### Physical Examination

<table>
<thead>
<tr>
<th>Category</th>
<th>Notes</th>
<th>NL</th>
<th>AB</th>
<th>NE</th>
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<tbody>
<tr>
<td>General</td>
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<td>Skin</td>
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<td>Fontanels</td>
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<td>Eyes: Red Reflex, Appearance</td>
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<td>Ears, TMs</td>
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<td>Nose</td>
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<td>Lips/Palate</td>
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<td>Tongue/Pharynx</td>
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<td>Neck/Nodes</td>
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<td>Chest/Breast</td>
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<td>Lungs</td>
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<td>Heart</td>
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<td>Abd/Umbilicus</td>
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<td>Genitilas/ Femoral Pulses</td>
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<td>Extremities, Clavicles, Hips</td>
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<td>Muscular</td>
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<td>Neuromotor</td>
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<td>Back/Sacral Dimple</td>
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### 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:
  - Passed Screen [ ] Right [ ] Left [ ] Bilaterally
  - Failed Screen [ ] Right [ ] Left [ ] Bilaterally
  - Referred for: Audiological evaluations [ ] Conditioned play audiometry or [ ] Acoustic emittance testing (including reflexes) or [ ] OAEs

### Developmental/Behavioral Assessment

- Parent Concerns Discussed? [ ] Yes
- Standardized Screen Used? (Optional) [ ] Yes [ ] No
- See instrument form: [ ] PEDS [ ] Ages & Stages
- Other:
- DB Concerns: (e.g. sleep/feeding)

### Clinician Observations/History

- **Motor Skills**
  - Hops on 1 foot; summersaults; catch bounced ball [ ] Y [ ] N
- **Fine Motor Skills**
  - Can use scissors, markers, pencils, clay [ ] Y [ ] N
  - Can brush teeth, wash hands, get a drink [ ] Y [ ] N
- **Language/Socioemotional/Cognitive Skills**
  - 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 want to [ ] Y [ ] N
  - Still has confusion between reality and fantasy [ ] Y [ ] N
- **Parent – Infant Interaction**
  - Interaction appears age appropriate [ ] Y [ ] N

Clinician concerns regarding interaction:
**ANTICIPATORY GUIDANCE:**
Select at least one topic in each category (as appropriate to family):

**Injury/Serious Illness Prevention:**
- Booster car seat until 80 lbs
- 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 (e.g., Reach out and Read)
- Limit TV (day and nighttime)
- Other: ____________________________________________

**Nutrition Counseling:**
- Begin 2% cow’s milk (~16 oz/day)
- Limit juice (4 oz or less/day)
- Whole grains
- Healthy snacks
- Vitamins
- Other: ____________________________________________

**What to anticipate before next visit:**
- Discipline
- Help child learn self-control skills (e.g., not interrupting, not fighting with siblings)
- Define unacceptable behavior; introduce a few clear rules (e.g., washing hands before eating)
- Other: ____________________________________________

**PROCEDURES:**
- Hematocrit or Hemoglobin
- TB Test
- Cholesterol Screening
- Blood lead test (is required at this age)

**DENTAL REMINDER**
- Yearly dental referral
- Fluoride source?

**IMMUNIZATIONS DUE at this visit:**
- DTap5 #
- IPV4 #
- MMRV2 #
- Flu (yearly)
- Date Flu previously given: ____________________________

**Catch-up on vaccines:**
- HepA #
- HepB #
- Hib #
- PCV #

**Vaccines for HIGH-RISK:**
- MPSVA (Meningococcal)
- 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 ____________________________________________
- See box above for Anticipatory Guidance Topics discussed at today’s visit

Next Health Supervision (EPSDT) Visit Due: _______________________

Provider Signature: _______________________

Date: _______________________

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OHCA Revised 03/13/2014