

NAME:
DOB:
GENDER:    MALE    FEMALE
DATE OF SERVICE:

MEDICAID ID:
PRIMARY CARE GIVER:
PHONE:
INFORMANT:

### HISTORY

See new patient history form

#### INTERVAL HISTORY:

NKDA                      Allergies:

Current Medications:

Visits to other health-care providers, facilities:

Parental concerns/changes/stressors in family or home:

Psychosocial/Behavioral Health Issues: Y    N  
Findings:

#### DEVELOPMENTAL SCREENING:

Use of standardized tool: ASQ    PEDS    P    F

Autism screening: M-CHAT™    M-CHAT-R/F™    P    F

Findings:

#### NUTRITION\*:

Breast                      Bottle                      Cup  
Milk (%): \_\_\_\_\_ Ounces per day: \_\_\_\_\_  
Solid foods: \_\_\_\_\_  
Juice: \_\_\_\_\_  
Water source: \_\_\_\_\_ fluoride: Y    N

*\*See Bright Futures Nutrition Book if needed*

### IMMUNIZATIONS

Up-to-date  
Deferred - Reason:

Given today: DTaP    Hep A    Hep B    Hib    IPV  
MMR    PCV    Meningococcal\*    Varicella  
MMRV    DTaP-Hib    DTaP-IPV-Hep B  
DTaP-IPV/Hib    Influenza

*\*Special populations: See ACIP*

### LABORATORY

Tests ordered today:

### UNCLOTHED PHYSICAL EXAM

See growth graph

Weight: \_\_\_\_\_ ( \_\_\_\_\_ %)    Length: \_\_\_\_\_ ( \_\_\_\_\_ %)

Head Circumference: \_\_\_\_\_ ( \_\_\_\_\_ %)

Heart Rate: \_\_\_\_\_    Respiratory Rate: \_\_\_\_\_

Temperature (optional): \_\_\_\_\_

Normal (Mark here if all items are WNL)

Abnormal (Mark all that apply and describe):

Appearance	Mouth/throat	Genitalia
Head/fontanel	Teeth	Extremities
Skin	Neck	Back
Eyes	Heart/pulses	Musculoskeletal
Ears	Lungs	Hips
Nose	Abdomen	Neurological

Abnormal findings:

Subjective Vision Screening:    P    F

Subjective Hearing Screening:    P    F

### HEALTH EDUCATION/ANTICIPATORY GUIDANCE *(See back for useful topics)*

Selected health topics addressed in any of the following areas\*:

- Family Support
- Development/Behaviors
- Communication
- Nutrition
- Safety

*\*See Bright Futures for assistance*

### ASSESSMENT

### PLAN/REFERRALS

Dental Referral: Y  
Other Referral(s)

Return to office:

Signature/title

Signature/title

