



# 6-Month Child Health Supervision (EPSDT) Visit

Patient Sticker

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

HT _____	( _____ %)	Temp _____	Pulse _____	Meds: _____
WT _____	( _____ %)	Pulse Ox-Optional _____		
HC _____	( _____ %)	Resp: _____		
Allergies: _____			<input type="checkbox"/> NKDA	
Reaction: _____				

**HISTORY:**  
**Parent Concerns:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Maternal & Birth History:**  Birth HX form reviewed

**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:**  
 Follows objects and eyes team together  Yes  No  
**Hearing:**  
 Responds to sounds  Yes  No

**PHYSICAL EXAMINATION (check appropriate box)**

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

**DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT**  
**Parent Concerns Discussed? (Required)**  Yes  
 Standardized Screen Used? (Optional)  Yes  No  
 See instrument form:  PEDS  Ages & Stages  
 Other \_\_\_\_\_

**DB Concerns:** (e.g. sleep/feeding) \_\_\_\_\_  
 \_\_\_\_\_

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

<b>Motor skills</b> (observe Head, trunk and limb control)			
Visually tracks objects beyond midline	Y	N	
Moves arms and legs equally	Y	N	
Rolls over both ways	Y	N	
ATNR (Fencer position) gone	Y	N	
Sits alone	Y	N	
<b>Fine Motor skills</b>			
Reaches for and rakes at objects	Y	N	
Transfers objects hand to hand (by 5 mo)	Y	N	
Regards small wad of paper	Y	N	
<b>Language/Socioemotional skills</b>			
Babbles (vowel-consonant)	Y	N	
Raspberry noises (by 5 mo)	Y	N	
Says Ah-goo (by 5 mo)	Y	N	
<b>Parent – Infant Interaction</b>			
Interaction appears age appropriate	Y	N	

Clinician concerns re 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:

- Car Seat  Falls  No strings around neck  No shaking
- Burns-hot water heater max temp 125 degrees F  Smoke alarms
- No passive smoke  No sun exposure  Walkers
- Fever management  Other \_\_\_\_\_

#### Violence Prevention:

- Adequate support system?  Adequate respite?  Feel safe in neighborhood?
- Domestic Violence?  No Shaking  Gun Safety
- Other \_\_\_\_\_

#### Sleep Positioning Counseling:

- Sleep Safety  Other \_\_\_\_\_

#### Nutrition Counseling:

- Breast  Formula  Solids
- Less frequent stools typical for bottle fed infants  5-8 wet diapers/day
- Vitamins  No honey  No bottle prop  No microwave
- No infant feeders  Other \_\_\_\_\_

#### What to anticipate before next visit:

- Sleep cycle may get disturbed when stranger anxiety begins (around 9 mos)
- Change in feeding/stooling patterns  Pulling up to cruise holding onto furniture by 9 mos
- Okay to allow infant to finger feed
- Back to work?  Weaning?  Temperament style  Walkers
- Child-proofing  Discipline  Different rates of development are normal
- Other:

### PROCEDURES:

#### DENTAL REMINDER

PCP screen at 1<sup>st</sup> tooth eruption  
Fluoride (check on type of water and public water supply content)

#### IMMUNIZATIONS DUE at this visit:

Info provided and consent signed for each one given

#### HepB3 # \_\_\_\_\_

- Given  Not Given  Up to Date

#### DTaP3 # \_\_\_\_\_

- Given  Not Given  Up to Date

#### Hib3 # \_\_\_\_\_

- Given  Not Given  Up to Date

#### IPV3 # \_\_\_\_\_

- Given  Not Given  Up to Date

#### PCV3 # \_\_\_\_\_

- Given  Not Given  Up to Date

#### Rotavirus3 # \_\_\_\_\_

- Given  Not Given  Up to Date

#### Flu (yearly)

- 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLAN/RECOMMENDATIONS:  Do vaccines/procedures marked above  Other \_\_\_\_\_  
 Anticipatory Guidance discussed (as described in box above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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