### History

<table>
<thead>
<tr>
<th>BF</th>
<th>Previst Questionnaire reviewed</th>
<th>Child has special health care needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>BF</td>
<td>Child has a dental home</td>
<td>Child has special health care needs</td>
</tr>
<tr>
<td>BF</td>
<td>Concerns/questions raised by</td>
<td>Addressed (see other side)</td>
</tr>
<tr>
<td>BF</td>
<td>Follow-up on previous concerns</td>
<td>None</td>
</tr>
<tr>
<td>BF</td>
<td>Medication Record reviewed and updated</td>
<td></td>
</tr>
</tbody>
</table>

#### Social/Family History

| BF | Family situation | Single Parent |
| BF | Parents working outside home | Mother | Father |
| BF | Child care | Yes | No | Type |
| BF | Changes since last visit |
| BF | Tobacco Exposure |

### Physical Examination

- **OR:** NL = Reviewed/Normal

<table>
<thead>
<tr>
<th>Item</th>
<th>= Reviewed w/Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>BF GENERAL APPEARANCE</td>
<td></td>
</tr>
<tr>
<td>SKIN</td>
<td></td>
</tr>
<tr>
<td>HEAD / FONTANELLE</td>
<td></td>
</tr>
<tr>
<td>BF EYES (red reflex, cover/uncover test)</td>
<td></td>
</tr>
<tr>
<td>EARS/APPEARS TO HEAR</td>
<td></td>
</tr>
<tr>
<td>NOSE</td>
<td></td>
</tr>
<tr>
<td>MOUTH AND THROAT</td>
<td></td>
</tr>
<tr>
<td>BF TEETH (caries, white spots, staining)</td>
<td></td>
</tr>
<tr>
<td>NECK</td>
<td></td>
</tr>
<tr>
<td>LUNGS</td>
<td></td>
</tr>
<tr>
<td>HEART</td>
<td></td>
</tr>
<tr>
<td>FEMORAL PULSES</td>
<td></td>
</tr>
<tr>
<td>ABDOMEN</td>
<td></td>
</tr>
<tr>
<td>HERNIA</td>
<td></td>
</tr>
<tr>
<td>BF GENITALIA</td>
<td></td>
</tr>
<tr>
<td>BF Male/Testes down</td>
<td></td>
</tr>
<tr>
<td>BF Female</td>
<td></td>
</tr>
<tr>
<td>BF NEUROLOGIC / GAIT (tone, strength, gait)</td>
<td></td>
</tr>
<tr>
<td>EXTREMITIES</td>
<td></td>
</tr>
<tr>
<td>MUSCULOSKELETAL (torticollis)</td>
<td></td>
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<tr>
<td>HIPS</td>
<td></td>
</tr>
<tr>
<td>HYGIENE</td>
<td></td>
</tr>
<tr>
<td>THROAT</td>
<td></td>
</tr>
<tr>
<td>TO COVER/UNCOVER</td>
<td></td>
</tr>
<tr>
<td>BF Comments</td>
<td></td>
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</tbody>
</table>

### Assessment

BF | Well Child |

### Anticipatory Guidance

- **OR:** NL = Discussed and/or handout given

- Identified at least one child and parent strength
- Raising Readers book given

#### Development

- BF PHYSICAL DEVELOPMENT
  - Bangs toys together
  - Pulls to stand
  - Stands alone
  - Drinks from a cup

- BF SOCIAL-EMOTIONAL
  - Waves bye-bye
  - Cries when you leave
  - Plays peekaboo
  - Hands you a book to read

(see other side for plan, immunizations and follow-up)
## Twelve Months

### WELL CHILD VISIT

<table>
<thead>
<tr>
<th>NAME</th>
<th>Male</th>
<th>Medical Record Number</th>
<th>Female</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Actual age (months):** 11 12 13 14

### Current Medications

- 

### Plan

**BF** Patient is up to date, based on CDC/ACIP immunization schedule.
- Yes
- No

If no, immunizations given today.
- Yes
- No

Immunization record reflects current immunization status:
- Yes
- No

- Immunization plan/comments
- Ask about WIC

**Laboratory/Screening results**

- Hearing screen
  - Yes
  - No
  - Previously done
  - Date completed

- PPD / Lead** / Anemia**
  - PPD ordered (if exposure risk) / date done
  - PPD result if done
  - Lead drawn in office
  - Lead test ordered / date done
  - Lead results
  - Lead range
    - <10
    - 10-14
    - 15-19
    - >19
  - Lead plan/comments
  - Hgb/Hct ordered / date done
    - Hgb
    - Hct
    - Referral at 6 months if still anemic
  - Hgb/Hct plan/comments
  - Hgb/Hct results shared with WIC

**Oral Health**

- Oral health risk assessment
  - Completed
- Low
- Mod
- High
- Has a dental home
  - Yes
  - No
- Dental fluoride varnish applied
  - Yes
  - No
- Dental Visit in Past Year
  - Yes
  - No
- Well water testing
  - Yes
  - No

**MaineCare Member Support Requested**

- Transportation to appointments
- Find dentist
- Find other provider
- Make doctor’s appointment
- Public Health Nurse referral
- Family aware

**Narrative Notes:**

- Oral health risk assessment
  - Completed
  - Low
  - Mod
  - High

- Has a dental home
  - Yes
  - No

- Dental fluoride varnish applied
  - Yes
  - No

- Dental Visit in Past Year
  - Yes
  - No

- Well water testing
  - Yes
  - No

**BF** Referral to

**BF** Follow-up/Next Visit

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**Department of Health and Human Services**

*Paul R. LePage, Governor
Kicker Hamilton, Commissioner*