### NEVADA HEALTHY KIDS (EPSDT)
Initial New Patient Screening Form (CPT 99381-99385)

#### Patient's Medical History
- Birth Weight
- Birth Length
- Serious Injury/Illness
- Surgeries

#### Family Medical History
- Asthma/Allergies
- Heart Attack/Stroke
- Scoliosis/Arthritis
- Retardation
- Birth Defects
- High Blood Pressure
- Substance Abuse
- Mental Illness
- Blood/Sickle Cell
- Kidney/Liver Disease
- Urinary Problems
- Disabilities
- Cancer
- Lung Disease
- Ulcers/Stomach Upset
- Other
- Diabetes
- Obesity
- Bowel Problems
- Behavioral/Emotional History

#### 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
- Appearance
- Nose
- Abdomen
- Head/face
- Mouth/Teeth
- Genitalia
- Hair/Scalp
- Neck
- Musculoskeletal
- Eyes/Vision Screen
- Heart/Lungs
- Extremities
- Ears/Hearing Screen
- Skin/Nodes
- Neuro

#### Developmental/Emotional Behavior
- Age/Culturally appropriate (i.e. through parental interview, observation or screening tool):
- Yes
- No

#### Anticipatory Guidance/Nutrition/Safety
- Name of screening tool, if used: Referral:
- 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
- Normal Growth/Development
- Next screening due at age

#### Treatment Plan/Referral
- Fluoride Varnish Application
- Refer to dentist
- Refer to Specialist
- Type of Specialist

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

#### Laboratory Ordered
- Hgb/Hct
- Lead
- PKU
- Sickle Cell
- TB Test
- U/A
- Other

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Provider Signature: ___________________________ Date: ___________________________