AHCCCS Arizona Health Care Cost Containment System

AHCCCS MEDICAL POLICY MANUAL

POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

The Arizona Health Care Cost Containment System (AHCCCS) <u>Early and Periodic Screening</u>, <u>Diagnostic and Treatment</u> (EPSDT) Clinical Sample Templates may be used by all providers offering care to AHCCCS members under 21 years of age to document age-specific, information related to EPSDT screenings and visits. Providers may choose to utilize an AHCCCS <u>EPSDT Clinical Sample Template</u>¹, or an equivalent form approved by the contracted health plan, so long as the form includes all components present on the AHCCCS EPSDT Clinical Sample Templates. These components include, but are not limited to:

- 1. Documentation of comprehensive physical exam (including appropriate weights and vitalsigns)
- 2. Age-appropriate screenings (vision, hearing, oral health, nutrition, developmental, nutritional, Tuberculosis [TB] and lead)
- 3. Developmental surveillance
- 4. Anticipatory guidance (Age-Appropriate Education and Guidance)
- 5. Social-emotional health (Behavioral Health) surveillance
- 6. Age-appropriate labs and immunizations, and
- 7. Medically necessary referrals including those to the member's dental home starting at one year of age, or sooner as needed, for routine biannual examinations.

Refer to AMPM Chapter 400 for EPSDT responsibilities and services.

NOTE: The Centers for Medicare and Medicaid Services require AHCCCS to provide specified services to our EPSDT population. These EPSDT Clinical Sample Templates have been designed to ensure that needed services are performed, and that our members are provided an opportunity to receive preventive care.

<u>Providers: Please do not send hard copies of EPSDT Clinical Sample Templates to the AHCCCS office. Contact your contracted health plan for instructions on how to submit forms directly to the plan. ²</u>



² Statement added to clarify instructions for providers and reduce unnecessary sharing of protected health information.



POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

THREE TO FIVE DAYS OLD AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE First Name AHCCCS ID# DOB Date **Last Name** Age **Primary Care Provider** PCP ph. # **Health Plan** Accompanied By (Name) Relationship **Current Medications/Vitamins/Herbal Supplements:** Admitted to NICU: (Birth) Temp: Pulse: ☐ Yes □ No Allergies: Birth Weight: Weight: Length: **Head Circumference:** lb lb οz cm cm ΩZ Rt. Ear ☐ Pass ☐ Refer Pass Refer Unknown **Hospital Newborn Hearing Screen:** □ ABR □ OAE: Lt. Ear Second Newborn Hearing Screen (If 2ndNeeded/Completed): ABR OAE: Rt. Ear Pass Refer Lt. Ear Pass Refer Unknown FAMILY/SOCIAL HISTORY: (Current Concerns/ Follow-Up on Previously Identified Concerns) PARENTAL/HEALTH CARE DECISION MAKER CONCERNS: How are you feeling about baby? Do you feel safe in your home? ORAL HEALTH: Daily Gum Cleaning with Washcloth or Infant Toothbrush (Parent Education Completed) **NUTRITIONAL SCREENING:** Breastfeeding Frequency/Duration: Supplements: ☐ Vit D Adequate Weight Gain ☐ Yes ☐ No ☐ Receiving WICServices Formula Type: Amount/Duration: **DEVELOPMENTAL SURVEILLANCE:** □ Rooting Reflex □ Startle □ Suck & Swallow □ Other ANTICIPATORY GUIDANCE PROVIDED: ☐ Emergency/911 ☐ Gun Safety ☐ Drowning Prevention ☐ Choking Prevention □Car/Car Seat Safety (Rear-Facing) ☐ Safe Sleep ☐ Shaken Baby Prevention Safe Bathing/Water Temperature ☐ Passive Smoke ☐ Safetyat Home/Child-Proofing Sun Safety ☐ Pacifier Use ☐ Bottle Propping ☐ Infant Bonding ☐ InfantCrying/Appropriate Interventions □Support Systems/Resources Other: SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child ☐ Appropriate Bonding/Responsive to Needs ☐ Infant Hands to Mouth/Self-Calming ☐ Postpartum Depression Screen ☐ Other ☐ **COMPREHENSIVE PHYSICAL EXAM:** WNL Abnormal (see notes below) WNL Abnormal (see notes below) Skin/Hair/Nails Lungs Eyes/Vision/Red Reflex Abdomen Genitourinary Mouth/Throat/Teeth Extremities Nose/Head/Neck Spine Neurological ASSESSMENT/PLAN/FOLLOW-UP: □ 2nd Arizona Newborn Screening Bloodspot Test (5 – 10 Days of Age or First PCP Visit) □ Other LABS ORDERED: **IMMUNIZATIONS** DATE 1ST HEP B ADMINISTERED: ☐ Hep B (Not Previously Administered) ☐ Other _ ORDERED: ☐ Given at Today's Visit ☐ Parent Refused ☐ Delayed □ Deferred Reason: ☐ Shot Record Updated ☐ Entered in ASIIS ☐ Importance of Immunizations Discussed ☐ Parent Refusal Form Completed **REFERRALS:** □ ALTCS □ Audiology □ AzEIP □ CRS □ DDD □ Dental □ Early Head Start □ OT □ PT □ Speech □ WIC Specialist:

☐ 2nd Newborn Hearing Screen (If Needed)

Date:

☐ Developmental ☐ Behavioral ☐ Other

NPI:

PROVIDER'S SIGNATURE:



1		ONE MONTH OLI	D - AHCCCS EPSDT (CLINICAL S	AMPLE 1	ΓΕΜΡLΑΤΙ	፤ 	1	1
Date	Last Name	 }	First Name	2	AHO	CCCS ID #		DOB Age	2
Primary Care Pr	ovider	PCP ph. #	Health Plan	Δ	Accompani	ied By (Nam	اما	Relations	hin
					ccompani	ieu by (ivaii			•
Admitted to NIC	No	Current Medications	s/Vitamins/Herbal Supp	piements:			Temp:	Pulse:	Resp:
	1110		Pirth Woight	Moigh		Lon	gth:	Head Circu	mforoncos
llergies:			Birth Weight:	Weigh	it:	Len	gin:	nead Circu	mierence:
			lb oz	lb oz	%	6 cm	%	cm	%
		creen: ABR OAE:	Rt. Ear □ Pass □ F mpleted): □ ABR □ OAE:			Pass Refer		known	
			on Previously Identified Co		Neier I	Lt. Lai 🗆 Fas.	S L Kelei L	OTIKITOWIT	
MINIET/ JOCIAL III	310KI. (Curre	ent concernsy ronow-op	on reviously identified co	Jilcellis)					
ADENITAL /HEALTL	T CVBE DECISI	ON MAKED CONCERNS.	How are you feeling about	hahy2 Dayou	, fool safe in	vour homo?			
AKENTAL/HEALT	1 CARE DECISI	ON WAKER CONCERNS:	now are you reeling about	baby? Do you	meer sare ir	i your nome?			
DRAL HEALTH:	□ Daily Gu	m Cleaning with Wa	shcloth or Infant Tool	thbrush (Pai	rent Educ	ation Com	pleted)		
			requency/Duration:				ements:		□Vit D
Formula Type:		Amount/Duration		equate Wei	aht Gain			ceiving WICS	
		LLANCE: Respoi		Responds to				With Eyes to	
Awake For 1 F			ginning Tummy Time						
ANTICIPATORY				Gun Safety		ning Preve		Choking P	
Car/Car Seat S				nBaby Preve			•	/aterTempe	
Passive Smoke	e 🗆 Saf	etyat Home/Child-Pr	roofing Sun Safe	ety □ Pa	acifier Use	e 🛮 Bott	le Proppir	ng 🗌 Infa	nt Bonding
Support Syste	ms/Resour	ces 🗆 InfantCryi	ng/Appropriate Inter	ventions	Other:				
OCIAL-EMOTION	AL HEALTH (OI	SSERVED BY CLINICIAN/PAREN	ит керокт): 🗆 Family Adju	ustment/Pare	ent Respo	nds Positiv	ely to Chilo	d	
Infant Hands to	Mouth/Sel	f-Calming Appropr	riate Bonding/Respon	sive to Need	ds 🗆 Postp	artum Dep	ression Sci	reen 🗆 Othe	er
COMPREHENSI						•			
			al (see notes below)			WNL	Abnorm	al (see note	s below)
Skin/Hair/Nail	ς .	Witz Abilotti	ar (see notes selow)	Lungs		701142	Abiloiiii	ui (see note	3 DCIOITY
Eyes/Vision/Re				Abdome	n				
Ear	ed Herren			Genitour					
Mouth/Throat	t/Teeth			Extremit					
Nose/Head/N				Spine	100				
Heart	CON			Neurolog	zical				
ASSESSMENT/F	DIAN/FOLL	OW-HD.		14carolog	51001				
ASSESSIVILIVI/I	LANTOLL	OW-OI.							
	nd								
ABS ORDERED:			ening Bloodspot Test				Other _		
			rn Screening Received	, ,					
MMUNIZATION:	S DATE 1	st HEP B/2nd HEP B AD	MINISTERED:/	′⊟ He	ep B (Not	Previously	Administe	red) 🗆 Othe	r
ORDERED:	☐ Given	at Today's Visit	\square Parent Refused \square	Delayed	□ Deferre	d Reaso	า:		
			ered in ASIIS 🗆 Importar						
REFERRALS:		$S \ \square \ Audiology \ \square \ AzEI$	P □CRS □DDD □Der	ntal 🗆 Early I	Head Star	t 🗆 OT 🗆 P	T 🗆 Speec	h □WIC Spe	cialist:
	□ Deve	lopmental 🗆 Behavi	ioral 🗆 Other			2 nd Newb	orn Hearin	g Screen (Ifn	eeded)
PROVIDER'S									
SIGNATURE:			NDI		Da	+0.			



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Date	Last Name	1		First Name	Δ	VHC	CCS ID #		DOB Age	
	Last Ivallie	•				Ance	CC3 ID #		Age	=
Primary Care Pro	vider		PCP ph. #	Health Plan	,	Accompanie	d By (Nan	ne)	Relations	hip
Admitted to NICU	J: (Birth)	Current I	Medications/V	itamins/Herbal Sup	plements:			Temp:	Pulse:	Resp:
	No									
Allergies:			- 1	Birth Weight:	Weig			ngth:	Head Circu	
B' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- V		lb oz	lb oz	%	cm	· %	cm	%
Risk Indicators of Hospital Newborn Second Newborn	n Hearing S	creen: 🗆 A	BR □ OAE:	Rt. Ear □ Pass □ pleted): □ ABR □ OA		Lt. Ear □ Pa Pass □ Refer		_	nknown r 🗆 Unknown	
				Up on Previously Ident						
PARENTAL/HEAL	TH CARE	DECISION	MAKER CON	ICERNS: How are you	ı feeling about	baby? Do yo	u feel safe i	in your home	?	
				cloth or Infant Too	thbrush (Pa	rent Educa				
			_	quency/Duration:	\rightarrow		_	lements:_		Uit D
				Ac					eceivingWIC	
				v.cdc.gov/ncbddd		nilestones/	/milestor	nes-2mo.h	itml 🗆 Some	Head Contro
•	-			pport 🗆 Social Smi						
				cial Expressions					ws with Eyes	
ANTICIPATORY G				ergency/911 🛛			_	evention		g Prevention
Car/Car Seat Sa		-		ep 🗆 Shaken Baby				-		
•				Pacifier Use 🗆 Bottl			nding	□ Su	ipport Syste	ms/Resourc
				ent Reads to Child	☐ Other					
				ARENT REPORT): Fam			-		-	
	_	-		nfant Hands to Mo	uth/Self-Ca	lming	Enjoys Ir	nteracting	with Others	
☐ Postpartum De	pression	Screen	Other							
COMPREHENSIV	E PHYSIC	AL EXAM:								
		WNL	Abnormal (see notes below)			WNL	Abnorm	al (see note	s below)
Skin/Hair/Nails					Lungs					
Eyes/Vision/Red	d Reflex				Abdome	en				
Ear					Genitou	rinary				
Mouth/Throat/	Teeth				Extremit	ties				
Nose/Head/Ned	ck				Spine					
Heart					Neurolo	gical				
ASSESSMENT/PL	AN/FOLL	OW-UP:								
LABS ORDERED:	□ 2 nd Ar	rizona Nev	wborn Screen	ing Bloodspot Tes	t (If Needed)	Other				
				Screening Received						
IMMUNIZATIONS	☐ HepB	_					Other			
ORDERED:	•	at Today'		Parent Refused		Deferred		n·		
				d in ASIIS ☐ Importa	•				ical Form Cor	mnlated
REFERRALS:				CRS □ DDD □ Dent						
nei ennaes.			□ Behavioral		aı ⊔ Laliy ∏t	cau Start 🗆	OI LIFIL	Speecii 🗆	vvic speciali	Ji.
PROVIDER'S	□ Devel	opinental	□ DEHAVIOI dI							
SIGNATURE:				NDI		Data	•			
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POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

FOUR MONTHS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE DOB Date **Last Name** First Name AHCCCS ID # Age **Primary Care Provider** PCP ph. # **Health Plan** Accompanied By (Name) Relationship Risk Indicators of Hearing Loss: Temp: Current Medications/Vitamins/Herbal Supplements: Admitted to NICU: (Birth) ☐ Yes Yes Birth Weight: Weight: **Head Circumference:** Allergies: Length: ΟZ οz cm cm FAMILY/SOCIAL HISTORY: (Current Concerns/ Follow-Up on Previously Identified Concerns) PARENTAL/HEALTH CARE DECISION MAKER CONCERNS: How are you feeling about baby? Do you feel safe in your home? **ORAL HEALTH:** □ Daily Gum Cleaning with Washcloth or Infant Toothbrush (Parent Education Completed) **NUTRITIONAL SCREENING:** Breastfeeding Frequency/Duration: ☐ Vit D ■ Supplements: ☐ **Formula** Type: Amount/Duration: Adequate Weight Gain Yes No □ Receiving WICServices ☐ Cereal Type: ☐ Plan to Introduce Solids ☐ Soda/Juice DEVELOPMENTAL SURVEILLANCE: https://www.cdc.gov/ncbddd/actearly/milestones/milestones-4mo.html ☐ Laughs ☐ Begins to Roll Front to Back ☐ Pushes Up with Arms ☐ Babbles and Coos □ Controls Head Well □ Reaches for Objects □ Interest in Mirror Images □ Pushes Down with Legs When Feet on Surface **ANTICIPATORY GUIDANCE PROVIDED:** ☐ Emergency/911 ☐ Gun Safety ☐ Drowning Prevention ☐ Choking Prevention ☐ Car/Car Seat Safety (Rear-Facing) ☐ Safe Sleep ☐ Shaken Baby Prevention ☐ Safe Bathing/Water Temperature ☐ Safetyat Home/Child-Proofing □ Passive Smoke ☐ Sun Safety ■ Bottle Propping ☐ Support Systems/Resources ☐ Discuss Child Temperament ☐ Establish Daily Routines/Infant Regulation ☐ Infant Crying/Appropriate Interventions ☐ Establish Nighttime Sleep Routine/Sleep Through Night (Greater 5 hours) ☐ Parent Reads to Child ☐ Other SOCIAL-EMOTIONAL HEALTH AND (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Baby ☐ Infant Hands to Mouth/Self-Calming ☐ Smiles When Hears Parents' Voices ☐ Appropriate Bonding/Responsive to Needs ☐ Easily Distracted/Excited by Discovery of Outside World ☐ Postpartum Depression Screen ☐ other **COMPREHENSIVE PHYSICAL EXAM:** 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 Neurological Heart ASSESSMENT/PLAN/FOLLOW-UP LABS ORDERED: ☐ Other _ **IMMUNIZATIONS** □ HepB □ DTaP □ Hib □ IPV □ PCV □ Rotavirus □ Other _____ □ Given at Today's Visit □ Parent Refused ORDERED: □ Delayed □ Deferred Reason: _____ □ Shot Record Updated □ Entered in ASIIS ☐ Importance of Immunizations Discussed ☐ Parent Refusal Form Completed **REFERRALS:** □ ALTCS □ Audiology □ AzEIP □ CRS □ DDD □ Dental □ Early Head Start □ OT □ PT □ Speech □ WIC Specialist:

Date:

☐ Developmental ☐ Behavioral ☐ Other

NPI:

PROVIDER'S SIGNATURE:



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Date	Last Nam	ne I			First Nar	ne	1	АНСС	CS ID #		DOB		Age	
Primary Care	Provider	F	PCP ph. #		Health P	lan	Accomp	oanied I	By (Nai	ne)	Re	latio	nship	
Admitted to	NICU: (Birth)	Current N	Medications/Vit	tamins/Herb	al Supplen	nents:	Risk Indica	ators of	f Hearin	g Loss:	Ten	ıp:	Pulse:	Resp:
☐ Yes	□ No						☐ Yes		No					
Allergies:				Birth W	/eight:		Weight:	_		Length:		Hea	ad Circum	ference:
				lb	OZ	lb	OZ	%		cm	%		cm	%
FAMILY/SOC	IAL HISTORY	:_(Current C	Concerns/ Follow	-Up on Previo	ously Identi	fied Cond	cerns)							
PARENTAL/H	IEALTH CARE	DECISIO	N MAKER COI	NCERNS: H	ow are you	feeling a	bout baby? [Do you f	eel safe	in your h	ome?			
/FRBALLFAC	RISK ASSESS	SMENT: C	hild At Risk 🗆	Yes □ No (If	Yes Appro	nriate Ac	tion to Follow	v) Lives	s in Hig	h Risk 7	in Cod	le □ \	/es □ No	
			by's Gums with											'D
						othbi us	SII 🗆 I IUOI II							
			stfeeding Free nt/Duration:_			equate	Weight Ga			plemer			ngWICS	□ Vit D
			Plan to			equate	Weight G	aiii 📋	163	110			□ Soda/.	
			https://wwv			ctoorly	/miloston	oc/mile	octono	s Ema k	ntml		_ Joua,	Juice
			Over Trans						estone	5-01110.1	111111			
Sits with Si	•		over 🗆 Trans vith Hands an						□ Oth	or				
_ Sits With St	арроп Е	-xpioies v	vitii i iaiius aii	d Wouth		K a bot	of latty car		Oth					
ANTICIPATO	RY GUIDANC	E PROVID	DED: 🗆 Em	ergency/92	11 🗆 G	iun Safe	ety 🛮 D	rownii	ng Prev	ention		Chok	ing Prev	ention
Car/Car Sea	it Safety (Rea	r-Facing)	□ Safe Sleep	☐ Shaken E	Baby Prev	ention	Passive	Smoke	e 🗆 Sa	fety at H	ome/	Child	lproofing	3
Sun Safety	□ Refrai	n from Jui	mp Seat/Wall	ker :	Sleep/Wa	ake Cyc	le 🗆 In	troduc	ce Cup		3egin I	Using	g Highcha	air
Wary of Str	angers 🔠	Introduce	e Board Books	□ Parer	nt Reads t	o Child	☐ Oth	er						
SOCIAL-EMO	TIONAL HEA	LTH (OBSE	RVED BY CLINICI	IAN/PARENT	REPORT):		Family Adi	ustmei	nt/Par	ent Resi	onds	Posi	tively to	Babv
			to Needs 🗆				_			-			-	,
Self-Calmin			Play Po	_			_			,				
	ISIVE PHYSIC													
		WNL	Abnormal	(see notes	below)			WN	JL	Abnorn	nal (se	ee no	tes belo	w)
Skin/Hair/N	ails	1	7.00.10.11.01	(000)		Lungs	 S				1011 (01			,
Eyes/Vision						Abdo								
Ear							ourinary							
Mouth/Thro	nat/Teeth						mities							
Nose/Head,						Spine								
Heart	INECK						ological							
	-//					Neur	ological							
ASSESSMEN	<u> </u>	OW-UP:												
ABS ORDEREI	D: Blood	Lead Tes	ting (Child at	Risk) □ Fin	ger Stick	(Result:) □ Ve	nous	□ Otl	her			
MMUNIZATIO			□ Hib	□ IPV	□ PC\		Influenza		otavirı		ther			
ORDERED:	662	it Today's		□ IF v Parent Refu		, Delayed			Reaso					
		•	ited 🗌 Entered								efusal	Forn	n Comple	ted
DEEEDDAIC.					-									
REFERRALS:			ogy 🗆 AzEIP 🗆		טע 🗆 טע	ıaı ⊔ E	ariy Head :	Start L	JUIL	PI 5	peecn	□ W	ric speci	alist:
	□ Develo	pmental	□ Behaviora	ı										
'ROVIDER'S														
SIGNATURE:				NPI:			Da	te:						



		NINE MO	ONTHS OLD -	AHCCCS EPSDT	CLINICAL SAM	IPLE TEM	PLATE			
Date	Last Na	me		First N	ame	AHCC	CS ID #	[OOB Age	
Primary Care F	Providor		PCP ph. #	Health	Dlan Acc	ompanied B	v (Nama)	D,	elationship	
						-				_
Admitted to N Yes	IICU: (Birth)	Current IV	ledications/Vitam	ins/Herbal Suppleme	ents: Risk India	cators of Hea		Temp:	: Pulse:	Resp:
Allergies:				Birth Weight:	Weight:		Lengtl	n:	Head Circur	mference:
Alleigies.										
AMILY/SOCI	AI HISTORY	1. Current (Concorns / Follow-I	Ib oz Jp on Previously Iden	tified Concorns)	%	cm	%	cm	%
'ARENTAL/HE	ALTH CARE	E DECISIO	N MAKER CON	ICERNS: How are yo	ou feeling about bab	oy? Do you fe	eel safe in yo	ur home?	?	
			COMPLETED:		PEDS					
RBAL LEAD F	RISK ASSESS	SMENT: C	nild At Risk 🗆 Y	es \square No (If Yes, App	ropriate Action to F	follow) Lives	in High R	isk Zip C	Code 🗆 Yes	□ No
RAL HEALTH:	White Spo	ts on Teet	:h: 🗆 Yes 🗆 No	☐ Parent Cleanii	ng Baby's Gums	with Infar	t Toothbr	ush		
Fluoride Supp	lement 🗆 F	luoride V	arnish by PCP (Once Every 6 mo)						
			$feeding \square Form$		Suppl			_	WICService	es .
			an to Introduc				Drinksfr			da/Juice
				c.gov/ncbddd/ac		es/milesto	nes-9mo.	html 🗆 S	Sits Indepe	ndently
				ses Words "Mama						
Waves Bye-By	e 🗆 Wary of	fStrangers	□ Immature P	Pincer 🗆 Repeats S	Sounds/Gesture	s for Atten	tion 🗆 Exp	lores Er	nvironment	t
Other										
NTICIPATORY	GUIDANCE	PROVIDI	D : Emergen	ncy/911 🗆 Gun S	afety 🗌 Drownir	ng Preventi	on 🗌 Safe	Sleep 🗆	Shaken Ba	by
revention \square	Choking Pre	evention/	Soft Texture Fire	nger Foods 🗌 Ca	r/Car Seat Safet	y (Rear-Fa	cing) 🗆 Pa	ssive Sr	noke 🗌 Sui	า Safety
Safety at Hor	ne/Child-Pr	roofing 🛚	Sleep/Wake Cy	ycle 🗆 TV Screen	Time Explorat	tion/Learn	ing □Rec	lirectior	n/Positive F	Parent
Language/Re	ad to Child/	Introduce	Board Books	☐ Follow Child's I	Lead in Play 🗆 P	arent Com	municates	to Chil	ld "What Tl	nings Are
Ball, Cat, Etc.)	Other									
OCIAL-EMOTI	ONAL HEAL	TH (OBSERV	ED BY CLINICIAN/PARE	ENT REPORT): 🗆 Famil	ly Adjustment/P	arent Res	onds Pos	itively t	o Child	
Appropriate B	onding/Res	ponsive to	o Needs ☐ Self-	-Calming Grow	ing Independen	ce 🗆 Show	s Preferer	ice for C	ertain Peo _l	ole/Toys
Cries When Pi	imary Care	giver Leav	es 🗆 Postparti	um Depression 🗆	Other: _					
OMPREHENSI	VE PHYSICA	AL EXAM:								
		WNL	Abnormal (s	ee notes below)		WNL	Abnor	mal (se	e notes be	low)
Skin/Hair/Na	ils				Lungs					
Eyes/Vision					Abdomen					
Ear					Genitourinary	/				
Mouth/Throa	it/Teeth				Extremities					
Nose/Head/N	leck				Spine					
Heart					Neurological					
SSESSMENT/	PLAN/FOLL	OW-UP:			1					
LABS ORDERED): 🗆 Bloc	od Lead Te	esting (Child at	Risk) □ Finger Sti	ck (Result:)	nous	Hgb/H	ct 🗆 Othe	·r
IMMUNIZATIO							Other			
ORDERED:		n at Today		Parent Refused			Reason:			
				in ASIIS Import				nt Refus	sal Form Cor	npleted
REFERRALS:				□ CRS □ DDD □ □						
			☐ Behavioral ☐		= = , · ·				•	1
PROVIDER'S	2.2.0									
SIGNATURE:				NDI:		Date:				



POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

Date L	ast Name		First	Name		AHCCC	S ID#		DOB	Age	:
Primary Care Provi	der F	PCP ph. #	Healt	th Plan	Accon	npanied B	y (Name)	Relati	onship	
Admitted to NICU: (I	Sirth) Current M	ledications/Vi	tamins/Herbal Sup	plements:	Risk	Indicators	of Hearir	ng Loss:	Temp:	Pulse:	Resp:
	No				□ Y	es	□ No				
Allergies:	<u>'</u>		Birth Weight:	W	eight:		Le	ngth:	Head	Circumfe	rence:
			lb d	oz lb	oz	%	C	:m	%	cm	%
Vision Screening:	Corrected:	☐ Yes ☐ No	Automated Device	Right:	efer	Lef □ Pass □		_	th: Refer	□ UnabPerform	
FAMILY/SOCIAL H	STORY: (Current C	Concerns/ Follov	v-Up on Previously Id	entified Concerr	ıs)				· ·		
PARENTAL/HEALT						r? Do you fo	eel safe ir	your home	e?		
BLOOD LEAD LEVE	L REQUIRED (se	ee below)									
ORAL HEALTH: Wh	te Spots on Teeth	: 🗆 Yes 🗆 No	Daily Brushing (T	wice by Parent)	□ Fluc	oride Sup _l	plemen	🗆 Fluori	de Varnisl	h by PCP	
First Dental Appoir	ntment 🗌 Comple	ted 🗆 Schedu	iled Dental Hom	e: Provider N	ame_				(Onc	e Every 6r	no)
NUTRITIONAL SCR	EENING: Breas	stfeeding 🖫 \	الالمالة Mhole Milk Amoر	ınt		□ Milk	Intake/\	Weaning f	rom bott	le	
Adequate Weight	Gain 🗆 Solids:					□ Sc	da 🗌 Ju	ice 🗆 Sup	plement	S	
"Mama/Dada" Spe Objects Extends ANTICIPATORY GL Car/Car Seat Safu Following Child's SOCIAL-EMOTION. Self-Calming	Arm/Leg for Dre IDANCE PROVIE ety (Rear-Facing) Lead in Play AL HEALTH (OBSER	essing Point DED: En Passive Bnore Tantrun VED BY CLINICIAN/	s to Objects nergency/911 e Smoke Saf ns/Give Attention PARENT REPORT): F	☐ Gun Safet etyat Home/ to Positive Be amily Adjustr	y Child- havior nent/I	□ Drown Proofing s □ Othe Parent Re	ing Prev □ Su rsponds	ention In Safety Positively	□ Cho □ Dis	king Pre	vention
COMPREHENSIVE			others 5	ily/Alixious v	71(113(iangers		JIII3 🗆 O			
CONFRENENSIVE	WNL		(see notes below	4		WNI	٨١	onormal (lsoo note	s bolow	.1
Skin/Hair/Nails	VVIVL	Abiloilliai	(see notes below	Lungs		VVINI	- AI	Dilorinar	see note	s below	1
Eyes/Vision				Abdome	n						
Ear				Genitou	rinary	,					
Mouth/Throat/Te				Extremi	ies						
Nose/Head/Neck				Spine							
Heart				Neurolo	gicai						
ASSESSMENT/PLA	N/FOLLOW-UP:										
	(If at Risk) 🗌 Other		er Stick 🗆 Venou								
ORDERED:	□ Given at Toda [,] Updated □ Ente	y's Visit	Varicella □ DTal arent Refused □ □ Importance of	Delayed 🗆 Immunizatio	Deferr ns Disc	red Reaso cussed \square	on: Parent	Refusal F	orm Com	Shot Re pleted	cord
			P CRS DDD Other		rly He	ead Start	□ OT □	PT Spe	ech 🗆 W	'IC Speci	alist:
PROVIDER'S SIGNATURE:			NPI:			Date:					



POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

									[
Date	Last Nam	ne		First Name		P	AHCCCS II) #		DOB	Ag	ge	
Primary Care	Provider		PCP ph. #	Health Plan		Accompan	ied By (N	ame)		Rela	tionship		
Admitted to I			<u> </u>	tamins/Herbal Suppler	nents:				ss:	Temp:	Pulse:	Resp:	
	□ No	,		•		Yes		(Name) Hearing Loss: No Length: Com Pass Both Fluorid uled Dental Hor anced Diet Ju Juderweight Ones/mileston Pevention Ch Helmet Use Ga/Parent Asks Co Responds Posit bulse Control Co Other: NNL Abnor PCV Reason: Ussed Parent					
Allergies:						Weight:		Le	ngth:	Hea	d Circumf	erence:	
3					Ib		%	CI	m s	%	cm	%	
Vision Scree	ning:	Corrected:	☐ Yes ☐ No	Automated Device	Right	: Pass				☐ Pass	□ Unab Perform		
FAMILY/SOCI	IAL HISTO	RY: (Current (Concerns/ Follow	v-Up on Previously Ident	fied Con	cerns)							
				DNCERNS: How are you				eel safe ir	n your hoi	me?			
VERBAL LEAD	RISK ASS	SESSMENT: C	hild at Risk	Yes \square No (If Yes, Appro	priate Ad	tion to Follov	w)						
	nish by PC	CP (Once Every	6 Months) First	Dental Appointmen	nt 🗆 Co	mpleted \square	Schedule	ed Dent	tal Home	Provider	·:		
Solids Ac				astfeeding Whole							-		
				vw.cdc.gov/ncbd				nes/mi	leston	<u>es-15</u> m	no.html	_	
-				otions Repeats W									
Defiant Beh Follow Child SOCIAL-EMO Appropriate Social Inter-	ANTICIPATORY GUIDANCE PROVIDED: Emergency /911 Gun Safety Drowning Prevention Choking Prevention Car/Car Seat Safety (Rear-Facing) Safety at Home/Child-Proofing Sun Safety Helmet Use Growing Independence Defiant Behavior/Offer Child Choices Gentle Limit Setting/Redirection/Safety Reading/Parent Asks Child "What's that? Follow Child's Lead in Play Offer Opportunity to Scribble/Explore Other												
COMPREHEN	SIVE PHY												
		WNL	Abnormal	(see notes below)			W	NL A	Abnorm	nal (see i	notes bel	ow)	
Skin/Hair/Nai					Lung								
Eyes/Vision/R Ear	keu kene					tourinary							
Mouth/Throa	t/Teeth				+	mities							
Nose/Head/N					Spin								
Heart	· CCK					<u> </u>							
ASSESSMENT/	'PLAN/FO	LLOW-UP:				<u> </u>		ı					
LABS ORDERED			ting (Child At F at Risk) 🗆 Othe	Risk/Not already Done at r	12 Mont	ns)	FingerS	tick (Res	ult:	_) 🗆 Ven	nous		
IMMUNIZATIO ORDERED:	□ Had □ Giv	oA □ HepB d chicken po en at Today's it Record Upd	x □ Othe s Visit □		 Delaye	l □Defe		Reason:		fluenza :fusal For	m Comple	eted	
REFERRALS:			logy □ AzEIP Behavioral	□ CRS □ DDD □ De □ Other	ntal 🗆	Early Head	d Start 🗌	OT 🗆 F	PT 🗆 Sp	eech 🗆 \	NIC Speci	alist: 🗆	
PROVIDER'S SIGNATURE:				NPI:		_ Date:							
													



POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

Date	Last Na	me		First Name		1	AHCCCS	ID#		DOB	Ag	e		
Primary	Care Provider	PC	P ph. #	Health Plan		Acco	mpanied	By (Na	me)	Re	lationship)		
Admitte	ed to NICU: (Birtl	Current Me	edications/Vita	mins/Herbal Suppleme	nts:	Risk Indica	ators of He	earing Lo	ss: 1	Temp:	Pulse:	Resp:		
☐ Yes	1	,,		,		☐ Ye	1	□No		Cinp.	i uisei	incop:		
Allergies	I :	I				Weight:		Le	ngth:	Hea	d Circumf	erence:		
					lb	OZ	%	CI	m %		cm	%		
Vision S	Screening:	Corrected:	Yes 🗆 No	Automated Device	Right:	□ Pass er	Left: ☐ ☐ Refe		Both:		☐ Unab			
FAMILY,	SOCIAL HISTO	ORY: (Current Co	oncerns/ Follow	v-Up on Previously Ident	ified Con	erns)								
PARENT	AL /HEALTH C	ARE DECISIO	N MAKER C	ONCERNS: How are yo	ou feeling	about baby	? Do you f	eel safe i	n your hon	ne?				
	PMENTAL SCR					PEDS								
VERBAL	LEAD RISK AS	SESSMENT: C	hild at Risk [Yes 🗌 No (If Yes, Appr	opriate A	ction to Follo	ow)							
	EALTH: White de Varnish by Pe	•		o 🔲 Daily Brush t Dental Appointme	•				luoride S tal Home I					
NUTRITI	TRITIONAL SCREENING: Feeds Self Breastfeeding Whole Milk Nutritionally Balanced Diet Junk Food Soda/Juice													
□ Solids	olids □ Activity □ Supplements □ Overweight □ Underweight □ Observation □ Referral													
	SVELOPMENTAL SURVEILLANCE: https://www.cdc.gov/ncbddd/actearly/milestones/milestones-18mo.html Uses a cup Walks Says 10-20 Words Says "No" Name One Picture/2 Colors													
ANTICIP	ATORY GUIDA	NCE PROVID	ED: □ Emer	gency/911 Gun S	Safety	Drowni	ng preve	ntion	☐ Chokir	ng Prev	ention			
☐ Car/C	ar Seat Safety	(Rear-Facing)	☐ Safety at	Home/Child-Proofi	ng 🗆 Su	n Safety	Helme	t Use	Never Le	eave To	ddler Alo	ne		
			imits 🗌 Gro	wing Independence	□ Ence	ourage Exp	oression	of Wide	e Range c	f Emot	ions			
Read		ther												
				PARENT REPORT): Fam				-		-				
				f-Calming Frustrat		-	-		I 🗆 Comn	nunicat	ion/Lang	uage		
	enstrates increa			iant Behavior/Offer	Child Ci	ioices 🗆	Otner							
COMITIC	LITERSTVE TITT	WNL		(see notes below)			WN	JI .	Ahnorma	l (see n	otes belo	w)		
Skin/H	air/Nails	10112	Abilomia	(See Hotes Below)	Lung	;			Abiloillia	1 (300 11	otes belo	,		
	ision/Red Refl	ex			Abdo									
Ear					Genit	ourinary								
Mouth	/Throat/Teeth				Extre	mities								
	lead/Neck				Spine									
Heart					Neur	ological								
ASSESSI	MENT/PLAN/F	OLLOW-UP:												
LABS OF		lood Lead Te	sting (Child at	Risk/Not already Done a	at 12 Mon	ths) 🗌 Fin	gerStick	(Result:) 🗆	Venous	☐ TB Ski	n Test (If at		
IMMUN	IZATIONS H	epA 🗆 HepB	☐ MMR ☐	Varicella 🗌 DTaP 🛭	Hib	IPV 🗆 P	CV 🗌 Inf	fluenza	□Had c	hicken	pox 🗆 O	ther		
ORDERE				rent Refused 🗌 Del								_		
				tered in ASIIS 🗌 Im										
REFERRA				CRS DDD D	ental 🗆	Early Hea	d Start	OT 🗆	PT □ Spe	ech 🗆	WIC Spec	cialist:		
PROVIDI		evelopmental	□ Benavior	ai 🗆 Otner					_					
SIGNATU				NPI:		Date	e:							
							-							



POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

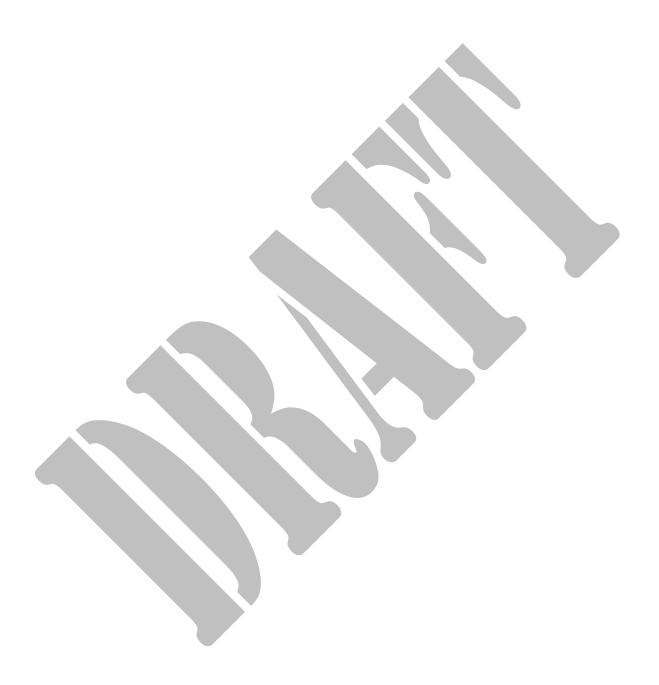
24 MONTHS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

Date La	ast Name		First Na	me		AHCCC	S ID#		DOB	Age	
										Ū	
Primary Care	Provider	PCP ph. #	Health I	Plan	Accom	panied B	v (Name)		 Relati	onship	
Admitted to NIC		-	/Vitamins/Herbal Su			-	Hearing Los	ç.	Temp:	Pulse:	Resp:
	No (Birth)	ent iviculturions,	, vitalillis, licibal sa	рристеп	□Ye	i	No	·	remp.	Puise.	nesp.
Allergies:			Weight:		Leng		Head Circ	umferen	ce:	BMI:	
				%	cm	%		%		kg/m²	%
Vision Componiu	a. Camaatad	Vaa . Na					cm		oth:		able to
Vision Screenir	ig: Corrected	: ☐ Yes ☐ No	Automated Device		ght:		eft:				form
EAMILY/SOCIAL	HISTORY: (Curr	ont Concorns / Fo	llow-Up on Previously		Refer	Pass	Refer	Pas	s 🗌 Refer	rei	101111
FAIVILT/30CIAI	. HISTORT. (Curr	ent Concerns/ Fo	niow-op on Previously	identilled	Concerns)						
ΡΔΡΕΝΤΔΙ /ΗΕΔ	ITH CARE DEC	ISION MAKER	CONCERNS: How a	are vou fee	ling about h	nahy? Do yo	u feel safe in	your hom	۵۲		
TAKEITIALJIILA	ETTI CARE DEC	ISIOIT IVIARER	CONCERNIS. NOW &	ire you ree	ing about t	aby: Do yo	a reer sare iii	your nom	C:		
DEVELOPMENT	AI SCRFFNING	TOOL COMPL	ETED: ASQ	M	CHAT P	FDS					
BLOOD LEAD LE											
			No Daily Brus	hing /Tw	ice Daily h	y Parentl	□ Eluoride	Sunnlar	nent 🗆 Eli	uoride V	arnich
by PCP ³	write spots on	reetii. 🗆 resi	a NO a Daily Blusi	illing (i w	ice Daily L	by Fareiit)	_ riuoriue	Supplet	nent <u> </u>	uoriue v	arriisir
NUTRITIONAL S	CREENING:	☐ Feeds Self	□ Nutritionally	Balanced	Diet	□ Junk Fo	ood 🗆	Soda/Jui	ice		
□ Activity □ Supp							vation 🗆 R	•			
	<u> </u>	ICE: https://v	www.cdc.gov/ncb						□ Kicks a	Ball 🗆	Stacks
			ostairs/Runs Well	,	,,			- ,			
			Emergency/911	☐ Gun S	afety	Drownii	ng Prevent	ion 🗆	Choking	Preventi	on
□ Car /Car Seat	Safety (Forward	d Facing)	Safetyat Home/0	Child-Pro	ofing	Sun Safe	ty 🗆 Trike	/Bike Sa	fety (Helr	net Use)	
☐ Establish Daily	Routine 🗆 Dise	cipline/Redire	ction/Praise 🗆 Pro	vide Opp	ortunitie	s for Succe	ess/Choice	☐ Praise	e for Effor	t/Succes	SS
□ Encourage/Su	pport Wide Rar	nge of Emotion	ns 🗆 Read to Child	☐ Ot	ner						
SOCIAL-EMOTION	ONAL HEALTH (OBSERVED BY CLINICI	IAN/PARENT REPORT):	Family A	Adjustmei	nt/Parent	Responds	Positive	ly to Child	d □ Self-	-
		_	to Needs 🗆 Frustr	_	_			Comm	unication	/Langua	ge
☐ Sense of Hum	or 🗌 Demonstr	ates Increasin	g Independence	Plays A	longside	Peers O	ther				
COMPREHENSIV	E PHYSICAL EXA	AM:									
	WN	L Abnorm	al (see notes belo			\	NNL A	bnorma	ıl (see no	tes belo	w)
Skin/Hair/Nails	5 (1				ıngs						
Eyes/Vision/Red	Reflex				bdomen						
Ear	To oth				enitourin						
Mouth/Throat/1					ktremities	5					
Nose/Head/Nec	K				oine	.al					
Heart	/2011.0111			IN	eurologic	aı					
ASSESSMENT/PL LABS ORDERED:			C+:- -/D +\	¬ \/a===		Took /If a	+ Dialı\ □ C	74h a.u			
			gerStick (Result)			•	•				
IMMUNIZATIONS			aricella □DTaP □					Chicken	Pox 🗆 Ot	her	
ORDERED:		•	Parent Refused 🔲	-				Danast	D-f	6	.
		-	ntered in ASIIS 🗆 Im								
REFERRALS:		<u> </u>	IP □ CRS □ DDD	Dental	☐ Early H	Head Start	: \square OT \square P	T 🗆 Spe	ech 🗌 Wi	C Specia	alist:
	□ Developme	ntal 🗌 Behavi	oral 🗆 Other								
		<u> </u>									
Added fluoride va	rnish applicatio	on by PCP up t	o age 5 to align w	ith upda	te to AMF	PM 430 an	nd AMPM 4	431. as a	pproved	by the	
C				. ,				,			

430 - Attachment E - Page 11 of 23



PROVIDER'S		
SIGNATURE:	 NPI:	_ DATE:





POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

Date Last Nan	ne	l	Firs	t Nam	e	,	AHCCCS ID #		DOB				
Age Primary Care Provi	der	PCP ph. #	‡ He	alth Pla	an	Accompanied	By (Name)		Relations	hip			
Current Medications/		bal Supplei	ments:				Blood	Temp:	Pulse:	Resp:			
Allergies:					Weigh	t:	Heig	ht:		BMI:			
	T		1		lb / kg	%	cm	%	kg/r	n ²			
Vision Screening:	Corrected:	☐ Yes ☐ N	o Device 🗆 C	Chart	Right: ☐ Pa	ss 🗆 Refer	Left: Pass	Refer	Both: □	Pass Refer			
Hearing Screening:	Right Pas	s 🗆 Refer	Left 🗆 Pass 🗆	Refer	☐ Unable to	Perform	Age-Appr	opriate Sp	eech:	□ Yes □ No			
PARENTAL/HEALT DEVELOPMENTAL	H CARE DECI	SION MAI	KER CONCERN		v are you feelin	g about your chi	d? Do you feels	safe in your ho	ome?				
VERBAL LEAD RISK													
ORAL HEALTH: W							ce Daily by Pa	rent) 🗆 Fl	uoride Su	pplement			
☐ Fluoride Varnish by PCP													
NUTRITIONAL SCREENING: Nutritionally Balanced Diet Junk Food Soda/Juice Supplements													
□ Activity/Family Exercise □ Overweight □ Underweight □ Observation □ Referral													
Characters/Plays P saying half the tim help	e Names S rect animal : IIDANCE PRO fety (Forward or Play Posi Inities for Far	elf & Othersound (i.e. oviDED: I Facing) [itive Discipntasy Play/	ers	o Play Ware Cy/911 me/Ch /Reinf	Interactive Gashes and do Gun Sa hild-Proofing force Limits	ames	os Up and Do hout help wning Prever Sports/F outine for: Bed	wn in Place Other Ition	Choking P	on clothes wind ————————————————————————————————————			
SOCIAL-EMOTION	_						-	-					
☐ "Monster" Fear		_				ates Easily fro	om Parent 🗆 :	Shows Inte	rest in Otl	ner Children			
☐ Objects to Major			ind to Animals	i ∐ Otl	her								
COMPREHENSIVE P			1/				14/011	• • • • • • • • • • • • • • • • • • • •					
Skin/Hair/Nails	WN	IL Abn	normal (see no	otes b		ngs	WNL	Abnorma	i (see not	es below)			
Eyes/Vision						domen							
Ear						nitourinary							
Mouth/Throat/Te	eth					remities							
Nose/Head/Neck						ne							
Heart					Ne	urological							
ASSESSMENT/PLAN	FOLLOW UP				I		1						
IMMUNIZATIONS ORDERED:	☐ HepA ☐ Hep ☐ Parent Refus	B □ MMR □ sed □ Dela	nild At Risk/Not ☐ Varicella ☐ DT yed ☐ Deferred ations Discussed	aP □ H I Reas	lib 🗆 IPV 🗆 PC on:	V □ Influenza [☐ Had Chicken ☐ Shot I	Pox 🗆 Give	n at Today				
REFERRALS	☐ ALTCS ☐ Au ☐ Behavioral ☐	diology \square ι	ACC 🗆 DDD 🗆 🛭	Dental	☐ Head Star	t \square OT \square PT \square	Speech WIC	Specialist	☐ Develo	omental			
PROVIDER'S SIGNATURE:			N	IPI:		Date:_							



POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

THREE YEARS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

Date Last	Name	Firs	st Name	ı	Δ	HCCCS ID #	1	DOB		
Age								_		
Primary Care Pro	vider	PCP ph. #	Hea	alth Plan		Accompanied	By (Name)		Relationship)
Current Medication	ns/Vitamins/	Herbal Suppl	lements:				Blood	Temp:	Pulse:	Resp:
Allergies:					Weigh	t:	Hei	ght:	BN	∐ ∕II:
					lb / kg	%	cm	%	kg/m²	%
Vision Screening:	Corrected:	□ Yes □ No	Device 🗆	Chart Rig	ht: 🗆 Pa	ss 🗆 Refer	Left: 🗆 Pas	ss 🗆 Refer	Both: ☐ Pa	ss 🗆 Refer
Hearing Screening	Right ☐ Pas	ss 🗆 Refer	Left □ Pas	s □ Refer	□ Una	able to Perform	Age-Ap	propriate S	peech:	Yes □ No
FAMILY/SOCIAL	HISTORY: (Curr	rent Concerns/ F	ollow-Up on F	reviously Ide	ntified Co	ncerns)				
PARENTAL/HEAL	TH CARE DECI	ISION MAKER	R CONCERN	IS : How are y	ou feelin	g about your chil	d? Do you fee	safe in your h	ome?	
VERBAL LEAD RIS	K ASSESSMEN	NT: Child At R	isk □ Yes □	No (If Yes, A	ppropriat	e Action to Follo	w)			
ORAL HEALTH:	White Spots or	n Teeth: ☐ Yes	□No	☐ Daily Bru	shing (T	wice Daily by	Parent)	☐ Fluoride	Supplemen	t
☐ Fluoride Varnis										
NUTRITIONAL SC ☐ Overweight ☐ U				iet 🗆 Junk I	Food 🗆 S	Soda/Juice 🗅 :	Supplements	a □ Activity/	Family Exerci	se
DEVELOPMENTA		•				y/milestones,	milestones	-3yr.html	Uses Imagin	ary
Characters Mat		-								
ANTICIPATORY G					-			_		-
☐ Car /Car Seat S	1 1				_					
☐ Supervise Outd									-	-
☐ Provide Opporti☐ Other	inities for Fant	.asy Play/P100	iem solving	, \Box Allow CI	ilu to Pia	ay maepenaen	lly/ be Avalla	ible ii Cillia S	eeks fou Ou	
SOCIAL-EMOTIO	NAI HEAITH	ORSERVED BY CLINIC	ΊΔΝ/ΡΔRENT RE	PORT): Fai	mily Adii	ustment/Parei	nt Responds	Positively to	. Child	
☐ Manage Anger	"Monster					ulse Control				
☐ Objects to Majo				_	7		-	· ·	iii ai ciic	
COMPREHENSIVE			vs meerese	iii o tiici ci	illurell's	a Killa to / Killi				
CONTREMENSIVE	WN		mal (see no	ntes helow	A		WNL	Ahnorma	l (see notes	helow)
Skin/Hair/Nails		IZ ABIIO	mar (see m	otes below	7	ngs	771172	Abnomia	ii (see iiotes	Delowy
Eyes/Vision						domen				
Ear						nitourinary				
Mouth/Throat/1	ooth					remities				
Nose/Head/Nec						ne				
	`									
Heart ASSESSMENT/PLA	N/FOLLOW II	D	_		INE	urological				
LABS ORDERED:	☐ Other	d Testing (Child	d at Risk/Not A	Already Done	at 12/24 N	Months) 🗆 TB S	kin Test (If a	t Risk) ⊔ Hg	gb/Hct	
IMMUNIZATIONS	□HepA □He	epB MMR	□Varicella	a 🗆 DTaP 🗆	Hib □IP	V □PCV □Inf	luenza □Ha	d Chicken P	'OX	
ORDERED:						ed 🗆 Deferr				
		-			-	ce of Immuni			ent Refusal F	orm
REFERRALS	□ALTCS □Aι		CC DDD	Dental 🗆 F		rt OT PT				
PROVIDER'S	_ pevelohiii	iciitai 🗆 Della	aviolal 🗆 U							
SIGNATURE:			N	NPI:		Date:				
			'	*' ''		Date.				



POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

FOUR YEARS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

Date	Last N	lame				First Na	me		1	AHCCCS ID#		I	ООВ		
Primary	Age Care Provid	er	PC	P ph. #		Health F	Plan	Accompa	nied	By (Name)		R	elationshi	p	
Current M	ledications/	Vitamir	s/Herbal S	Supplem	ents:					Blood Press	sure:	Temp:	Pulse:	:	Resp:
Allergies:								Weight:	_		Heigh	t:		BMI:	
		_					lb	/ kg		% cr	n	%	kg/	m²	9
Vision :	Screening:	Corre	ected: □Ye	s □No	Device [Chart 🗆	Right:	☐ Pass ☐ Ref	er	Left: ☐ Pass	□ Re	fer	Both: 🗆	Pass [□ Refer
Hearing	Screening:	Rigl	ht: 🗌 Pass	☐ Refer	Left:	☐ Pass ☐	Refer	Unable to Pe	erfori	m Age-	Appr	opriate S _l	eech:		Yes 🗆 N
FAMILY	/SOCIAL H	STORY	<u>': (</u> Current C	Concerns/	Follow-Up	on Previo	usly Identif	ed Concerns)	$\overline{}$						
PARENT	TAL/HEALT	H CARE	DECISIO	N MAK	ER CONC	CERNS: H	ow are you	feeling about chi	ild? [o you feel safe	in yo	ur home?			
VERBAL	LEAD RISK	ASSES	SMENT: C	hild At	Risk 🗆 Ye	s 🗆 No (A	Appropria	te Action to Fo	ollov	v)					
ORAL H			Spots on T	eeth:	Yes 🗆 No	D D	aily Brush	ing (Twice Da	ily b	y Parent)		Fluoride S	uppleme	ent	
☐ Fluori	ide Varnish	by PCF	_		44										
NUTRIT	IONAL SCR	EENIN	G: □Nutri	tionally	Balance	d Diet □.	Junk Food	□Soda/Juice	□Su	pplements [Activ	ity/Family	Exercise		
	eight □Und														
								tearly/milesto			•				
								Counts 1-7	' Obj	ects Out Lo	ud (N	ot Always	in Ordei	r) □Sł	nows
	in Other C		_				_		_						
					_			ty Drowning				-			-
								g □Sports/H							
	ie / Redire	т шкеа	iding/Pres	scnool L	School F	keadiness	S LAllow 0	child to Play I	naer	pendently/b	e Ava	шаріе іт С	niia Seek	ks You	ı Out
Other	ENACTION	AI LIEA	LTU (OBS	EDVED	DV CLINI	ICIANI/D/	ADENT DE	PORT) : □Fam	silv. A	diustment/	Daro	at Dosnon	de Docitio	volv +	o Child
	_				_		_	ects to Major	-	-		-		-	o Ciliu
□ Other	allilling Libe	parate	s Lasily III	Jiiiraie	iii Likiiie	I to Amm	iais 🗆 Obji	cus to iviajor v	Ciiai	ige iii Noutii	IC 🗆 I	ias vvoius	o ioi i een	iiigs	
	HENSIVE P	HVSICA	Ι ΕΧΔΜ-												
COMMINE	TIEROTO E I		WNL	Ahno	rmal (se	e notes b	nelow)			WNL	Δhı	normal (se	e notes	helov	w)
Skin/Ha	ir/Nails			713110	,50		, ,	Lungs			7 (10)	a. (5.	oc motes	B C.0.	,
Eyes/Vis	_							Abdomen							
Ear								Genitourina	ry						
Mouth/	Throat/Tee	th						Extremities							
	ead/Neck							Spine							
Heart								Neurologica							
	IENT/PLAN														
LABS ORD	DERED:	Bloc	d Lead Te	sting (C	hild at Risk	/Not Alrea	dy Done at 1	2/24 Months)	_ TB	Skin Test (If	at Risk) □ Hgb/l	Hct 🗌 O	ther_	
IMMUNIZ								P 🗌 Hib 🗌 IP				a □ Had (Chicken F	ox	
ORDERED):							Delayed 🗆 [
DEFEND	16.							nce of Immuniz							
REFERRAI		☐ ALT(.			Dental 🗆	неа	au Start 🗆	ΟI	⊔РІ	⊔ Speec	rı 🗀	WIC
DDO\#B5		special	ist: 🗌 De	evelopn	nental 🗆	Benavio	orai 🗆 Oth	ier							
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POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

FIVE YEARS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

Date Las	t Name F			First Name		Α	HCCCS ID #	DOB	Age		
Primary Care Prov	vider	PCP ph. #	Healt	th Plan	Accomp	Accompanied By (Name)			Relationship		
Current Medication	ns/Vitamins/H	erbal Supplen	nents:			Bloo	d Pressure:	Temp:	Pulse:	Resp:	
Allergies:					Weight:		Hei	ght:	BN	 :	
					lb / kg	%	cm	%	kg/m²	%	
Vision Screening	g: Correct No	ed: 🗆 Yes 🗆	Device 🗆 Cha		ght: Pass efer		□ Pass □Re		□ Both: □ I		
Hearing Screenin	g: Right 🗆	Pass 🗆 Refer	Left ☐ Pass	Refer	☐ Unable to	Perforn	n Age-Ap	propriate Sp	eech:	Yes 🗌 No	
AMILY/SOCIAL I			Follow-Lin on Prev	iously Iden							
DRAL HEALTH: W Last Dental Appo NUTRITIONAL SCI Activity/Family Ex DEVELOPMENTAL Characters Matc Can Button & Zip ANTICIPATORY G Car /Car Seat Sa TV Screen Time School Readine	intment: REENING: No kercise (1hr/da L SURVEILLAN thes Colors & S Clothing Indep UIDANCE PRO fety (Booster Begins to A	utritionally Baay) OvernICE: https://Shapes/Printspendently GOVIDED: If Seat) Safe	Future Dental alanced Diet/5 Soweight Under www.cdc.gov/6 Some Number oes to Bathroor Emergency/911 ty at Home S	Appointn ervings Fr weight Incbddd/a s and Lett m Indepent Inc Safety s Story to	nent Scheduled uits & Veggies Observation ctearly/milesto ers Counts to ndently Holds Gun Safety Sports/Helm	Junk Foreferral Dines/m 10 Foreferral Drownet Use	nilestones-5 collowsSimpl Cuts with Sc ning Prever	Provider Nature Supposers United Supposers Coordinates	ses Imaginar Listensand perates Mor Choking Previded Bad Touche	y Attends e in Group ention es	
SOCIAL-EMOTION Wants to Please Other COMPREHENSIVE	& Be with Frie	ends Shows					•	•		_	
		/NL Abn	ormal (see not	es below)		WNL	Abnorma	(see notes	below)	
Skin/Hair/Nails					Lungs						
Eyes/Vision					Abdomen						
Ear Mouth/Throat/	(T. 1)				Genitourin	ıary				_	
	reeth					_					
	-1.				Extremitie	S					
Nose/Head/Ne	ck				Extremitie Spine						
Nose/Head/Ne Heart					Extremitie						
Nose/Head/Ne Heart		<u>P</u>	Ŧ		Extremitie Spine						
Nose/Head/Ne Heart ASSESSMENT/PLA	N/FOLLOW U		hild at Risk/Not Alr	ready Done	Extremitie Spine Neurologio	cal	in Test (If at	Risk) □ Hgh/	Hct □Other		
Nose/Head/Ne Heart ASSESSMENT/PLA LABS ORDERED:	N/FOLLOW U	ad Testing (C			Extremitie Spine Neurologio	cal □ TB Sk					
Nose/Head/Ne Heart ASSESSMENT/PLA LABS ORDERED: IMMUNIZATIONS	Blood Lea	ad Testing (C	MMR □ Vai	ricella	Extremitie Spine Neurologic at 12/24 Months) DTaP H	cal □ TB Sk	IPV □ Ir	ıfluenza	Hct □Other □Had Chicke		
Nose/Head/Ne Heart ASSESSMENT/PLA LABS ORDERED:	Blood Lea	ad Testing (C HepB D Today's Visit	MMR	ricella fused	Extremitie Spine Neurologio at 12/24 Months) DTaP Hi Delayed	□ TB Sk ib □ Deferre	IPV □ Ir d Reason	nfluenza [∃Had Chicke	n Pox	
Nose/Head/Ne Heart ASSESSMENT/PLA LABS ORDERED: IMMUNIZATIONS	Blood Lea HepA Given at Shot Reco	ad Testing (C HepB	MMR	ricella fused S Impor	Extremitie Spine Neurologio at 12/24 Months) DTaP Delayed tance of Immuniz Dental	□ TB Sk ib □ Deferre	IPV □ Ir d Reason Discussed □	nfluenza [∃Had Chicke sal Form Com	n Pox	



		SIX YEAR	RS OLD - AHC	CCS EPSD	T CLINIC	AL SAM	IPLE TEMPLA	ATE		
Date Last N	lame	1	First	Name	1		AHCCCS ID #		DOB	Age
Primary Care Provid	er	PCP ph. #	Heal	th Plan	Δι	companie	ed By (Name)		Relationship	
<u> </u>				CITT IGIT	Α.	companic	ca by (Name)		Relationship	
Current Medications,	/Vitamins/	Herbal Supple	ments:			Bl	lood Pressure:	Temp:	Pulse:	Resp:
Allergies:					Weight:		Hei	ght:	BM	l·
Allergies.					lb / kg	%		% %	kg/m²	·· %
Vision Screening: R Abnormal Results Belov	1	rrected: Yes No	Right: ☐ Pass ☐ Re		eft:		Both: □ Pas		☐ Unable to	
Audiometry:	Within No	rmal Limits	Abnormal		_		riate Speech:	□ Yes	:	□No
FAMILY/SOCIAL HI				ON PREVIOUS	LY IDENTIF	IED CONCE	ERNS)			
VERBAL LEAD RISK ORAL HEALTH: White Last Dental Appoin NUTRITIONAL SCRI Activity/ DEVELOPMENTAL Follows Simple Di ANTICIPATORY GU	te Spots on tment:	Teeth: ☐ Yes ☐ I ☐ Nutritionally ☐ Note: ☐ Her/da ☐ ANCE: ☐ Exp ☐ Prints Some	No Twice Daily Balanced Diet/5 Overwei ressive & Under Letters & Num	Brushing/Fital Appoint Servings Fr ght Understandable bers Ba	ossing (wi ment Sc ruits & Veg erweight e Langua lances or	th Parent Aneduled ggies	Assistance) Se Dental Ho nk Food Sod rvation Refe nool Attendar ot Other	ome: Provider la/Juice 🗆 Sup erral nce 🗆 Readii	Name oplements ng at Grade L	
☐ Car /Car Seat Sa ☐ TV Screen Time	ety (Boos	ter Seat) 🗆 S	afetyat Home	☐ Sun Sat	fety 🗆 S	port/Hel	met Use 🗆 B	ullying 🗆 Stre		roc
☐ Daily Reading ☐		: Discipilite) N	edirect of Provi	ide Opport	unities it	JI SOCIAI	interaction	□ AgeAp	or opriate crio	163
SOCIAL-EMOTION		H(OBSERVED BY CLI	NICIAN/PARENT REPO	ркт): 🗆 Fam	ily Adjust	ment/Pa	arent Respond	ds Positively	to Child	
☐ Frustration/Impu										
☐ Is Liked by Othe			Full Range of E	Emotions 🗆	Anger C	Control	\square Other $_$			
COMPREHENSIVE I								_		
		WNL Abn	ormal (see not	es below)			WNL	Abnorma	l (see notes b	elow)
Skin/Hair/Nails					Lungs					
Eyes/Vision					Abdo		,			
Ear	- + -					ourinary				
Mouth/Throat/Te	etn					mities				
Nose/Head/Neck					Spine					
Heart					Neuro	ological				
ASSESSMENT/PLAI	N/FOLLO	<u>W UP</u>								
LABS ORDERED:	□ Blood	Lead Testing	(Child at Risk/Not A	Already Done	at 12/24 M	onths)	TB Skin Test (If at Risk) 🗆 F	lgb/Hct □ Ot	her
IMMUNIZATIONS ORDERED:	☐ Given	at Today's Vi		Varicella □ Refused n ASIIS □ I	□Delaye		eferred Rea	son:	☐ Had Chick Parent Refusa	
REFERRALS:		☐ Audiology	∕ □ CRS □ DI							
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POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

SEVEN TO EIGHT YEARS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

Date La	st Name	1		First Name	2		AHCCCS ID #		DOB	Age
Primary Care Pro	ovider	PC	P ph. #	Health Pla	n	Accompar	nied By (Name)		Relationship	ı
Current Medication	ns/Vitamiı	ns/Herbal S	upplements	:			Blood Pressure:	Temp:	Pulse:	Resp:
Allergies:					Weight		Heig	ght:	BM	l:
			1		lb / kg	9/	6 cm	%	kg/m ²	%
Vision Chart Ex		ight	Le		Both		Corrected		☐ Unable to	
Audiometry: FAMILY/SOCIA		n Normal I		Abnormal			priate Speech:	☐ Yes		□ No
PARENTAL/HEA									J. C	-1
ORAL HEALTH: Last Dental App				•	_					nt
NUTRITIONAL S Supplements				inced Diet/5 Ser amily Exercise (1	_					
DEVELOPMENT Discuss Body	TAL SURVE	ILLANCE:	☐ School A	ttendance Re	eading at Gr	ade Level				
ANTICIPATORY ☐ Car /Car Seat ☐ Street Safety	Safety (Bo	oster Seat	:) Safety a	it Home □Sun S	Safety 🗆 Sp	ort/Bike H	lelmet Use □E			
SOCIAL-EMOTI ☐ Frustration /I ☐ Praise Streng	mpulse Co	ontrol 🗆 Co						-		
COMPREHENSIV	E PHYSICA	AL EXAM:								
		WNL	Abnormal	(see notes bel	ow)		WNL	Abnormal	(see notes b	elow)
Skin/Hair/Nails					Lun	gs				
Eyes/Vision					Abd	omen				
Ear						itourinar	У			
Mouth/Throat,						emities				
Nose/Head/Ne	ck				Spir					
Heart					Neu	rological				
ASSESSMENT/P	LAN/FOLL	OW UP								
LABS ORDERED:	□ТВ	Skin Test	(If at Risk)	Hgb/Hct	Other_				_	
IMMUNIZATIONS ORDERED:		epA		✓R □ Varicella□ Parent Refus			Influenza □ Ha	ad Chicken Po	ox 🗆 Other_	
REFERRALS:		LTCS	☐ Audiolo				Dental	□ OT	□ PT	
NEFERNALS:				gy LKS evelopmental				⊔ 01	⊔ ۲ Ι	
PROVIDER'S		beech spec	JiaiiSt. 🗆 D	evelopilielitai	_ Deliavior	ii 🗆 Othe	ει <u></u>			_
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POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

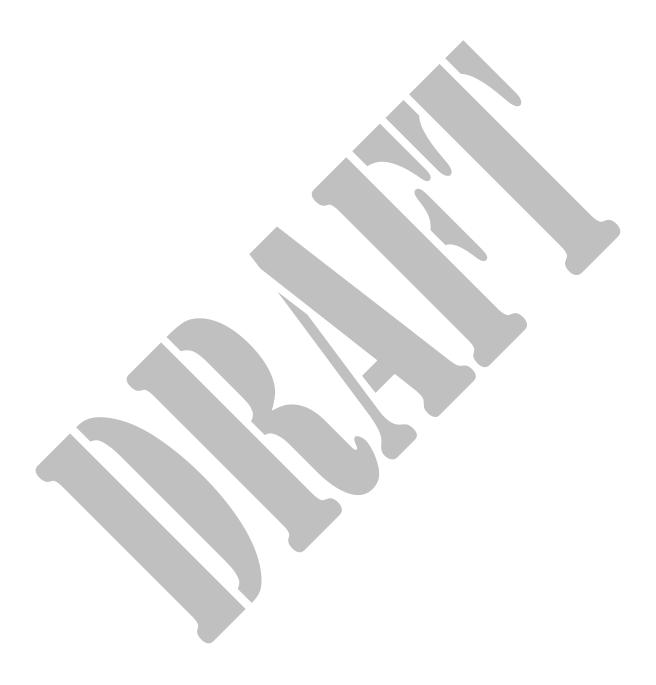
NINE TO TWELVE YEARS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

	•			7.11.0000	02 . 02					
Date	Last Name	1	First	Name			AHCCCS ID#		DOB	Age
Primary Ca	are Provider	РСР	PCP ph. # Health Plan			Accompanied By (Name)			Relationship	
Current Me	edications/Vitan	nins/Herbal S	Supplements:			Blo	ood Pressure:	Temp:	Pulse:	Resp:
Allergies:					eight:		Heigh		<u>BM</u>	
	_			·	-	%	cm	%	kg/m ²	%
		ght	Left	i	Both		Corrected C		☐ Unable	
Audiomet		in Normal Li			to perform	4	Menses:	Menarc	ne:	LMP:
FAMILY/SOCIAL HISTORY: (Current Concerns/ Follow-Up on Previously Identified Concerns) □ Yes □ No PARENTAL/HEALTH CARE DECISION MAKER CONCERNS: How do you feel about your child? Do you feel safe in your home? HEALTH RISK ASSESSMENT: □ Early Adolescent GAPS (Beginning at 10 Years) □ Other										
			: ☐ Yes ☐ No ☐ Daily	_		_				t
	al Appointment:		☐ Future Dental A cionally Balanced Die							kc
				_						
□ Supplements □ Activity/Family Exercise (1 hr/day) □ Overweight □ Underweight □ Observation □ Referral DEVELOPMENTAL SURVEILLANCE: □ School Attendance □ Reading at Grade Level □ Discuss Body Changes □ Dating										
			Well in School 2Ot			7		.,		
☐ Safety R ☐ Depress ☐ After-Sc SOCIAL-EMC ☐ Is Child I	Rules with Adult sion/Anxiety chool Activities/ OTIONAL HEALTH (Happy? Soci	Sex E Tobacc Supervision OBSERVED BY al Interaction	o/Alcohol/Drugs/Rx □ Educational Goal CLINICIAN/PARENT REP	MonitorTV/C Drugs/Inhala s/Activities D PORT): D Com	Computer Ti ints	me Risk		isal Skills Piercing — Good About	□ Self-Contr	ol
COMPREH	ENSIVE PHYSIC		Abnormal (see not	as balaw\			VA/NII	Absorbal	lana mataa b	alaw)
Skin/Hair,	/Nails	WNL	Abnormal (see not	es below)	Lungs		WNL	Aphormal	(see notes b	eiow)
Eyes/Visio					Abdomen					
Ear					Genitourina					
	hroat/Teeth				Tanner Sta Extremities					
Nose/Hea					Spine	,				
Heart	•				Neurologic	al				
	NT/PLAN/FOLL									
LABS ORD	,	Skin Test (If	at Risk) Hgb/Fears) Meningocod			/ (11	12 Vaars)	□ Hen∆ □ L	lenR □MMAD	
ORDERED	: □Vario □ Pare	ella 🗆 Td 🗆 nt Refused	□ Influenza □ Deferr □ Delayed □ Deferr □ Importance of Im	Had Chicker ed Reason:	Pox 🗆 O	ther	Shot Record U	Given at Too Jpdated	day's Visit	
REFERRAL	.s: 🗆 ALTO	CS 🗆 A	udiology Cl lopmental Behav	RS 🗆 DD	D De				□ PT □ :	Speech

⁴ Added SUD screen for 12 years of age and older to align with updates to AMPM 430, as approved by the FRC.



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SIGNATURE:	 NPI:	DATE:





POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

13 TO 17 YEARS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

1										
Date Last Name	First Name		AHCCCS ID#		DOB	Age				
			1							
Primary Care Provider PCP ph. #	Health Plan	Accompanied			Relationship					
Current Medications/Vitamins/Herbal Supplements:		Bloc	od Pressure:	Temp:	Pulse:	Resp:				
Allergies:	Wei	ght:	Heigh	t:	BIV	I				
	lb / kg									
/ision Chart Exam: Right Left Both Corrected ☐ Yes ☐ No ☐ Unable to Perform										
Audiometry:										
FAMILY/SOCIAL HISTORY: (Current Concerns/ Follow-L	Jp on Previously Identified	l Concerns)	☐ Yes ☐No							
PARENTAL/HEALTH CARE DECISION MAKER CON	CERNS: How are you for	oling about your too	nagor? Do you	ical cafe in your	· homo?					
TARENTAL/HEALTH CARE DECISION WAREN CON	. How are you lee	ening about your tee	mager: Do you	eer sare iii your	nome:					
HEALTH RISK ASSESSMENT: ☐ HEADSS ☐ GAPS ☐	Other									
ORAL HEALTH: White Spots on Teeth: ☐ Yes ☐ No	Daily Brushing 2	2x Daily/Flossing	g 🗆 Flu	oride Supple	ment					
Last Dental Appointment:Future D										
NUTRITIONAL SCREENING: Nutritionally Balance	ced Diet 🗆 5 Servings	of Fruits & Vegg	gies 🗆 Junk Fo	ood Soda/ I	Energy Drin	ks				
□Supplements □ Activity/Exercise (1 hr/day) □ Overweight □ Underweight □ Observation ☑Referral										
DEVELOPMENTAL SURVEILLANCE: □ School Attendance □ Reading at Grade Level □ Dating □ Sexuality/Orientation										
□Risk-Taking □ Other										
ANTICIPATORY GUIDANCE PROVIDED: Emerge										
☐ Car/Seat Beat/Driving Safety ☐ Safety at Home										
☐ Sexual Orientation/Dating ☐ Sex Education/ST☐ Tobacco/Alcohol/Drugs/Rx Drugs/Inhalants ☐ F			_							
☐ Community Involvement ☐ After-School Activit			Ollai Guais/Ai	LUVILIES	Job/ Career	riaiiiiiig				
SOCIAL-EMOTIONAL HEALTH(OBSERVED BY CLIN			table Body Ir	nage 🗆 Men	tal Health (
☐ Dealing with Stress ☐ Depression/Anxiety ☐ De			-	_		oncerns				
COMPREHENSIVE PHYSICAL EXAM:						oncerns				
WNL Abnormal						oncerns				
	(see notes below)		WNL	Abnorma	l (see notes					
Skin/Hair/Nails	(see notes below)	Lungs	WNL	Abnorma	l (see notes					
Skin/Hair/Nails Eyes/Vision	(see notes below)	Abdomen	WNL	Abnorma	l (see notes					
	(see notes below)		WNL	Abnorma	l (see notes					
Eyes/Vision Ear Mouth/Throat/Teeth	(see notes below)	Abdomen Genitourinary Tanner Stage Extremities	WNL	Abnorma	l (see notes					
Eyes/Vision Ear Mouth/Throat/Teeth Nose/Head/Neck	(see notes below)	Abdomen Genitourinary Tanner Stage Extremities Spine	WNL	Abnorma	l (see notes					
Eyes/Vision Ear Mouth/Throat/Teeth Nose/Head/Neck Heart	(see notes below)	Abdomen Genitourinary Tanner Stage Extremities	WNL	Abnorma	l (see notes					
Eyes/Vision Ear Mouth/Throat/Teeth Nose/Head/Neck Heart ASSESSMENT/PLAN/FOLLOW UP		Abdomen Genitourinary Tanner Stage Extremities Spine Neurological	WNL	Abnorma	l (see notes					
Eyes/Vision Ear Mouth/Throat/Teeth Nose/Head/Neck Heart ASSESSMENT/PLAN/FOLLOW UP LABS ORDERED: TB Skin Test (If at Risk) Hgb/	/Hct □ Lipid Profile □	Abdomen Genitourinary Tanner Stage Extremities Spine Neurological Other				below)				
Eyes/Vision Ear Mouth/Throat/Teeth Nose/Head/Neck Heart ASSESSMENT/PLAN/FOLLOW UP LABS ORDERED: TB Skin Test (If at Risk) Hgb/	/Hct □ Lipid Profile □ Hep B □ Tdap □ Infl	Abdomen Genitourinary Tanner Stage Extremities Spine Neurological Other uenza	gococcal	HPV IPV	Td □ Had	below)				
Eyes/Vision Ear Mouth/Throat/Teeth Nose/Head/Neck Heart ASSESSMENT/PLAN/FOLLOW UP LABS ORDERED: TB Skin Test (If at Risk) Hgb/ IMMUNIZATIONS HepA MMR Varicella ORDERED: Other Giver	/Hct	Abdomen Genitourinary Tanner Stage Extremities Spine Neurological Other uenza	gococcal	HPV □ IPV □	Td Had	below) Chicken Pox				
Eyes/Vision Ear Mouth/Throat/Teeth Nose/Head/Neck Heart ASSESSMENT/PLAN/FOLLOW UP LABS ORDERED:	/Hct	Abdomen Genitourinary Tanner Stage Extremities Spine Neurological Other uenza Menin rent Refused e of Immunization	gococcal I Delayed Delayed Del	HPV IPV IPV	Td Had on:	Chicken Pox				
Eyes/Vision Ear Mouth/Throat/Teeth Nose/Head/Neck Heart ASSESSMENT/PLAN/FOLLOW UP LABS ORDERED: TB Skin Test (If at Risk) Hgb/ IMMUNIZATIONS HepA MMR Varicella Giver Other Giver Giver Shot Record Updated Entered	/Hct	Abdomen Genitourinary Tanner Stage Extremities Spine Neurological Other uenza Menin rent Refused e of Immunization	gococcal I Delayed Delayed Del	HPV IPV IPV	Td Had on:	Chicken Pox				
Eyes/Vision Ear Mouth/Throat/Teeth Nose/Head/Neck Heart ASSESSMENT/PLAN/FOLLOW UP LABS ORDERED:	/Hct	Abdomen Genitourinary Tanner Stage Extremities Spine Neurological Other uenza Menin rent Refused e of Immunization	gococcal I Delayed Delayed Del	HPV IPV IPV	Td Had on:	Chicken Pox				



POLICY 430 - ATTACHMENT E – AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

18 TO 21 YEARS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

Date Las	: Name	1	F	First Name	1		AHCCCS ID #		DOB	Age
Primary Care Prov	ider	PCP p	oh. # F	Health Plan	Accom	panied	l By (Name)		Relationship)
Current Medication	ns/Vitamins	/Herbal Su	upplements:			Blo	od Pressure:	Temp:	Pulse:	Resp:
Allergies:				W	eight:		Heigh	nt:	BN	 /I
/ mergiesi					/ kg	%	cm	%	kg/m ²	%
Vision Chart Exam	: Right		Left	Both			Corrected□Y	es □No	☐ Unable to I	Perform
Audiometry:	□Within I	Normal Lim	nits Abnorm	al □Unab	e to perfori	n	Menses:	Menar	che:	LMP:
FAMILY/SOCIAL	HISTORY/C	ONCERNS	S: (Current Concer	ns/ Follow-Up on Pre	viously		Yes □No			
Identified Concerns)										
HEALTH RISK ASSESSMENT: HEADSS GAPS Other										
ORAL HEALTH: \	Vhite Spots	on Teeth:	☐ Yes ☐ No	☐ Daily Brushin	g 2x Daily/F	lossing	g 🗆 Flu	oride Supp	lement	
Last Dental Appoi				ntal Appointment	Scheduled		Dental Home:	Provider N	ame	
NUTRITIONAL SO	NUTRITIONAL SCREENING: Nutritionally Balanced Diet 5 Servings of Fruits & Veggies Junk Food Soda/Energy Drinks									
☐ Supplements ☐ Activity/Exercise (1 hr/day) ☐ Overweight ☐ Underweight ☐ Observation ☐ Referral										
DEVELOPMENTAL SURVEILLANCE: □ Abstract Thinking □ School Attendance □ Sexuality/Orientation										
☐ Physical Growth and Development ☐ Other										
ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Violence Prevention/Gun Safety/Bullying Drowning/Sun Safety										
☐ Car/Seat Beat/Driving Safety ☐ Safety at Home ☐ Sports/Injury prevention ☐ Peer Refusal Skills ☐ Age-Appropriate Limits ☐ Sexual Orientation/Dating ☐ Sex Education/STI/Resources ☐ Availability of Family Planning Services ☐ Social Interaction										
							_			
☐ Tobacco/Alcoh☐ Community Inv	7	_			_	aucati	onal Goals/Ad	tivities	☐ Job/Caree	r Planning
SOCIAL-EMOTIO						ical/Id	ealistic 🗆 Con	nfortable F	Rody Image	
☐ Self-Confident										en
□ SUD Screen								-		
COMPREHENSIV	E PHYSICAL	L EXAM:								
		WNL	Abnormal (see	e notes below)			WNL	Abnorm	al (see notes	s below)
Skin/Hair/Nails					Lungs					
Eyes/Vision					Abdome					
Ear					Genitoui Tanner S					
Mouth/Throat	/Teeth				Extremit					
Nose/Head/Ne					Spine	100				
Heart					Neurolo	gical				
ASSESSMENT/PI	AN/FOLLO	W UP_			•		·			
LABS ORDERED:	□TBSkin	Test (If at I	Risk) 🗆 Hgb/Hct	☐ Lipid Profile ☐	Other					
IMMUNIZATIONS	HepA	MMR	Varicella 🗆 He	p B □Tdap □ Infl	uenza 🗆 M	eningo	coccal HP	V □ IPV □	Td □Had Cl	nicken Pox
ORDERED:	Other			t Today's Visit 🛭						
		cord Updat		SIIS Importance					Completed	
REFERRALS:	ALTCS		٥,	CRS DDD	☐ Dent	:al	□ OB/GYN	PT	□ОТ	Speech
	Specialist	t: Devel	opmental 🗆 Beh	navioral \square Other_			-			



PROVIDER 3		
SIGNATURE:	 NPI:	Date:

