9 Months Old                                                                                                   AHCCCS EPSDT T

PARENTAL CONCERNS: How are you feeling about baby? Do you feel safe in your home?

DEVELOPMENTAL SCREENING TOOL COMPLETED: □ ASQ □ PEDS

VERBAL LEAD RISK ASSESSMENT: Child At Risk □ Yes □ No (If Yes, Appropriate Action to Follow) Lives in High Risk Zip Code □ Yes □ No

ORAL HEALTH: White Spots on Teeth: □ Yes □ No □ Parent Cleaning Baby’s Gums With Infant Toothbrush

Fluoride Supplement □ Fluoride Varnish by PCP (Once Every 6mo )

NUTRITIONAL SCREENING: □ Breastfeeding □ Formula Amount: □ Supplements: □ Vit D □ Receiving WIC Services

Adequate Weight Gain □ Yes □ No Plan to Introduce Table Foods _________ □ Drinks From Cup □ Soda/Juice

DEVELOPMENTAL SURVEILLANCE: □ Sits Independently □ Pulls to Stand/Cruising □ Plays Peek-A-Boo □ Uses Words “Mama/Dada”

□ Waves Bye-Bye □ Wary of Strangers □ Immature Pincer □ Repeats Sounds/Gestures for Attention □ Explores Environment □ Other _______

ANTICIPATORY GUIDANCE PROVIDED: □ Emergency/911 □ Gun Safety □ Drowning Prevention

□ Choking Prevention/Soft Texture Finger Foods □ Car/Car Seat Safety (Rear-Facing) □ Safe Sleep □ Shaken Baby Prevention

□ Passive Smoke □ Safety at Home/Child-Proofing □ Sun Safety □ Sleep/Wake Cycle □ TV Screen Time □ Exploration/Learning

□ Redirection/Positive Parenting □ Language/Read to Child/Introduce Board Books □ Follow Child’s Lead in Play

□ Parent Communicates to Child “What Things Are” (Ball, Cat, Etc.) □ Other ______

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): □ Family Adjustment/Parent Responds Positively to Child

□ Appropriate Bonding/Responsive to Needs □ Self-Calming □ Growing Independence □ Shows Preference for Certain People/Toys

□ Cries When Primary Caregiver Leaves □ Postpartum Depression □ Other: ________________

COMPREHENSIVE PHYSICAL EXAM:

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ASSESSMENT/PLAN/FOLLOW-UP:

LABS ORDERED: □ Blood Lead Testing (Child At Risk) □ Finger Stick (Result: _______ ) □ Venous □ Hgb/Hct □ Other

IMMUNIZATIONS ORDERED: □ HepB □ DTaP □ Hib □ IPV □ PCV □ Influenza □ Other

□ Given at Today’s Visit □ Parent Refused □ Delayed □ Deferred Reason: ______

□ Shot Record Updated □ Entered in ASIS □ Importance of Immunizations Discussed □ Parent Refusal Form Completed

REFERRALS: □ ALTCS □ Audiology □ AzEIP □ CRS □ DDD □ Dental □ Early Head Start □ OT □ PT □ Speech □ WIC Specialist: □ Developmental □ Behavioral □ Other ______

Date/Time Clinician Name (Print) Clinician Signature NPI # Note □ Yes □ No

Revised 04/01/2014