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

# 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  $\hfill\square$  N  $\hfill\square$  Findings:

Lead questionnaire, risk identified:	Υ□	Ν
□ TB questionnaire*, risk identified:	Υ□	Ν
*Tuberculin skin test if indicated		
(See back for forms)		

#### **DEVELOPMENT SCREENING:** Use of standardized tool:

036 01	Stanuarui	260 1001.		
ASQ	ASQ:SE	PEDS	Р	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	
□ Varicella □ MMR-V □ HIB-HBV □ DTap-HIB □ DTaP-HB-IPV □ DTaP-IPV-HIB □ Influenza	PLAN/REFERRALS
LABORATORY	Dental Referral: Y □ Other Referral(s)
Up-to-date Deferred - Reason:	

Abnormal findings:

MEDICAID ID:

**INFORMANT:** 

□ See growth graph

Blood Pressure:

Temperature:

Appearance

Head

🗆 Skin

Eyes

Ears

PHONE:

Weight:

BMI:

PRIMARY CARE GIVER:

UNCLOTHED PHYSICAL EXAM

%)

□ Nose

Teeth

Heart

□ Mouth/throat

Neurological

1

Normal (Mark here if all items are WNL)
 Abnormal (Mark all that apply and describe):

(

%) Height:

Heart Rate:

Respiratory Rate:

Lungs

Back

Abdomen

Genitalia

Extremities

Musculoskeletal

Visual	Acuity	Screening:		
OD	/	OS	1	

\_\_\_\_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
   Nutrition
- Development
   Safety
- Physical Activity

### ASSESSMENT

Return to office:

YEAR VISI1

3

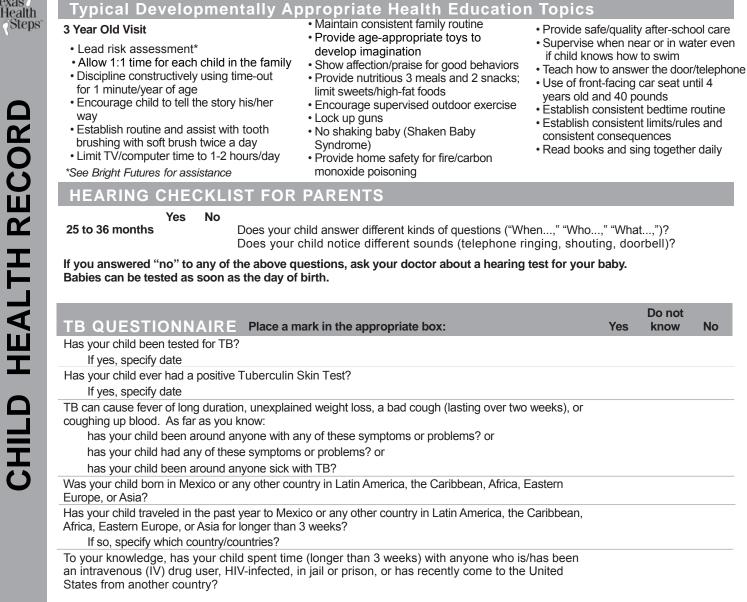
Health Steps

%)

Ordered today:

Signature/title

### Name:



# \*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)			
<ul> <li>Food sources (including candy) or remedies (See Pb-110 for a list)</li> </ul>			
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.state.tx.us/thsteps/forms.shtm. If completed, return the form to the Texas Childhood Lead Poisoning Prevention Program as directed on the form.



**YEAR VISIT** 

3

**Kas**