NEVADA HEALTHY KIDS (EPSDT)

Established Patient Screening Form (CPT 99391-99395)

Name **Date** **DOB** **Age** **Sex**

Medicaid# **Parent/Guardian Name** **Provider NPI**

Patient's Medical History

History reviewed from last visit. ☐ **No** ☐ **Yes** **Any changes since last visit?** ☐**No** ☐**Yes**

Family Medical History: ☐ **Refer to completed history form in chart. Updates?**

Growth/Vital Signs

Ht **(_____%)** **Temp** **Pulse** **Resp** **B/P** **Allergies**

Wt **(_____%)** **Current Medications** **Nutrition**

HC or BMI **(_____%)** **Present Concerns**

Physical Exam-unclothed

(**N**- Normal **A**- Abnormal **NE**- No exam)

N	A	NE		N	A	NE		N	A	NE	
☐	☐	☐	Appearance	☐	☐	☐	Nose	☐	☐	☐	Abdomen
☐	☐	☐	Head/Face	☐	☐	☐	Mouth/Teeth	☐	☐	☐	Genitalia
☐	☐	☐	Hair/Scalp	☐	☐	☐	Neck	☐	☐	☐	Musculoskeletal
☐	☐	☐	Eyes/Vision Screen	☐	☐	☐	Heart/Lungs	☐	☐	☐	Extremities
☐	☐	☐	Ears/Hearing Screen	☐	☐	☐	Skin/Nodes	☐	☐	☐	Neuro

Describe any abnormalities

Developmental/Emotional Behavior

Age/Culturally appropriate (i.e. through parental interview, observation or screening tool): ☐ **Yes** ☐ **No**

Name of screening tool, if used: **Referral:**

Anticipatory Guidance/Nutrition/Safety (Check each one that is discussed with patient/caregiver.)

☐ **Nutrition**	☐ **Adequate Sleep**	☐ **Limit TV/Computer Time**	☐ **Maternal/Caregiver Depression**
☐ **Vitamins**	☐ **Active Play**	☐ **Social/School Adjustment**	
☐ **Brush Teeth/Visit Dentist**	☐ **No Smoking in House/Car**	☐ **Privacy/Hygiene**	
☐ **Family Relationships**	☐ **Car Seat/Safety Belt**	☐ **Puberty/Sex**	

Impression

Well Child ☐ **Yes** ☐ **No Dx:** **Normal Growth/Development** ☐ **Yes** ☐**No Dx:** **Next screening due at age**

Treatment Plan/Referral

☐ **Fluoride Varnish Application** ☐ **Refer to dentist** ☐ **Refer to Specialist** **Type of Specialist**

Immunizations Given ☐ Up-to-date

☐ **DTaP** (DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td)	☐ **MMR**(MMR, MMRV)
☐ **Hib** (Hib, Hib-HepB, DTaP-Hib)	☐ **Meningococcal** (MCV4, MPSV4)
☐ **Hep A**	☐ **Pneumococcal** (PCV, conjugate, PPV, polysaccharide)
☐ **Hep B** (HepB, Hib-HepB, DTap-HepB-IPV)	☐ **Polio** (IPV, DTaP-HepB-IPV)
☐ **HPV**	☐ **Rotavirus**
☐ **Influenza** (TIV, LAIV)	☐ **Varicella** (Var, MMRV)

Laboratory Ordered ☐ Up-to date

☐ **Hgb/Hct** ☐ **Lead** ☐**PKU** ☐ **Sickle Cell** ☐ **TB Test** ☐ **U/A** ☐**Other**

Provider Signature: _____ **Date:** _____