

Date	Last Name	First Name	AHCCCS ID #	DOB	Age
Primary Care Provider		PCP ph. #	Health Plan	Accompanied By (Name)	Relationship

Admitted to NICU: (Birth)	Current Medications/Vitamins/Herbal Supplements:	Risk Indicators of Hearing Loss:	Temp:	Pulse:	Resp:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Allergies:	Birth Weight:	Weight:	Length:		Head Circumference:
	lb oz	lb oz %	cm %	cm %	

FAMILY/SOCIAL HISTORY: (Current Concerns/ Follow-Up on Previously Identified Concerns)

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:

	WNL	Abnormal (see notes below)		WNL	Abnormal (see notes below)
Skin/Hair/Nails			Lungs		
Eyes/Vision			Abdomen		
Ear			Genitourinary		
Mouth/Throat/Teeth			Extremities		
Nose/Head/Neck			Spine		
Heart			Neurological		

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 #	See Additional Supervisory Note <input type="checkbox"/> Yes <input type="checkbox"/> No
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