NAME:	MEDICAID ID:
DOB:	PRIMARY CARE GIVER:
GENDER: MALE FEMALE	PHONE:
DATE OF SERVICE:	INFORMANT:

Texas Health Steps

CHILD HEALTH RECORD

3 YEAR VISIT

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:

☐ Lead questionnaire, risk identified: Y ☐ N ☐
☐ TB questionnaire*, risk identified: Y ☐ N ☐
**Tuberculin skin test if indicated* ☐ TST*
(See back for forms)

DEVELOPMENT SCREENING:
Use of standardized tool:
ASQ ☐ ASQ:SE ☐ PEDS ☐ P ☐ F ☐

NUTRITION*:
Problems: Y ☐ N ☐
Assessment:

**See Bright Futures Nutrition Book if needed*

IMMUNIZATIONS

☐ Up-to-date
☐ Deferred - Reason:

Given today: ☐ DTaP ☐ HAV ☐ HBV ☐ HIB ☐ IPV
☐ Meningococcal ☐ MMR ☐ Pneumococcal
☐ Varicella ☐ MMR-V ☐ HIB-HBV ☐ DTap-HIB
☐ DTaP-HB-IPV ☐ DTaP-IPV-HIB ☐ Influenza

LABORATORY

Up-to-date
Deferred - Reason:

Ordered today:

Signature/title

UNCLOTHED PHYSICAL EXAM

☐ See growth graph

Weight: _____ (_____%) Height: _____ (_____%)
BMI: _____ (_____%) Heart Rate: _____
Blood Pressure: _____/_____ Respiratory Rate: _____
Temperature: _____

☐ Normal (Mark here if all items are WNL)

Abnormal (Mark all that apply and describe):

☐ Appearance	☐ Nose	☐ Lungs
☐ Head	☐ Mouth/throat	☐ Abdomen
☐ Skin	☐ Teeth	☐ Genitalia
☐ Eyes	☐ Neurological	☐ Extremities
☐ Ears	☐ Heart	☐ Back
		☐ Musculoskeletal

Abnormal findings:

Visual Acuity Screening:
OD____/____ OS____/____ OU____/____

Hearing Checklist for Parents: P F
(See back for form)

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

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

- School Readiness
- Development
- Physical Activity
- Nutrition
- Safety

ASSESSMENT

PLAN/REFERRALS

Dental Referral: Y ☐
Other Referral(s)

Return to office: _____

Signature/title

Texas Health Steps

CHILD HEALTH RECORD

3 YEAR VISIT

Name: | Medicaid ID:

Typical Developmentally Appropriate Health Education Topics

3 Year Old Visit

- Lead risk assessment*
- Allow 1:1 time for each child in the family
- Discipline constructively using time-out for 1 minute/year of age
- Encourage child to tell the story his/her way
- Establish routine and assist with tooth brushing with soft brush twice a day
- Limit TV/computer time to 1-2 hours/day
- Maintain consistent family routine
- Provide age-appropriate toys to develop imagination
- Show affection/praise for good behaviors
- Provide nutritious 3 meals and 2 snacks; limit sweets/high-fat foods
- Encourage supervised outdoor exercise
- Lock up guns
- No shaking baby (Shaken Baby Syndrome)
- Provide home safety for fire/carbon monoxide poisoning
- Provide safe/quality after-school care
- Supervise when near or in water even if child knows how to swim
- Teach how to answer the door/telephone
- Use of front-facing car seat until 4 years old and 40 pounds
- Establish consistent bedtime routine
- Establish consistent limits/rules and consistent consequences
- Read books and sing together daily

See Bright Futures for assistance

HEARING CHECKLIST FOR PARENTS

	Yes	No	
25 to 36 months			Does your child answer different kinds of questions ("When...," "Who...," "What...,")?
			Does your child notice different sounds (telephone ringing, shouting, doorbell)?

If you answered "no" to any of the above questions, ask your doctor about a hearing test for your baby. Babies can be tested as soon as the day of birth.

TB QUESTIONNAIRE

Place a mark in the appropriate box:	**Yes**	**Do not know**	**No**
Has your child been tested for TB?			
If yes, specify date			
Has your child ever had a positive Tuberculin Skin Test?			
If yes, specify date			
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know:			
has your child been around anyone with any of these symptoms or problems? or			
has your child had any of these symptoms or problems? or			
has your child been around anyone sick with TB?			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for longer than 3 weeks?			
If so, specify which country/countries?			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison, or has recently come to the United States from another country?			

*LEAD RISK FACTORS

Perform a blood lead test if parent/caretaker answers "Yes/don't know" to any of the questions below.	**Yes**	**Do not know**	**No**
• Child lives in or visits a home, day care, or other building built before 1978 or undergoing repair			
• Pica (Eats non-food items)			
• Family member with an elevated blood lead level			
• Child is a newly arrived refugee or foreign adoptee			
• Exposure to an adult with hobbies or jobs that may have risk of lead contamination (See Pb-110 for a list)			
• Food sources (including candy) or remedies (See Pb-110 for a list)			
• Imported or glazed pottery			
• Cosmetics that may contain lead (See Pb-110 for a list)			

The use of the Form Pb-110, Lead Risk Questionnaire is optional. It is available at www.dshs.texas.gov/thsteps/forms.shtm. If completed, return the form to the Texas Childhood Lead Poisoning Prevention Program as directed on the form.

TEXAS Health and Human Services Commission