



## 5 - Year Child Health Supervision (EPSDT) Visit

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DOV: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ MED REC#: \_\_\_\_\_

HT: \_\_\_\_\_ (\_\_\_\_%) Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Meds: \_\_\_\_\_  
 WT: \_\_\_\_\_ (\_\_\_\_%) Pulse Ox-Optional: \_\_\_\_\_  
 HC: \_\_\_\_\_ (\_\_\_\_%) Resp: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  NKDA  
 Reaction: \_\_\_\_\_

**HISTORY:**  
**Parent Concerns:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Initial/Interval History:**  
 \_\_\_\_\_  
**FSH:**  FSH form reviewed (check other topics discussed):  
 Daily care provided by  Daycare  Parent  
 Other: \_\_\_\_\_  
 Adequate support system?  Yes  No \_\_\_\_\_  
 Adequate respite?  Yes  No \_\_\_\_\_

**SENSORY SCREENING:**  
**Any parent concerns about vision or hearing?**  Yes  No  
**Vision:** (at least 1 acuity/alignment exam required between 3 and 5 yrs)  
 Acuity (Allen cards, Snellen chart, or HOTV test) done  Yes  No  
**Hearing:** (objective testing required if not completed at 4 yrs or at school)  
 Passed Screen  Right  Left  Bilaterally  
 Failed Screen  Right  Left  Bilaterally  
 Referred for: Audiological evaluations  Conditioned play audiometry  
 Acoustic emittance testing (including reflexes) or  OAEs

**PHYSICAL EXAMINATION (check appropriate box):**

	N L	AB	N E	COMMENTS NL-normal, AB-abnormal, NE-not examined
General				
Skin				
Fontanels				
Eyes: Red Reflex, Appearance				
Ears, TMs				
Nose				
Lips/Palate				
Teeth/Gums				
Tongue/Pharynx				
Neck/Nodes				
Chest/Breast				
Lungs				
Heart				
Abd/Umbilicus				
Genitalia/ Femoral Pulses				
Extremities, Clavicles, Hips				
Muscular				
Neuromotor				
Back/Sacral Dimple				

**DEVELOPMENTAL/BEHAVIORAL SURVEILLANCE:**  
 (For care management services for SoonerCare members with mental health care needs, contact:  
 OHCA Behavioral Health Services at (800) 652-2010)  
 Parent Concerns Discussed? (Required)  Yes  
 Standardized Screen Used? (Optional)  Yes  No  
 See instrument form:  PEDS  Ages & Stages (0-5 yrs)  
 Other: \_\_\_\_\_  
**DB Concerns:** (e.g. behavior/sleep/school) \_\_\_\_\_

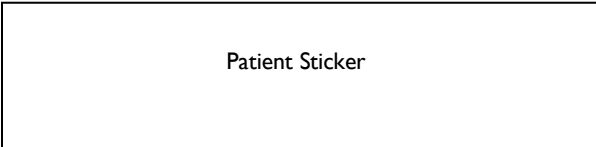
**Clinician Observations/History: (Suggested options)**

Motor Skills	Y	N
Hops on 1 foot; summersaults; catch bounced ball	Y	N
Fine Motor Skills	Y	N
Can use scissors, markers, pencils, clay	Y	N
Can brush teeth, wash hands, get a drink	Y	N
Language/Socioemotional Skills	Y	N
Can follow 3-step command	Y	N
Uses complex sentences; knows age, name, town	Y	N
Has 15-20 minute attention span in a group	Y	N
Toilet trained (occasional nighttime wetting ok)	Y	N
Can dress and undress independently	Y	N
Learning to tie shoes, zippers, and buttons	Y	N
Likes to be with other children, able to cooperate and share well but doesn't always wants to	Y	N
Doing well at school with peers and learning	Y	N
Less confusion between reality and fantasy	Y	N
Parent – Infant Interaction	Y	N
Interaction appears age appropriate	Y	N

Clinician concerns regarding interaction: \_\_\_\_\_

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NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
MED RECORD #: \_\_\_\_\_ DOV: \_\_\_\_\_



### ANTICIPATORY GUIDANCE:

Select at least one topic in each category (as appropriate to family):

#### Injury/Serious Illness Prevention:

- Booster car seat until 80 lbs/Seat belts  Smoke alarms  No passive smoke (Oklahoma Tobacco Helpline: 1.800.QUIT.NOW)
- Sun protection  Water safety  Bicycle helmet  Playground safety
- Other: \_\_\_\_\_

#### Violence Prevention:

- Adequate support system?  Adequate respite?  Feel safe in neighborhood?  Domestic Violence?  Gun Safety  Stranger safety
- Other: \_\_\_\_\_

#### Sleep Safety Counseling:

- Bedtime Interaction  May not need naps  Managing out of bed behavior with bedtime pass  Read to child (eg. Reach out and Read)  Limit TV (day and nighttime)
- Other: \_\_\_\_\_

#### Nutrition Counseling:

- Begin 2% cow's milk (~16 oz/day)  Limit juice/soft drinks (4 oz or less/day)
- Whole grains  Healthy snacks  Vitamins
- Other: \_\_\_\_\_

#### What to anticipate before next visit:

- Discipline  Help child learn self-control skills (eg., not interrupting, not fighting with siblings)  Define unacceptable behavior; introduce a few clear rules (eg., wash hands before eating)  Other: \_\_\_\_\_

### PROCEDURES:

- TB Test
- Cholesterol Screening
- Blood lead test

### DENTAL REMINDER

- Yearly dental referral  Fluoride source?

### IMMUNIZATIONS DUE at this visit:

#### Flu (yearly)

- Given  Not Given  Up to Date
- Date Flu previously given: \_\_\_\_\_

#### Catch-up on vaccines:

- DTap5 #** \_\_\_\_\_  
 Given  Not Given  Up to Date
- IPV4 #** \_\_\_\_\_  
 Given  Not Given  Up to Date
- MMRV2#** \_\_\_\_\_  
 Given  Not Given  Up to Date
- HepA #** \_\_\_\_\_  
 Given  Not Given  Up to Date
- HepB #** \_\_\_\_\_  
 Given  Not Given  Up to Date

#### Vaccines for HIGH-RISK:

- MPSV4 (Meningococcal)**  
 Given  Not Given  Up to Date

#### Reason Not Given if due: List Vaccine(s) not given:

- Vaccine not available \_\_\_\_\_
- Child ill \_\_\_\_\_
- Parent Declined \_\_\_\_\_
- Other \_\_\_\_\_

**ASSESSMENT:**  Healthy, no problems

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**PLAN/RECOMMENDATIONS:**  Do vaccines/procedures marked above  Other \_\_\_\_\_  
 See box above for Anticipatory Guidance Topics discussed at today's visit

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**Next Health Supervision (EPSDT) Visit Due:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_