

NEVADA HEALTHY KIDS (EPSDT)/WELL BABY/WELL CHILD

Established Patient Screening Form (CPT 99391-99395)

Name Date DOB Age Sex

Medicaid # Parent/Guardian Name Provider NPI

Patient's Medical History

History reviewed from last visit. No Yes Any changes since last visit? No Yes

Family Medical: Refer to completed history form in chart. Updates?

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)

Table with 3 columns of exam categories (Appearance, Nose, Abdomen, etc.) and 3 sub-columns (N, A, NE) for each.

Describe any abnormalities:

Developmental/Emotional Behavior

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

Name of screening tool, if used: Referral:

Anticipatory Guidance/Nutrition/Safety (Check each one that is discussed with patient/caregiver.)

- List of 12 items for anticipatory guidance: Nutrition, Adequate Sleep, Limit TV/Computer Time, Maternal/Caregiver Depression, Vitamins, Active Play, Social/School Adjustment, Pool/Water Safety, Brush Teeth/Visit Dentist, No Smoking in House/Car, Privacy/Hygiene, Bike/Helmet Safety, Family Relationships, Car Seat/Safety Belt, Puberty/Sex.

Impression

Well Child Yes No Dx: Normal Growth/Development Yes No Dx: Next visit due

Treatment/Plan/Referral

Fluoride Varnish Application Refer to dentist Refer to Specialist Type of Specialist

Immunizations Given Up-to-date

- List of immunizations: DTaP, Hib, Hep A, Hep B, HPV, Influenza, MMR, Meningococcal, Pneumococcal, Polio, Rotavirus, Varicella.

Laboratory Ordered Up-to-date

- List of laboratory tests: Hemoglobin/Hematocrit, Lead Testing, PKU, Sickle Cell, TB Test, U/A, Other.

Provider Signature: Date: