

Received on:\_

## 123 Child Development Center





EPSI	OT Infancy E	ncounte	r Fo	orm (Ne	wbo	rn-9 m	nos)			Visit # □	1mos [	☐ 2mos ☐	4mos □ 6r	nos 🗆 9mos
	Name:	Date of Birth:								Sex □ N	I □ F			
Histor														
Birth: □ Vaginal □ C-Section						tion 🗆 B	reast $\square$	Form	nula	1	Δ	Allergies:		
	nplications:	Birth Weig	h+										<u> </u>	
	iplications.	Gestation			L 3u	pplement	Erea	ша	ncv	Current Meds:			_	
		Gestation			AmountsFrequen					iicy	-   _			_
Elimination: Sleep:					Senso	ory Screen				S	necial Healt	h Care Needs		
☐ Stool ☐ Norma			1		Vision ☐ Normal ☐ Abnormal					I				<u> </u>
☐ Urine ☐ Abnor					Hearing  Normal  Abnormal						_   -			
					Treating - Normal - Abhorma					'				
	rehensive Exam			T .								1 .		
Date	Test			Results				Date	•	Test		Results		
	Head Circumfere	nce								Height				
	Hematocrit/Hemoglobin									Weight	it			
				Normal for a	age /	Abnormal	Not Ev	Eval. (		nments				
a. General Appearance														
b. Skin c. Head/fontanels														
d. Eyes														
e. Ears														
f. Nose														
g. Oropharynx/throat														
h. Oral Health					-									
i. Lung j. Hear			-											
					-									
k. Abdomen I. Genitalia														
m. Extremities														
n. Spine														
o. Neurological (1) Gross Motor														
(2) Fine Motor														
(3) Communication Ski			ills											
(4) Cognitive														
(5) Self-Help Skills														
	(6) Social	Skills												
Health	Education/Anticip	atory Guida	nce											
Health			Nuti	rition/Diet		Safety	Safety				Psyc	sychosocial/Behavior		
	bottle in bed/bottle			ncrease For			eping or					emperamen		
	ken baby prevention			Cereal/Solids			Seats-r	ear fac	ing				onsole baby:	
	sive smoke/tobacco	0		Colic/Fussine			Safety						g: talk, sing, r	
☐ Fev	er protocols			upplements	5	☐ Smo	☐ Smoke detector					$\square$ Opportunities for exploration		on
☐ We	ight			$\square$ Drinking from a cup			☐ Safe bathing/Safe			vater temp		Develop Routines		
☐ Imn	nunizations		□ □	☐ Physical activity			☐ Toy Safety/Falls							
□ ТВ							☐ Signs of illness/emer			gencies				
☐ Lead 12 mos and 24 mos				☐ Physical and emotion				nal abuse						
Finding	gs, treatment, reco	mmendation	ıs, con	nments, oth	ner:									
Physician Printed:				Physician Signature								Date:		
,														

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## **123 Child Development Center**

## Well Child Check Birth-4Years old



EPSDT Infancy Encounter Form (12 mos-4yrs.)  Visit #   12mos  15mos  18mos  24mos  3-4 yrs.													
Child's Name:					Date of	Birth	1:			Sex □ M □ F			
History	/												
Birth:	☐ Vaginal ☐ C-		Nutri	i <b>tion</b> 🗆 Br	east	☐ Fo	rmula	Allerg	gies:				
☐ Com	plications:	t	☐ Su	pplements	lements:			Current Meds:					
Gestation									-		_		
Elimina	tion:		Sensory Screenings:					Speci	al Health Care Needs:				
Elimination:   Sleep:     ☐ Stool   ☐ Normal				Visio	n 🗌 Nor	mal [	Abn	ormal					
☐ Urine ☐ Abnormal _			al	Heari	Hearing $\square$ Normal $\square$ Abn			ormal	_				
Comprehensive Exam													
Date Test			Results		Date					Results			
	Blood Pressure							Height					
Head Circumference								Weight					
	Hematocrit/Hemoglobin							BMI (>24m)					
	Lead test results 12 mos							Lead test result	s 24 mos				
a Cana	A		Normal for	age .	Abnormal	Not Eval.		Comments					
b. Skin	ral Appearance							Attention: Bloc	sco Eill ou	ut completely			
c. Head/fontanels								Attention: Please Fill out completely.  State of NM EPSDT requires lead testing to take					
d. Eyes	,								•	•			
e. Ears								-		exam AND the 24 month			
f. Nose								Please provide	results	or botn.			
g. Oropharynx/throat													
h. Oral Health													
i. Lungs													
j. Heart													
k. Abdomen I. Genitalia													
m. Extremities													
n. Spine													
o. Neurological (1) Gross Motor													
(2) Fine Motor													
(3) Communication Skills			ls										
(4) Cognitive													
(5) Self-Help Skills													
11 lal-	(6) Social												
Health	Education/Anticip	atory Guidan	Nutrition/Diet	<u> </u>	Safety				Dsychoso	ocial/Behavior			
			☐ Milk	•	☐ Playground/yard			safety		□ Potty Training			
			☐ Cereal/Soli	ds	☐ Car Seats/boost				•	☐ Developing Routines			
		☐ Snacks		☐ Crib Safety				☐ Tempe					
-			☐ Supplemer	its	☐ Smoke detector					rtunities for exploration			
-			☐ Self-Feedin	☐ Self-Feeding		er safe	ty						
			☐ Finger Foo	Finger Foods		afety	/Falls						
□ ТВ						of illr	ness/e	mergencies					
☐ Lead 12 mos and 24 mos				☐ Physical and			nd em	otional abuse					
Finding	s, treatment, reco	, comments, ot	ner:										
Physician Printed:				Ph	Physician Signature:					ate:			

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