**PHYSICAL EXAMINATION**

**Comments:**

- NL: normal
- AB: abnormal
- NE: not examined

### General
- Skins
- 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

### 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) OAEs

### PHYSICAL EXAMINATION (check appropriate box):

<table>
<thead>
<tr>
<th>N L</th>
<th>A B</th>
<th>N E</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fontanels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes: Red Reflex, Appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears, TMs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lips/Palate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teeth/Gums</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tongue/Pharynx</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck/Nodes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest/Breast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abd/Umbilicus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitalia/Femoral Pulses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremities, Clavicles, Hips</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuromotor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back/Sacral Dimple</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HISTORY:

**Parent Concerns:**

- ____________________________________________________________________________
- ____________________________________________________________________________
- ____________________________________________________________________________

**Initial/Interval History:**

- ____________________________________________________________________________
- ____________________________________________________________________________

**FSH:** Yes No
- FSH form reviewed (check other topics discussed):
  - Daily care provided by Daycare Parent Other:

**Adequate support system?** Yes No
**Adequate respite?** Yes No

**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 No
**Standardized Screen Used? (Optional)** Yes No
**See instrument form:** PEDS Ages & Stages (0-5 yrs)

**DB Concerns:** (e.g. behavior/sleep/school)

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

### Motor Skills
- Hops on 1 foot; summersaults; catch bounced ball Yes No

### Fine Motor Skills
- Can use scissors, markers, pencils, clay Yes No
- Can brush teeth, wash hands, get a drink Yes No

### Language/Socioemotional Skills
- Can follow 3-step command Yes No
- Uses complex sentences: knows age, name, town Yes No
- Has 15-20 minute attention span in a group Yes No
- Toilet trained (occasional nighttime wetting ok) Yes No
- Can dress and undress independently Yes No
- Learning to tie shoes, zippers, and buttons Yes No
- Likes to be with other children, able to cooperate and share well but doesn’t always want to Yes No
- Doing well at school with peers and learning Yes No
- Less confusion between reality and fantasy Yes No

### Parent – Infant Interaction
- Interaction appears age appropriate Yes No

**Clinician concerns regarding interaction:**

---

**Patient Sticker**
**EPSDT** 5 - Year Visit Page 2

<table>
<thead>
<tr>
<th>NAME: ________</th>
<th>DOB: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED RECORD #:</td>
<td>DOV: ________</td>
</tr>
</tbody>
</table>

**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 (e.g., 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 (e.g., not interrupting, not fighting with siblings)
- Define unacceptable behavior; introduce a few clear rules (e.g., 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:**
- DTaP # ______
- IPV # ______
- MMRV # ______
- HepA # ______
- HepB # ______
- Reason Not Given if due: List Vaccine(s) not given:
- Vaccine not available
- Child ill
- Parent Declined
- Other __________________________

**Vaccines for HIGH-RISK:**
- MPSV4 (Meningococcal)
- Given
- Not Given
- Up to Date

**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: ________________