	☐ Hct / Hgb (if high	n risk)			
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	☐ Lipid panel (if hig	gh risk)			
☐ Hep B vaccine (if not up to date)	□ Varicella (2 <sup>nd</sup> Dose)	<ul><li>□ PPD skin test</li><li>□ QFT</li></ul>		Notes (include date, ti		,
□ IPV	☐ Blood Lead (if not	□ CXR		☐ Member/parent refused the	he following screening/orde	rs:
☐ Influenza vaccine	in chart)  ☐ Hep B Panel (if	☐ Urinalysis☐ ECG				
□ IIIIIuciiza vaccilit	high risk)	☐ COVID 19 test				
☐ Meningococcal (if high risk)	□ Rx Fluoride drops / chewable tabs	☐ Fluoride varnish application				
☐ Other:	(0.25 mg QD)					
İ			I	İ		

Comprehensive	Health	<b>Assessment</b>
		<u>-</u>

3 Years Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Fema	le	
Accompanied by	□ Mother □ Father □ Other:		
Parent's Primary Language			
Interpreter	□ Yes □ No	□ Refused	
Requested	Name of Interpreter		Nama
Intake	(See CDC Growth Chart)	Vital S	signs
Height		Temp	
Weight		BP	
BMI Value		Pulse	
BMI %		Resp	
Allergies / Reaction	Location:		
Pain	Scale: 0 1 2 3	4 5 6 7 8	9 10
Hearing Screening	☐ Responded at ≤ 25 dB 1000-4000 frequencie		□ Non coop
Vision Screening	OD: OS:	OU:	□ Non coop
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable
proforonoon oodiodono, dira r	iodiaiodio policio).	_ 011101	markabio
Birth Weight: Bi Delivery: □ Vaginal Complications: □ Yes Country of Birth: □ US At least 1 parent born i	□ C-section s □ No □ Other:		
Chronic Problems/Sign  □ DM □ Dialysis □ He  □ Liver Disease □ Seizure  □ Other:	art Disease □ HEP B	□ HEP C □ H	IV
Current Medications/Vi	tamins: □ See Medicatio	on List	
-			
Interval History	D		- NI-
Dental Home	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in	takes suppleme	nts:□Yes □No
Diet / Nutrition	□ Regular □ Iron-rich	foods   Other:	
Appetite	□ Good □ Fair	□ Poor	
Elimination	□ Normal □ Abnorm	al	
Has WIC	□ Yes □ No		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/wee) ☐ Active (> 60 min/day)		
Sleep Pattern	□ Regular □ Fatigue	□ Snoring □	Enuresis
Vaccines Up to Date	□ Yes □ No	□ See CAIR	

Name:	DOB	: IV	IR#:	
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma		
☐ High cholesterol	□ Cancer	□ Family Hx of unexpected or sudden death < 50 yrs		
□ Anemia	□ Other:			
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationships w/ social/emotional support     □ Changes in family since last visit (move, job, death)     □ Problems with housing, food, employment     □ Family stressors (mental illness, drugs, violence/abuse)			
Lives with	□ 1 Parent □ 2 Pare			
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:			
Anemia	☐ H&P, ☐ Other:			
Blood Lead Education (At each Well Visit)	☐ <u>Lead Assessment</u> , ☐ H&P, ☐ Other:			
Dental (cavities, no dental home)	□ H&P, □ Other:			
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:			
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:			
Tobacco Use / Exposure	□ Other:			
Tuberculosis	☐ TB Risk Assessment,			
Exposure  Growth and Developm	□ Other:			
□ Balances on each foot,	□ Eats independently	☐ Helps in dre	ssina	
1 second	, ,	-		
☐ Uses 3-word sentences	☐ Goes up stairs alternating feet	☐ Draws a single circle		
<ul><li>☐ Plays with several children</li></ul>	☐ Knows age, sex, first, & last name	☐ Cuts with sc	issors	
Physical Examination	l		WNL	
General appearance	Well-nourished & develo No abuse/neglect eviden			
Head	Symmetrical, A.F. closed	I		
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	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			

Comprehensive He	ealth Assessmen	t		Name:	DOB	: MR#:
Male	Circ / uncircumcised, tes	stes in scrotum		Anticipatory Guidano Health education preference		•
Female	No lesions, normal exter	nal appearance		Diet, Nutrition & Exer		
Hips	Good abduction			☐ Weight control / obesity	□ Vegetables, fruits	☐ Meal socialization
Femoral pulses	Normal			☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Extremities	No deformities, full ROM	1		□ Physical activity /	□ Regular balanced	□ School lunch program
Skin	Clear, no significant lesi	ons		exercise	meal with snacks	
Neurologic	Alert, no gross sensory	or motor deficit		Accident Prevention	1	T
Subjective / Objective	<u> </u>			□ <u>Lead poisoning</u> <u>prevention</u>	☐ Seat belt /Toddler car seat	□ Independence
				☐ Routine dental care	□ Safety helmet	☐ Make-believe / role play
				☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Dressing self
				☐ Fluoride varnish treatment	☐ Matches / burns	☐ Reading together / school readiness
Assessment				☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Knows name, address, & phone number
Assessment				□ Caution with strangers	☐ Poison control	☐ Plays with other children
				☐ Skin cancer prevention	□ Smoke detector	☐ Limit screen time
				□ Falls	☐ Hot water temp < 120° F	□ Bedtime
				☐ Effects of passive smoking	☐ Drowning / pool fence	□ Toileting habits
Plan				Next Appointment		
				☐ At 4 Years Old	□ RTC PRN	□ Other:
				<b>Documentation Remi</b>	nders	
				☐ Screening tools (TB,	□ Height / Weight / BMI	□ Vaccines entered in CAIR
				HEP B, etc.) are completed, dated, &	measurements plotted in CDC	(manufacturer, lot #, VIS publication dates, etc.)
Referrals				reviewed by provider	growth chart	, ,
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	☐ Audiologist		MA / Nurse		
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist		Signature	Title	Date
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or L Education Age				
□ Other:				Provider Signature	Title	Date
Orders						
□ COVID 19 vaccine	□ MMR	☐ CBC / Basic m	etabolic			
□ DTaP	□ PPSV	☐ Hct / Hgb (if high	gh risk)	Notes (include date, ti	me, signature, and title	e on all entries)
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	☐ Lipid panel (if h	nigh risk)	☐ Member/parent refused the	he following screening/orde	rs:
☐ Hep B vaccine (if not up to date)	□ Varicella (2 <sup>nd</sup> Dose)	□ PPD skin test □ QFT				
□ IPV	□ Blood Lead (if not	□ CXR				
	in chart)	☐ Urinalysis				
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	□ ECG □ COVID 19 test				
☐ Meningococcal (if high risk)	□ Rx Fluoride drops / chewable tabs (0.25 mg/0.50 mg QD)	<ul><li>☐ Fluoride varnis application</li></ul>	h			
	(0.20 mg/0.30 mg QD)					

 $\hfill\Box$  Other:

Comprehensive He	alth Assessment
4 to 5 Years Old	Actual Age:

4 to 5 Years Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Fema	ale		
Accompanied by	□ Mother □ Father □ Other:			
Parent's Primary				
Language Interpreter	□ Yes □ No	□ Refused		
Requested	Name of Interpreter			
Intake	(See CDC Growth Chart)	Vital Signs		
Height		Temp		
Weight		BP		
BMI Value		Pulse		
BMI %		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10		
Hearing Screening	☐ Responded at ≤ 25 d 1000-4000 frequencie	I I Non coon		
Vision Screening	OD: OS:	OU:		
Cultural Needs (e.g., cult		, religious practices, dietary □ Unremarkable		
preference/restrictions, and h	realtricare beliefs).	□ Onremarkable		
Birth Weight: Bi	irth Length: G	estational Age:		
Delivery: □ Vaginal □ C-section				
Complications: □ Yes Country of Birth: □ US				
	parent born in Africa, Asia, Pacific Islands:			
Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List				
□ Asthma □ Cancer □	•			
☐ HEP B ☐ HEP C ☐ H☐ ☐ Uses DME ☐ > 2 ER vis		Disease □ Seizures		
□ Other:				
Current Medications/Vi	tamins:   See Medication	on List		
Interval History				
	Dental visit within past 12	months: □ Yes □ No		
Dental Home		r takes supplements: □Yes □No		
Diet / Nutrition	, ,	n last 6 months: □Yes □ No n foods □ Other:		
Appetite	☐ Good ☐ Fair	Poor		
Elimination				
Has WIC		lai		
TIAS VVIC	☐ Yes ☐ No ☐ Inactive (little or none	1		
Discontinual Australia	☐ Some (< 2 ½ hrs/wee	<b>,</b>		
Physical Activity	☐ Active (> 60 min/day)	,		
	☐ Fainting ☐ Sudden se	eizures □ SOB □ Chest pain		
Sleep Pattern	□ Regular □ Fatigue	☐ Snoring ☐ Enuresis		
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		

Name:	DOB:	B: MR#:	
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma	
☐ High cholesterol	□ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs	
□ Anemia	□ Other:		
Dyadic Behavioral / Social Determinants of Health (SDOH)	<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)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Anemia	☐ H&P, ☐ Other:		
Blood Lead Education (At each Well Visit)	□ <u>Lead Assessment</u> , □ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
Tobacco Use / Exposure	□ Other:		
Tuberculosis Exposure	☐ <u>TB Risk Assessment,</u> ☐ Other:		
Growth and Developm		SS Grade:	
☐ Hops on one foot	□ Counts four pennies	□ Copies a sq	uare
☐ Catches, throws a ball	☐ Knows opposites	□ Recognizes	3-4 colors
□ Plays with several children	☐ Knows name, address, & phone number	☐ Holds crayor finger and th	
Physical Examination			WNL
General appearance	Well-nourished & develor No abuse/neglect eviden		
Head	Symmetrical		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs normal Appears to hear		
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	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Ahdomen	Soft no masses liver & s	enleen normal	

Comprehensive Health Assessment Name: Anticipatory Guidance (AG) / Education (√ if discussed) Genitalia Grossly normal Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other: Male Circ / uncircumcised, testes in scrotum Diet. Nutrition & Exercise Female No lesions, normal external appearance П ☐ Weight control / obesity □ Vegetables, fruits □ Meal socialization Good abduction ☐ Whole grains / iron-rich ☐ Limit candy, chips & ice Hips □ Limit fatty, sugary & salty foods foods cream Femoral pulses Normal □ Physical activity / □ Regular balanced ☐ School lunch program meal with snacks exercise Extremities No deformities, full ROM Accident Prevention & Guidance Skin Clear, no significant lesions □ Lead poisoning □ Seat belt □ Independence prevention Neurologic Alert, no gross sensory or motor deficit □ Routine dental care □ Safety helmet ☐ Make-believe / role play Subjective / Objective □ Brush teeth with ☐ Storage of drugs / □ Dressing self fluoride toothpaste toxic chemicals ☐ Fluoride varnish ☐ Matches / burns □ Reading together / school treatment readiness ☐ Family support, social □ Violence prevention. ☐ Knows name, address, & interaction & gun safety phone number communication ☐ Caution with strangers □ Plays with other children □ Poison control phone number **Assessment** ☐ Smoke detector ☐ Skin cancer prevention □ Limit screen time □ Hot water temp □ Falls □ Bedtime < 120° F ☐ Effects of passive □ Drowning / pool □ Toileting habits smoking fence **Next Appointment** ☐ RTC PRN □ Other: □ 1 year Plan **Documentation Reminders** ☐ Screening tools (TB, ☐ Height / Weight / BMI □ Vaccines entered in CAIR HEP B, etc.) are measurements (manufacturer, lot #, VIS completed, dated, & plotted in CDC publication dates, etc.) reviewed by provider growth chart Referrals □ WIC □ Optometrist / □ Audiologist Ophthalmologist MA / Nurse □ Dentist □ Dietician / □ Pulmonologist Title Signature Nutritionist □ CA Children's Services □ Regional Center ☐ Early Start or Local **Education Agency** (CCS) □ Other: **Provider Signature** Title **Orders** □ COVID 19 vaccine □ MMR □ CBC / Basic metabolic panel □ DTaP □ PCV13 (if not up to ☐ Hct / Hgb (if high risk) date) **Notes** (include date, time, signature, and title on all entries) ☐ Lipid panel (if high risk) ☐ Hep A vaccine (if not up □ PPSV (if high risk) ☐ Member/parent refused the following screening/orders: ☐ Hep B vaccine (if not up □ Varicella (2<sup>nd</sup> Dose) □ PPD skin test to date) □ QFT □ IPV ☐ Blood Lead (if not □ CXR in chart) ☐ Urinalysis at 5 years

☐ Hep B Panel (if

☐ Rx Fluoride drops /

(0.25 mg/0.50 mg QD)

chewable tabs

high risk)

□ Influenza vaccine

risk)

□ Other:

□ Meningococcal (if high

□ ECG

□ COVID 19 test

☐ Fluoride varnish

application

Date

Date

oompremensive ric	antin / tooooninon		
6 to 8 Years Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Female		
Accompanied By	□ Self □ Parent □ Other:		
Parent's Primary Language			
Interpreter	□ Yes □ No	□ Refused	
Requested	Name of Interpreter		
Intake	(See CDC Growth Chart)	Vital S	Signs
Height		Temp	
Weight		BP	
BMI Value		Pulse	
BMI %		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Hearing Screening	☐ Responded at < 25 dB 1000-4000 frequencie		□ Non coop
Vision Screening	OD: OS:	OU:	☐ Non coop
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable
Country of Birth:   US  At least 1 parent born in Afric		Voc. □ No.	
Chronic Problems/Sign			oblem List
	Depression □ DM □	•	
-	HIV □ HTN □ Liver D	isease □ Seizu	ires
<ul><li>☐ Uses DME</li><li>☐ ≥ 2 ER vis</li><li>☐ Other:</li></ul>			
Current Medications/Vi	tamins:   See Medication	on List	
Interval History			
Dental Home	Dental visit within past 12 Drinks fluoridated water or		
Diet / Nutrition	□ Regular □ Iron-rich	foods   Other:	
Appetite	□ Good □ Fair	□ Poor	
	☐ Inactive (little or none	•	
Physical Activity	☐ Some (< 2 ½ hrs/wee ☐ Active (≥ 60 min/day)	k)	
	☐ Fainting ☐ Sudden se	eizures □ SOB □	Chest pain
Sleep Pattern	□ Regular □ Fatigue	□ Snoring □	□ Enuresis
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>	
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma	
☐ High cholesterol	□ Cancer	☐ Family Hx of or sudden d	f unexpected leath < 50 yrs
□ Anemia	□ Other:		
Dyadic Behavioral /	☐ WNL - Stable relationsh	•	
Social	☐ Changes in family since	, ,	,
Determinants of Health (SDOH)	<ul><li>□ Problems with housing,</li><li>□ Family stressors (mentage)</li></ul>		
Lives with	□ 1 Parent □ 2 Pare	-	5.01100/000000

Name: Do	OB:	MR#:
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AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ PEARLS, □ Other:		
Anemia	☐ H&P, ☐ Other:	□ H&P. □ Other: □	
Dental (cavities, no dental home)	□ H&P, □ Other:		
Dyadic Behavioral / SDOH	☐ <u>SDOH</u> , ☐ <u>PEARLS</u> , ☐ H&P, ☐ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
Sudden Cardiac Arrest	□ H&P, □ Other:		
Tobacco Use / Exposure	□ Othor:		
Tuberculosis	<ul><li>□ Other:</li><li>□ TB Risk Assessment,</li></ul>		
Exposure	□ Other:		
Growth and Developm	nent / School Progre	ess Grade: _	
□ Rides bicycle	☐ Knows right from left	□ Reads for pl	easure
☐ Ties shoelaces	<ul> <li>□ Draws person with 6 parts including clothing</li> </ul>	□ Tells time	
☐ Rules and consequences	□ Independence □ Prints first na		ame
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 normal Hearing grossly normal	al	
Nose	Passages clear, MM pink	c, no lesions	
Teeth	No visible cavities & gros	ssly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila		
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes		
Female	No lesions, normal exteri	nal appearance	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesion	ons	
Neurologic	Alert, no gross sensory of	r motor deficit	

Comprehensive Health Assessment		Name:	DOB	: MR#:	
Subjective / Objective		Anticipatory Guidance (AG) / Education (√ if discussed)  Health education preference: □ Verbal □ Visual □ Multimedia □ Other:			
			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
			□ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
			<b>Accident Prevention</b>	& Guidance	
			□ Routine dental care	☐ Use of social media	□ Peer pressure
Assessment			Lead Poisoning Prevention	☐ Avoid risk-taking behavior	□ Independence
			<ul><li>☐ Signs of depression (suicidal ideation)</li></ul>	☐ Gun safety	□ Personal development
			<ul><li>Mental health (emotional support)</li></ul>	<ul> <li>□ Non-violent conflict resolution</li> </ul>	□ Physical growth
			□ Form caring & supportive relationships with family & peers	☐ Safety helmet☐ Seat belt	□ Daily mindful movements
			□ Early Sex education	□ Limit screen time	□ Puberty
			☐ Smoking/vaping use/exposure	☐ Skin cancer prevention	□ Bedtime
Plan			Next Appointment		
			□ 1 year	□ RTC PRN	□ Other:
				•	
			<b>Documentation Remi</b>	nders	
			☐ Screening tools (TB, HEP B, etc.) are completed, dated, & reviewed 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
Referrals					
□ Dentist	□ Optometrist / Ophthalmologist	□ Audiologist	Provider Signature	Title	Date
☐ Dietician / Nutritionist	□ Regional Center	□ Early Start or Local Education Agency			
☐ CA Children's Services (CCS)	□ Other:				
Orders					
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel	Notes (include date, ti		,
□ DTaP (if not up to date)	☐ MMR (if not up to date)	☐ Hct / Hgb (if high risk)			
☐ Hep A (if not up to date)	□ Tdap ( <u>&gt;</u> 7 yrs)	☐ Lipid panel (if high risk)			
☐ Hep B (if not up to date)	☐ Varicella (if not up to date)	☐ PPD skin test (if high risk)☐ QFT (if high risk)			
☐ IPV (if not up	☐ Blood Lead (if high	□ CXR			
to date)	risk)  ☐ Hep B Panel (if	□ Urinalysis □ ECG			
☐ Influenza vaccine	☐ Hep B Panel (If high risk)	□ COVID 19 test			
□ Rx Fluoride drops / chewable tabs (0.50 mg/1.0 mg QD)	□ Other:				

Comprehensive He 9 to 12 Years Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Female			
Accompanied By	□ Self □ Parent	□ Other:		
Primary Language				
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused		
Intake	(See CDC Growth Chart)	Vital S	Signs	
Height		Temp		
Weight		BP		
BMI Value		Pulse		
BMI %		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10			
Hearing Screening	□ 9-10 Yrs Old: Responded at ≤ 25 dB at 1000-4000 frequencies in both ears □ ≥11 Yrs Old: Responded at ≤ 25 dB at 1000-8000 frequencies in both ears			
Vision Screening	OD: OS:	OU:	□ Non coop	
Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): □ Unremarkable  Country of Birth: □ US □ Other: □ No Unremarkable  Country of Birth: □ US □ Other: □ No Unremarkable  Country of Birth: □ US □ Other: □ No Unremarkable  Country of Birth: □ US □ Other: □ No Unremarkable  Country of Birth: □ US □ Other: □ No Unremarkable  Country of Birth: □ US □ Other: □ No Unremarkable  Country of Birth: □ US □ Other: □ No Unremarkable  Country of Birth: □ US □ Other: □ No Unremarkable  Country of Birth: □ US □ Other: □ No Unremarkable				
□ HEP B □ HEP C □ F □ Seizures □ STI □ U □ Other:	High Cholesterol □ HIV ses DME □ ≥ 2 ER visits	☐ HTN ☐ Li s in 12 months		
□ HEP B □ HEP C □ F □ Seizures □ STI □ U □ Other:	High Cholesterol □ HIV ses DME □ ≥ 2 ER visits	☐ HTN ☐ Li s in 12 months		

· '	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements:☐Yes ☐No		
		□ ADA	
□ Good □ F	air	□ Poor	
□ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 60 min/day) □ Fainting □ Sudden seizures □ SOB □ Chest pain			
□ Regular □ Fatigue	□ Snoring	□ Enuresis	
□ Yes □ No	□ See CAI	<u>R</u>	
□ Yes □ No □ Mult	iple Partners	□ MSM	
□ None □ Con	doms	□ Other:	
	□ Menorrh	agia	
□ None	□ Alcohol		
<ul><li>□ IV Drugs-Current</li><li>□ IV Drugs-Past Hx</li></ul>	□ Other:		
	Drinks fluoridated water of Regular	Drinks fluoridated water or takes supple  Regular	

Name:	DOB	: N	IR#:
Family History	☐ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma	
☐ High cholesterol	□ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs	
□ Anemia	□ Other:		
Dyadic Behavioral / Social Determinants of Health (SDOH)	<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 Pare	nts   Other:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ <u>PEARLS-12&amp;UP</u> □ Other:		
Alcohol Misuse (Starting at 11 yrs old)	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Depression Score:(Starting at 12 yrs old)	□ <u>PHQ-9A,</u> □ Other:		
Drug Misuse (Starting at 11 years old)	□ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
HIV (Starting at 11 yrs old)	□ H&P, □ Other:		
Sexually Transmitted Infections (Starting at 11 yrs old)	□ H&P, □ Other:		
Sudden Cardiac Arrest (Starting at 11 yrs old)	□ <u>SCD</u> , □ H&P, □ Other:		
Suicide (Starting at 12 yrs old)	□ ASQ, □ PHQ-9A, □ Other:		
Tobacco Use / Exposure	☐ H&P, ☐ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Growth and Developm	nent / School Progre	SS Grade:	
□ School achievement	□ Performs chores	□ Plays / lister	ns to music
□ School attendance	☐ Exhibit compassion & empathy	□ Reads for pl	easure
☐ Cause and effect are understood	☐ Participates in organized sports / social activities	□ Demonstrate social & emotional competence (including self-regulation)	
☐ Caring & supportive relationships with family & peers	☐ Adheres to predetermined rules	□ Knows right	from left
Physical Examination			WNL
General appearance	Well-nourished & develo		

## Comprehensive Health Assessment Name: □ Trichomonas □ COVID 19 test Head No lesions PERRLA, conjunctivae & sclerae clear ☐ Rx Fluoride drops / □ Other: Eyes П Vision grossly normal chewable tabs Canals clear, TMs normal (0.50 mg/1.0 mg QD) Ears Hearing grossly normal Anticipatory Guidance (AG) / Education (√ if discussed) Passages clear, MM pink, no lesions Nose П Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other: Teeth No visible cavities, grossly normal Diet, Nutrition & Exercise Mouth / Pharynx Oral mucosa pink, no lesions ☐ Weight control / obesity □ Vegetables, fruits □ Lean protein П Supple, no masses, thyroid not Neck □ Whole grains / □ Limit fatty, sugary & ☐ Limit candy, chips & ice enlarged iron-rich foods salty foods Chest / Symmetrical, no masses □ Healthy food □ Physical activity / □ Eating disorder Tanner stage: I II III IV V Breast (females) exercise choices Heart No organic murmurs, regular rhythm **Accident Prevention & Guidance** ☐ Alcohol/drug/substance ☐ Social media use □ Peer pressure Lungs Clear to auscultation bilaterally П misuse counseling Abdomen Soft, no masses, liver & spleen normal ☐ Signs of depression □ Avoid risk-taking □ Independence (suicidal ideation) behavior Grossly normal Genitalia Tanner stage: I II III IV V ☐ Mental health □ Gun safety ☐ Personal development (emotional support) Male Circ / uncircumcised, testes in scrotum □ Form caring & □ Non-violent conflict □ Physical growth supportive relationships resolution Female No lesions, normal external appearance with family & peers Femoral pulses ☐ Early Sex education / □ Mindful of daily Normal П □ Safety helmet Safe sex practices movements No deformities, full ROM Extremities ☐ Skin cancer prevention □ Seat belt □ Puberty Lymph nodes Not enlarged □ Smoking/vaping □ Routine dental care □ Bedtime use/exposure Back No scoliosis **Tobacco Use / Cessation** Exposed to 2<sup>nd</sup> hand smoke ☐ Yes ☐ No Skin □ Never smoked or used tobacco products Clear, no significant lesions □ Former smoker: # Yrs smoked \_\_\_\_ # Cigarettes smoked/day \_\_\_\_ Quit date \_ Neurologic Alert, no gross sensory or motor deficit □ Current smoker: # Yrs smoked \_\_\_\_ # Cigarettes smoked/day \_ Type used: □ Cigarettes □ Chewing tobacco □ Vaping products □ Other: Subjective / Objective □ Discussed smoking □ Discussed smoking ☐ Advised to quit smoking cessation medication cessation strategies **Next Appointment Assessment** ☐ RTC PRN □ Other: □ 1 year Plan **Documentation Reminders** Referrals ☐ Height / Weight / BMI ☐ Screening tools (TB, □ Vaccines entered in CAIR □ Dietician / Nutritionist Depression/Suicide, measurements (manufacturer, lot #, VIS □ Dentist □ Optometrist / HEP B, etc.) are plotted in CDC publication dates, etc.) Ophthalmologist completed, dated, & growth chart □ Drug / ETOH Tx rehab □ Behavioral health □ Tobacco cessation class reviewed by provider ☐ CA Children's Services □ Regional Center ☐ Early Start or Local (CCS) **Education Agency** MA / Nurse Title Signature □ OB/GYN: □ Other: **Orders Provider Signature** Title □ COVID 19 vaccine □ CBC / Basic metabolic □ Tdap panel ☐ Hct / Hgb (yearly if ☐ Hep B vaccine (if not ☐ Varicella (if not up given previously) to date) menstruating) ☐ HPV vaccine (if not up **Notes** (include date, time, signature, and title on all entries) ☐ Hep B Panel (if not ☐ Lipid panel (once to date) up to date) between 9-11 yrs) ☐ Member/parent refused the following screening/orders: □ Influenza vaccine □ Chlamydia □ PPD skin test □ Gonorrhea □ QFT

☐ Meningococcal vaccine

☐ MMR (if not up to date)

(11 to 12 yrs)

☐ HIV (if high risk)

□ Herpes

□ Syphilis

□ CXR

□ ECG

□ Urinalysis

Date

Date

13 to 16 Years Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Female		
Accompanied By	□ Self □ Parent	□ Other:	
Primary Language			
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused :	
Intake	(See CDC Growth Chart)	Vital S	Signs
Height		Temp	
Weight		BP	
BMI Value		Pulse	
BMI %		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Hearing Screening	☐ Responded at < 25 dB 1000-8000 frequencies		□ Non coop
Vision Screening	OD: OS:	OU:	☐ Non coop
Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs):			
Country of Birth: □ US		- N	
□ Asthma □ Cancer □ □ HEP B □ HEP C □ H	t born in Africa, Asia, Pacific Islands: □ Yes □ No   lems/Significant Conditions: □ None □ See Problem List   Cancer □ Depression □ DM □ Dialysis □ Heart Disease    IEP C □ High Cholesterol □ HIV □ HTN □ Liver Disease    IEP C □ Uses DME □ ≥ 2 ER visits in 12 months		
Current Medications/Vitamins: ☐ See Medication List			
Interval History			
Dental Home	Dental visit within past 12 Drinks fluoridated water or		
Diet / Nutrition	□ Regular □ Low calorie □ ADA □ Iron-rich foods □ Other:		ADA
Appetite	□ Good □ Fair □ Poor		
Physical Activity	□ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 60 min/day) □ Fainting □ Sudden seizures □ SOB □ Chest pain		
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>	
Sexually Active	□ Yes □ No □ Multi	ple Partners 🛚	MSM
Contraceptive Used	□ None □ Cond	doms	Other:
LMP (females):		☐ Menorrhagia	i
Current Alcohol / Substance Use	□ None	□ Alcohol	
□ Drugs (specify):	☐ IV Drugs-Current☐ IV Drugs-Past Hx	□ Other:	

Name:	DOR:	: IV	IK#:
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma	
☐ High cholesterol	□ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs	
□ Anemia	□ Other:		
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationships w/ social/emotional support     □ Changes in family since last visit (move, job, death)     □ Problems with housing, food, employment, incarceration     □ Family stressors (mental illness, drugs, violence/abuse)		ob, death) t, incarceration
Lives with	□ 1 Parent □ 2 Parer	nts   Other:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Alcohol Misuse	□ <u>CRAFFT</u> , □ H&P, □ Other:		
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Depression Score:	□ <u>PHQ-9A,</u> □ Other:		
Drug Misuse	□ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
HIV (Test at least once starting at 15 yrs old)	□ H&P, □ Other:		
Sexually Transmitted Infections	□ H&P, □ Other:		
Sudden Cardiac	□ <u>SCD</u> ,		
Arrest	□ H&P, □ Other:		
Suicide	□ <u>ASQ</u> , □ <u>PHQ-9A</u> , □ Other:		
Tobacco Use / Exposure	□ H&P, □ Other:		
Tuberculosis	□ TB Risk Assessment,		
Exposure	□ Other:		
Growth and Developm  ☐ School achievement	□ Performs chores	SS Grade:	ne to mueic
			is to music
□ School attendance	□ Leams new skills	□ Reads	
<ul> <li>□ Understands parental limits &amp; consequences for unacceptable behavior</li> </ul>	☐ Participates in organized sports / social activities	☐ Uses both hands independently	
☐ Ability to get along with peers	<ul> <li>□ Learns from mistakes &amp; failures, tries again</li> </ul>	☐ Preoccupation with rapid body changes	
Physical Examination			WNL
General appearance	Well-nourished & developed No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal	sclerae clear	

~	0 100 10 1/ 0	hanaiwa	Llaalth.	Accessment
U	ompre	nensive	пеанн	<b>Assessment</b>

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 lesions		
Neck	Supple, no masses, thyr enlarged	roid not	
Chest/Breast (females)	Symmetrical, no masses Tanner stage: I II III		
Heart	No organic murmurs, re		
Lungs	Clear to auscultation bild	aterally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage: I II III	IV V	
Male	Circ / uncircumcised, tes		
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			
Assessment			
Assessment	□ Optometrist / Ophthalmologist	□ Dietician / Nutriti	ionist
Assessment Plan Referrals	□ Optometrist / Ophthalmologist □ Behavioral health	□ Dietician / Nutriti	
Assessment  Plan  Referrals  □ Dentist	Ophthalmologist		ion class
Assessment  Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services	Ophthalmologist   Behavioral health	□ Tobacco cessati	ion class
Assessment  Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)	Ophthalmologist  ☐ Behavioral health  ☐ Regional Center	□ Tobacco cessati	ion class
Assessment  Plan  Referrals  □ Dentist  □ Drug / ETOH Tx rehab  □ CA Children's Services (CCS)  □ OB/GYN:	Ophthalmologist  ☐ Behavioral health  ☐ Regional Center	□ Tobacco cessati	ion class
Assessment  Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)  OB/GYN:  Orders	Ophthalmologist  □ Behavioral health  □ Regional Center  □ Other:	□ Tobacco cessati □ Early Start or Lo Education Agence	ion class ical icy
Assessment  Plan  Referrals  Dentist  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 cessati □ Early Start or Lo Education Agence □ CBC / Basic mer panel □ Hct / Hgb (yearly	tabolic y if
Assessment  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:  □ Tdap  □ Varicella (if not up to date)  □ Hep B Panel (if high risk)  □ Chlamydia	□ Tobacco cessati □ Early Start or Lo Education Agence □ CBC / Basic mer panel □ Hct / Hgb (yearly menstruating) □ Lipid panel (if higher) □ PPD skin test	ion class ical icy tabolic
Assessment  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:  □ Tdap  □ Varicella (if not up to date)  □ Hep B Panel (if high risk)  □ Chlamydia □ Gonorrhea □ HIV (if high risk)	□ Tobacco cessati □ Early Start or Lo Education Agence □ CBC / Basic mer panel □ Hct / Hgb (yearly menstruating) □ Lipid panel (if higher	tabolic y if
Assessment  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:  □ Tdap  □ Varicella (if not up to date)  □ Hep B Panel (if high risk)  □ Chlamydia □ Gonorrhea  □ HIV (if high risk)  □ Herpes □ Syphilis	□ Tobacco cessati □ Early Start or Lo Education Agence □ CBC / Basic mer panel □ Hct / Hgb (yearly menstruating) □ Lipid panel (if high □ PPD skin test □ QFT □ CXR □ Urinalysis □ ECG	tabolic y if
Assessment  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 (if not up to date)	Ophthalmologist  □ Behavioral health  □ Regional Center  □ Other:  □ Tdap  □ Varicella (if not up to date)  □ Hep B Panel (if high risk)  □ Chlamydia  □ Gonorrhea  □ HIV (if high risk)  □ Herpes	□ Tobacco cessati □ Early Start or Lo Education Agence □ CBC / Basic mer panel □ Hct / Hgb (yearly menstruating) □ Lipid panel (if high □ PPD skin test □ QFT □ CXR □ Urinalysis	tabolic y if

Name:	DOB:	: MR#:			
	Anticipatory Guidance (AG) / Education (√ if discussed)				
Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:					
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>	☐ Healthy food choices	□ Eating disorder			
Accident Prevention &	& Guidance				
☐ Alcohol/drug/substance misuse counseling	□ Social Media Use	□ Goals in life			
☐ Signs of depression (suicidal ideation)	☐ Avoid risk-taking behavior	□ Independence			
☐ Mental health (emotional support)	☐ Gun safety	□ Personal development			
☐ Intimate partner violence	☐ Violent behavior	☐ Academic or work plans			
☐ Sex education (partner selection)	□ Safety helmet	☐ Family support, social interaction & communication			
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt	☐ Mindful of daily movements			
☐ Skin cancer prevention	☐ Motor vehicle safety (no texting & driving)	□ Physical growth			
☐ Smoking/vaping use/exposure	☐ Routine dental care	□ Sexuality			
<ul> <li>□ Never smoked or used tot</li> <li>□ Former smoker: # Yrs sm</li> <li>□ Current smoker: # Yrs sm</li> <li>Type used: □ Cigarettes □</li> </ul>	oked # Cigarettes sr oked # Cigarettes sr	moked/day			
☐ Advised to quit smoking	☐ Discussed smoking cessation medication	☐ Discussed smoking			
Next Appointment					
□ 1 year	□ RTC PRN	□ Other:			
<b>Documentation Remir</b>	nders				
☐ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed 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, tir	ne, signature, and title	e on all entries)			
☐ Member/parent refused th		· · · · · · · · · · · · · · · · · · ·			

17 to 20 Years	Actual Age:	Date:		
Sex at Birth	□ Male □ Female			
Accompanied By	□ Self □ Parent	□ Other:		
Primary Language				
Interpreter		□ Refused		
Requested Intake	Name of Interpreter (See CDC Growth Chart)	Vital S	Sians	
Height	(,	Temp		
Weight		BP		
☐ Significant loss/gain:lbs				
BMI Value		Pulse		
BMI %		Resp		
Allergies / Reaction	Location:			
Pain	Scale: 0 1 2 3	4 5 6 7 8	9 10	
Hearing Screening	☐ Responded at ≤ 25 dE 1000-8000 frequencies		□ Non coop	
Vision Screening	OD: OS:	OU:	□ Non coop	
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable	
•	Country of Birth:   Other:			
At least 1 parent born in Afric Dental Home	Ea, Asia, Pacific Islands: L  Dental visit within past 12		□ No	
Advance Directive	□ Yes □ Refused			
Info given/discussed	Starting at 18 years old	Starting at 18 years old		
Chronic Problems/Significant Conditions: □ None □ See Problem List □ Asthma □ Cancer □ Depression □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ High Cholesterol □ HIV □ HTN □ Liver Disease □ Seizures □ STI □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:				
Functional Limitations (			Colf core	
	obility □ Communication □ Cognition □ Self-care itamins: □ See Medication List			
□ Taking 0.4 to 0.8 mg of folic acid daily (females of reproductive age)				
Interval History	□ Pogulor □ Lo	wy colorio	ADA	
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA☐ Iron-rich foods ☐ Other:			
Appetite	□ Good □ Fa	air 🗆	Poor	
Physical Activity	□ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 60 min/day) □ Fainting □ Sudden seizures □ SOB □ Chest pain			
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>	·	
Sexually Active	□ Yes □ No □ Multi	iple Partners □	MSM	
Contraceptive Used	□ None □ Condoms	□ Other:		
LMP (females):	G P A	□ Menorrhagia	1	
Current Alcohol / Substance Use	□ None	□ Alcohol		
□ Drugs (specify):	<ul><li>□ IV Drugs-Current</li><li>□ IV Drugs-Past Hx</li></ul>	□ Other:		

Name:	DOB	: IV	IR#:
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma	
☐ High cholesterol	□ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs	
□ Anemia	□ Other:	,	
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationships w/ social/emotional support     □ Changes in family since last visit (move, job, death)     □ Problems with housing, food, employment, incarceratic     □ Family stressors (mental illness, drugs, violence/abuse)		ob, death) t, incarceration
Lives with	□ 1 Parent □ 2 Parents □ Other:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	☐ ACEs, ☐ PEARLS, ☐ Other:		
Alcohol Misuse	□ <u>CRAFFT</u> , □ H&P, □ Other:		
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Depression Score:	□ <u>PHQ-9A</u> , □ Other:		
Drug Misuse	□ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ CDC HEP Risk, □ H&P, □ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	, □ H&P, □ Other:		
Sexually Transmitted Infections	□ H&P, □ Other:		
Sudden Cardiac Arrest	□ <u>SCD</u> , □ H&P, □ Other:		
Suicide	□ <u>ASQ</u> , □ <u>PHQ-9A</u> , □ Other:		
Tobacco Use / Exposure	☐ H&P, ☐ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Growth and Developm	nent / School Progre	SS Grade:	
☐ Hobbies / work	□ Plays sports	□ Plays / lister	ns to music
☐ School achievement / attendance	☐ Acts responsibly for self	☐ Takes on ne	
☐ Improved social skills; maintains family relationships	☐ Sets goals & works towards achieving them	□ Preparation education, of marriage &	for further career,
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect evider		
Head	No lesions		
Eyes	PERRLA, conjunctivae &	sclerae clear	

Canals clear TMs normal	
Hearing grossly normal	
Passages clear, MM pink, no lesions	
No visible cavities, grossly normal	
Oral mucosa pink, no lesions	
Supple, no masses, thyroid not enlarged	
Symmetrical, no masses Tanner stage: I II III IV V	
No organic murmurs, regular rhythm	
Clear to auscultation bilaterally	
Soft, no masses, liver & spleen normal	
Grossly normal Tanner stage: I II III IV V	
Circ / uncircumcised, testes in scrotum	
No lesions, normal external appearance	
Done or completed elsewhere OB/GYN name:	
Normal	
Not enlarged	
No scoliosis	
Clear, no significant lesions	
Alert, no gross sensory or motor deficit	
ve	
	Canals clear, TMs normal Hearing grossly normal  Passages clear, MM pink, no lesions  No visible cavities, grossly normal  Oral mucosa pink, no lesions  Supple, no masses, thyroid not enlarged  Symmetrical, no masses Tanner stage: I II III IV V  No organic murmurs, regular rhythm  Clear to auscultation bilaterally  Soft, no masses, liver & spleen normal  Grossly normal Tanner stage: I II III IV V  Circ / uncircumcised, testes in scrotum  No lesions, normal external appearance  Done or completed elsewhere OB/GYN name:  Normal  Not enlarged  No scoliosis  Clear, no significant lesions  Alert, no gross sensory or motor deficit

Teeth	No visible cavities, grossly	y normal	
Mouth / Pharynx	Oral mucosa pink, no lesi	ons	
Neck	Supple, no masses, thyro enlarged	id not	
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III I	V V	
Heart	No organic murmurs, regu	ılar rhythm	
Lungs	Clear to auscultation bilate	erally	
Abdomen	Soft, no masses, liver & s	pleen normal	
Genitalia	Grossly normal Tanner stage: I II III I	V V	
Male	Circ / uncircumcised, test	es in scrotum	
Female	No lesions, normal extern	al appearance	
Vaginal exam	Done or completed elsew name:	here OB/GYN	
Femoral pulses	Normal		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesion	าร	
Neurologic	Alert, no gross sensory or	motor deficit	
Subjective / Objective			
Assessment			
Assessment			
Assessment			
Plan	□ Optometrist/ Ophthalmologist	□ Dietician/ Nutr	itionist
Plan Referrals	•	□ Dietician/ Nutr	
Plan  Referrals  Dentist	Ophthalmologist		ation class
Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services	Ophthalmologist  Behavioral health	☐ Tobacco cess	ation class
Plan  Referrals  □ Dentist  □ Drug / ETOH Tx rehab  □ CA Children's Services (CCS)	Ophthalmologist  Behavioral health  Regional Center	☐ Tobacco cess	ation class
Plan  Referrals  Dentist  CA Children's Services (CCS)  OB/GYN	Ophthalmologist  Behavioral health  Regional Center  Other:  Hep B Panel (at	□ Tobacco cesss □ Early Start or I Education Age	ation class  Local
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 l Education Age	ation class  Local ency  netabolic
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:  □ Hep B Panel (at least once ≥18 yrs)  □ Hep C Antibody test (at least once ≥18 yrs)  □ Rx for folic acid 0.4-	□ Tobacco cess □ Early Start or l Education Age □ CBC / Basic m panel □ Hct / Hgb (yea menstruating) □ Lipid panel (or	ation class  Local ency  netabolic  urly 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)	Ophthalmologist  □ Behavioral health  □ Regional Center  □ Other:  □ Hep B Panel (at least once ≥18 yrs)  □ Hep C Antibody test (at least once ≥18 yrs)  □ Rx for folic acid 0.4-0.8mg daily (females)  □ Chlamydia	□ Tobacco cess □ Early Start or l Education Age □ CBC / Basic m panel □ Hct / Hgb (yea menstruating) □ Lipid panel (or between 17-2*	ation class  Local ency  netabolic  urly if
Plan  Referrals  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	Ophthalmologist  □ Behavioral health  □ Regional Center  □ Other:  □ Hep B Panel (at least once ≥18 yrs)  □ Hep C Antibody test (at least once ≥18 yrs)  □ Rx for folic acid 0.4-0.8mg daily (females)  □ Chlamydia  □ Gonorrhea	□ Tobacco cess □ Early Start or l Education Age □ CBC / Basic m panel □ Hct / Hgb (yea menstruating) □ Lipid panel (or between 17-2' □ PPD skin test □ QFT	ation class  Local ency  netabolic  urly 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 to date)	Ophthalmologist  □ Behavioral health  □ Regional Center  □ Other:  □ Hep B Panel (at least once ≥18 yrs)  □ Hep C Antibody test (at least once ≥18 yrs)  □ Rx for folic acid 0.4-0.8mg daily (females)  □ Chlamydia	□ Tobacco cess □ Early Start or l Education Age □ CBC / Basic m panel □ Hct / Hgb (yea menstruating) □ Lipid panel (or between 17-2*	ation class  Local ency  netabolic  urly if
Plan  Referrals  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:  □ Hep B Panel (at least once ≥18 yrs)  □ Hep C Antibody test (at least once ≥18 yrs)  □ Regional Center	□ Tobacco cess □ Early Start or I Education Age □ CBC / Basic m panel □ Hct / Hgb (yea menstruating) □ Lipid panel (or between 17-2 companing) □ PPD skin test □ QFT □ CXR	ation class  Local ency  netabolic  arty if  nce I yrs)

Name:	DOB:	: MR#:		
Anticipatory Guidance Health education preference		· ·		
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 &				
□ Alcohol/drug/substance	☐ Social media use	☐ Transitioning to adult		
misuse counseling		provider		
□ Routine dental care	<ul> <li>☐ Avoid risk-taking behavior</li> </ul>	□ Independence		
☐ Signs of depression (suicidal ideation)	☐ Gun safety	□ Personal development & goals in life		
<ul><li>☐ Intimate partner violence</li></ul>	☐ Violent behavior	☐ Academic or work plans		
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Seat belt / Safety Helmet	□ Testicular self-exam		
☐ Skin cancer prevention	☐ Motor vehicle safety (no texting & driving)	☐ Self-breast exam		
☐ Smoking/vaping use/exposure	☐ Mental health (emotional support)	□ Prenatal care / encourage breastfeeding		
Type used: □ Cigarettes □ □ Advised to quit smoking  Next Appointment	□ Discussed smoking cessation medication	☐ Discussed smoking		
Next Appointment				
□ 1 year	□ RTC PRN	□ Other:		
Documentation Remir	nders			
☐ Screening tools (TB,	☐ Height / Weight / BMI	□ Vaccines entered in CAIR		
Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider	measurements plotted in CDC growth chart	(manufacturer, lot #, VIS publication dates, etc.)		
MA / Nurse Signature	Title	Date		
Provider Signature	Title	Date		
Notes (include date, tir	me, signature, and title	e on all entries)		
☐ Member/parent refused th	ne following screening/order	rs:		