Immunization Billing Codes

CPT	Description
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472+ (add-on code)	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid) each additional vaccine (single or combination vaccine/toxoid) List separately in addition to code for primary procedure
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
90474+ (add-on code)	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) List separately in addition to code for primary procedure

Please Note:

- ✓ No intranasal vaccines are currently coverable per NCIP/VFC program.
- ✓ Currently, 90474 cannot be billed with 90473 as there are no two oral and/or intranasal vaccines or combination of an oral and intranasal vaccine that would be given to a recipient.
- ✓ 90461 is an add-on code for 90460-90461-immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered.
  List separately in addition to code for primary procedure.
- ✓ Always append EP modifier to all vaccine codes.
- ✓ For all vaccines, administered after Oct. 1, 2015, providers should use ICD 10-CM code Z23.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Quick Reference Guide

Use the chart below to be sure your practice is following the appropriate age-specific guidelines.

Children's Preventive Guidelines	Birth	3-5 days	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	30 months	3 years	4 years	5 years	6 years	7-20 years
History	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Height or length/weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Head circumference	•	•	•	•	•	•	•	•	•	•	•	•					Yearly
Body mass index (percentile if < 16 years old)											•	•	•	•	•	•	Yearly
Blood pressure[1]	*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	Yearly
Nutrition assessment/counseling	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Physical activity assessment/counseling[2]													•	•	•	•	Yearly
Vision exam	*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	Yearly
Hearing exam	•	*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	Yearly
Developmental assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Psychological/ Behavioral assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Alcohol/drug use assessment and tobacco use																	Yearly
Physical exam (unclothed)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Dental referral[3]												•				•	Refer
Immunization assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Hematocrit or hemoglobin					*			•		*	*	*	*	*	*	*	Yearly
Lead screening						*	*	•		*	•		*	*	*	*	
Dyslipidemia screening											*			*			*18-20
Sexually transmitted infection (STI) screening[4]																	*11-20
Anticipatory guidance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly
Counseling/Referral for identified problems	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Yearly

[1]Children with specific risk factors should have their blood pressure taken at visits before age 3. [2]HEDIS® measure added to chart. [3]Referrals for dental care should be given for any problem identified or if there is no dental home. AAPD recommends a dental exam every six months after tooth eruption. [4]STI and cervical dysplasia screenings should be conducted on all sexually active females 11-21 years of age. *Conduct a risk assessment. If high-risk conditions exist, perform screening.

Notes

Notes:

- All well-visits should include, at a minimum, an unclothed physical exam, developmental assessment, anticipatory guidance, and age-appropriate screenings and immunizations, as indicated.
- Health education should include counseling for issues and risk factors, as well as inform patients about the benefits of a healthy lifestyle, safety practices/accident avoidance and disease prevention. Handouts given during an office visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.
- Screenings are as recommended by AAP and AAPD. An initial screening may be done at any time, even if the patient's age does not correspond with the periodicity schedule.
- If you require assistance with the EPSDT services due, contact us at the address below:
  P.O. Box 31370
  Tampa, FL 33631-3415

Recommended EPSDT Periodicity Schedule

A visit should be scheduled for all new members within 60 days. Subsequent visits should be scheduled based on the recommended guidelines.

- 3-5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3-21 yearly

Any member who has not had the recommended services should be brought up to date as soon as possible.

Helpful Hints

- Use the list of members due or overdue for EPSDT services provided to you by WellCare and contact the member for an appointment.
- Maximize every visit by making sure the child is current on EPSDT services.
- Be sure your office uses the correct coding.

For complete information, see: The American Academy of Pediatrics (AAP) periodicity schedule at **https://brightfutures.aap.org/clinical-practice/Pages/default.aspx** and the American Academy of Pediatric Dentistry (AAPD) guidelines at **www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf**.

Childhood Immunizations

Recommended Childhood Immunizations	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	23 months	2-3 years	4-6 years
Hepatitis B	Hep B	Hep B			Hep B							
Rotavirus			RV									
Diphtheria, Tetanus, Pertussis			DTap					DTap				DTap
Haemophilus Influenza Type b (Hib)			Hib				Hib					
Pneumococcal			PCV				PCV					PPSV
Inactivated Poliovirus			IPV		IPV							IPV
Influenza					Influenza yearly*							
Measles, Mumps, Rubella							MMR					MMR
Varicella							Varicella					Varicella
Hepatitis A							Hep A, dose 1				Hep A series	
Meningococcal											MCV	

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

*One of the two vaccinations can be an LAIV vaccination, but it must be a*dministered on the child's second birthday to meet criteria.*

Adolescent Immunizations

Recommended Adolescent Immunizations	7-10 years	11-12 years	13-18 years
Influenza	Influenza yearly		
Pneumococcal	PPSV		
Hepatitis A	Hep A series		
Hepatitis B	Hep B series		
Inactivated Poliovirus	IPV series		
Measles, Mumps, Rubella	MMR series		
Varicella	Varicella series		
Tetanus, Diphtheria, Pertussis		Tdap	Tdap
Human Papillomavirus		HPV (3 doses)	HPV series
Meningococcal	MCV	MCV	MCV

Range of recommended ages for certain high-risk groups

Range of recommended ages for catch-up immunization

For complete information, see The Advisory Committee on Immunization Practices (**https://www.cdc.gov/vaccines/acip/recs/grade/downloads/ACIP-evidence-rec-frame-508.pdf**), the American Academy of Pediatrics (**www.aafp.org**) and the American Academy of Family Physicians (**www.aafp.org**). Department of Health and Human Services • Centers for Disease Control and Prevention

Prevention & Immunization Resources

Prevention	
Adolescent Development	**www.nlm.nih.gov/medlineplus/ency/article/002003.htm**
Ages and Stages Questionnaires (a fee may be associated)	**www.healthychildren.org**
American Academy of Family Physicians	**www.aafp.org**
American Academy of Pediatrics – assessments, patient education, forms and other information	**www.brightfutures.org**
Centers for Disease Control and Prevention (CDC) Growth and BMI charts	**www.cdc.gov/growthcharts/clinical_charts.htm**
Health Resources and Service Administration (HRSA), Maternal and Child Health	**www.mchb.hrsa.gov/epsdt**
March of Dimes	**www.marchofdimes.com**
Medicaid EPSDT Program	**www.medicaid.gov/medicaid/benefits/epsdt/index.html**
Modified Checklist for Autism in Toddlers (M–CHAT) autism screening tool	**https://m-chat.org/**
National Domestic Violence Hotline	**www.ndvh.org | 1-800-799-SAFE (7233)**
U.S. Department of Health and Human Services	**www.healthfinder.gov/HealthTopics**

Immunizations	
CDC, Immunization Schedules	**www.cdc.gov/vaccines/schedules/index.html**
CDC, National Immunization Program	**www.cdc.gov/vaccines**
Immunization Action Coalition	**www.immunize.org**
Vaccine Safety	**www.vaccinesafety.edu**

For state-specific information and resources, please visit **www.wellcare.com.**

EPSDT Assessment Categories

Newborn Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ Head circumference ☐ TPR (Total Physical Response) ☐ General appearance ☐ Head, fontanel ☐ Neck ☐ Eyes, red reflex, strabismus ☐ Ears, nose, mouth/throat ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Umbilical cord ☐ Genitalia (male-testes, circ.) ☐ Spine ☐ Extremities ☐ Hips ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Blood pressure ☐ Hearing ☐ Vision ☐ Metabolic/Hemoglobinopathy
Nutrition	☐ Breastfed, how long, frequency ☐ Formula, how much and how often, brand-w/iron ☐ Water source – well, city or bottled ☐ Number of wet diapers/day ☐ Stools/day ☐ WIC
Development	☐ Suck, swallow ☐ Breathe easily ☐ Turns, calms to mom's/dad's voice ☐ Eats well
Common Problems	☐ Constipation ☐ Sleep ☐ Spitting up ☐ Excessive crying
Behavioral/Social	☐ Parental concerns ☐ Support for mother/father ☐ Family makeup ☐ Any major changes in family ☐ Any changes in family health ☐ Maternal/paternal depression
Anticipatory Guidance Topics	☐ Car seat, facing back ☐ Smoke-free environment ☐ Smoke detectors in home ☐ Hot water temperature < 120° F ☐ No bottle propping ☐ Sleep on back ☐ Well-fitted crib mattress, no pillows or blankets ☐ Never shake baby ☐ Nutrition/Feedings ☐ No solid food ☐ Sponge bath ☐ Cord, circumcision care ☐ Bowel movements ☐ General newborn care ☐ Taking temperature – Fever > 100.4° F ☐ When to call the doctor
History	☐ Hospital course ☐ Exams/Screenings ☐ Hep B ☐ Weeks' gestation ☐ Birth weight ☐ Issues/Concerns ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ Hep B #1 (if indicated) ☐ Ophthalmology referral (if < 32 weeks)

EPSDT Assessment Categories

1-Month Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ Head circumference ☐ TPR ☐ General appearance ☐ Head, fontanel ☐ Neck ☐ Eyes, red reflex, strabismus ☐ Ears, nose, mouth/throat ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Umbilical cord ☐ Genitalia (male-testes, circ.) ☐ Spine ☐ Extremities ☐ Hips ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Blood pressure ☐ Hearing ☐ Vision ☐ Metabolic/hemoglobinopathy ☐ Tuberculosis
Nutrition	☐ Breastfed, how long, frequency ☐ Formula, oz and frequency brand – w/iron ☐ Water source – well, city or bottled ☐ Number of wet diapers/day ☐ Stools/day ☐ WIC
Development	☐ Lifts head when prone ☐ Begins to smile ☐ Follows parent with eyes ☐ Turns to parent's voices
Common Problems	☐ Constipation ☐ Sleep ☐ Spitting up ☐ Excessive crying ☐ Colic ☐ Stuffy nose
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development
Social/Family History	☐ Parent/Child adjustment ☐ Any major changes in family ☐ Maternal/paternal depression ☐ Support for mother/father ☐ Sibling response to baby ☐ Child care plans ☐ Work plans ☐ Violence or abuse
Anticipatory Guidance Topics	☐ Car seat, facing back ☐ Smoke-free environment ☐ Smoke detectors in home ☐ Hot water temperature < 120° F ☐ No bottle propping ☐ Sleep on back, tummy time ☐ Well-fitted crib mattress, no pillows ☐ Never shake baby ☐ Nutrition/Feedings ☐ Techniques to calm ☐ Cord, circumcision care ☐ Elimination ☐ Taking temperature – Fever > 100.4° F ☐ When to call the doctor ☐ Avoid anything around baby's neck
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ Hep B ☐ Vitamin D if breastfed ☐ TB test, if at risk

EPSDT Assessment Categories

2-Month Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ Head circumference ☐ TPR ☐ General appearance ☐ Head, fontanel ☐ Neck ☐ Eyes, red reflex, strabismus ☐ Ears, nose, mouth/throat ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Umbilical cord ☐ Genitalia (male-testes, circ.) ☐ Spine ☐ Extremities ☐ Hips ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Blood pressure ☐ Hearing ☐ Vision ☐ Metabolic/hemoglobinopathy
Nutrition	☐ Breastfed, how long, frequency ☐ Formula, oz and frequency brand – w/iron ☐ Cereal ☐ Water source – well, city or bottled ☐ Stools/day ☐ WIC
Development	☐ Begins to push up when prone ☐ Holds head up when held ☐ Begins to smile ☐ Follows parent with eyes ☐ Turns to parent's voice ☐ Coos ☐ Self-comfort ☐ Cries when bored (no activity) ☐ Symmetrical movement
Common Problems	☐ Constipation ☐ Sleep ☐ Spitting up ☐ Excessive crying ☐ Colic ☐ Stuffy nose ☐ Diaper rash
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development
Social/Family History	☐ Parent/Child adjustment ☐ Any major changes in family ☐ Maternal/paternal depression ☐ Support for mother /father ☐ Sibling response to baby ☐ Child care plans ☐ Working out of the home ☐ Violence or abuse
Anticipatory Guidance Topics	☐ Car seat, facing back ☐ Smoke-free environment ☐ Smoke detectors in home ☐ Hot water temperature < 120° F ☐ Bath safety ☐ No bottle propping ☐ Sleep on back, tummy time ☐ Crib safety ☐ Never shake baby ☐ Nutrition/Feedings ☐ Delay solids ☐ Elimination ☐ Techniques to calm ☐ Rolling over – prevent falls ☐ When to call the doctor
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ DTaP, IPV, Hib, Hep B, PCV-7 ☐ Rotavirus vaccine ☐ Vitamin D if breastfed

EPSDT Assessment Categories

4-Month Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ Head circumference ☐ TPR ☐ General appearance ☐ Head, fontanel ☐ Neck ☐ Eyes, red reflex, strabismus ☐ Ears, nose, mouth/throat ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Umbilical cord ☐ Genitalia (male-testes, circ.) ☐ Spine ☐ Extremities ☐ Hips ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Blood pressure ☐ Hearing ☐ Vision ☐ Anemia risk assessment
Nutrition	☐ Breastfed, how long, frequency ☐ Formula, oz and frequency brand – w/iron ☐ Cereal ☐ Water source – well, city or bottled ☐ Other liquids ☐ WIC
Development	☐ Push up to elbows when prone ☐ Head control ☐ Rolls and reaches for objects ☐ Responds to affection ☐ Babbles and coos ☐ Self-comfort
Common Problems	☐ Constipation ☐ Sleep ☐ Spitting up ☐ Excessive crying ☐ Colic ☐ Stuffy nose ☐ Diaper rash
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development
Social/Family History	☐ Any major changes in family ☐ Family support ☐ Working out of the home ☐ Child care ☐ Violence or abuse
Anticipatory Guidance Topics	☐ Car seat, facing back ☐ Smoke-free environment ☐ Smoke detectors in home ☐ Sleep and daily routines ☐ Hot water temperature < 120° F ☐ Bath safety ☐ No bottle propping ☐ Sleep on back, tummy time ☐ Crib safety ☐ Never shake baby ☐ Nutrition/Feedings ☐ Solid foods – when and how to add ☐ Weight gain ☐ Rolling over – prevent falls ☐ Choking
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ DTaP, IPV, Hib, Hep B, PCV-7 ☐ Rotavirus vaccine ☐ Vitamin D if breastfed

EPSDT Assessment Categories

6-Month Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ Head circumference ☐ TPR ☐ General appearance ☐ Head, fontanel ☐ Neck ☐ Eyes, red reflex, strabismus ☐ Ears, nose, mouth/throat ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Umbilical cord ☐ Genitalia (male-testes, circ.) ☐ Spine ☐ Extremities ☐ Hips ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Blood pressure ☐ Hearing ☐ Vision ☐ Anemia risk assessment ☐ Tuberculosis risk screening ☐ Dental/Oral ☐ Lead risk screening
Nutrition	☐ Breastfed, how long, frequency ☐ Formula, oz and frequency brand – w/iron ☐ Cereal ☐ Water source – well, city or bottled ☐ Other liquids ☐ WIC
Development	☐ Able to sit briefly ☐ Head control ☐ Rolls and reaches for objects ☐ Responds to affection ☐ Jabbers and laughs ☐ Self-comfort ☐ Puts things in mouth
Common Problems	☐ Constipation ☐ Sleep ☐ Spitting up ☐ Excessive crying ☐ Colic ☐ Stuffy nose ☐ Diaper rash
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development
Social/Family History	☐ Any major changes in family ☐ Family support ☐ Working out of the home ☐ Child care ☐ Violence or abuse ☐ Talk, read to baby
Anticipatory Guidance Topics	☐ Car seat, facing back ☐ Smoke-free environment ☐ Smoke detectors in home ☐ Sleep and daily routines ☐ Hot water temperature < 120° F ☐ Drowning ☐ No bottle propping ☐ Sleep on back, tummy time ☐ Kitchen safety ☐ Brushing teeth ☐ Nutrition/Feedings ☐ Solid foods – when and how to add ☐ Drinking from a cup ☐ Rolling over – prevent falls ☐ Choking – finger foods ☐ Teething
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ DTaP, IPV, Hib, Hep B, PCV-7 ☐ Rotavirus vaccine ☐ Vitamin D if breastfed ☐ Lead screening, if at risk ☐ TB test, if at risk ☐ Fluoride, if indicated

EPSDT Assessment Categories

9-Month Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ Head circumference ☐ TPR ☐ General appearance ☐ Head, fontanel ☐ Neck ☐ Eyes, red reflex, strabismus ☐ Ears, nose, mouth/throat ☐ Dental – caries, staining, spots ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Umbilical cord ☐ Genitalia (male-testes, circ.) ☐ Spine ☐ Extremities ☐ Hips ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Blood pressure ☐ Hearing ☐ Vision ☐ Dental/Oral ☐ Lead risk screening
Nutrition	☐ Breastfed, how long, frequency ☐ Formula, oz and frequency brand – w/iron ☐ Cereal ☐ Water source – well, city, bottled or fluoridated ☐ Other liquids ☐ WIC
Development	☐ Sits well ☐ Pulls to stand ☐ Crawls ☐ Imitates sounds ☐ Plays peek-a-boo ☐ Puts things in mouth ☐ Looks for dropped items
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development ☐ Goes to parent for comfort ☐ Stranger anxiety
Social/Family History	☐ Any major changes in family ☐ Family support ☐ Child care ☐ Violence or abuse ☐ Talk, read to baby
Anticipatory Guidance Topics	☐ Car seat safety ☐ Smoke-free environment ☐ Smoke detectors in home ☐ Sleep and daily routines ☐ Burns ☐ Drowning ☐ Age-appropriate discipline ☐ No bottle in bed or propping ☐ First dental visit ☐ Child-proof home ☐ Brushing teeth ☐ Solid foods ☐ Self-feeding ☐ Choking – finger foods ☐ Drinking from a cup ☐ Separation anxiety ☐ Falls/Window guards ☐ Poisons ☐ No TV ☐ Teething
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ Hep B ☐ Catch up immunizations ☐ Dental, if at risk ☐ Lead screening, if at risk ☐ Fluoride, if indicated

EPSDT Assessment Categories

12-Month Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ Head circumference ☐ TPR ☐ General appearance ☐ Head, fontanel ☐ Neck ☐ Eyes, red reflex, alignment ☐ Ears, nose, mouth/throat ☐ Dental – caries, staining, spots ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Umbilical cord ☐ Genitalia (male-testes) ☐ Spine ☐ Extremities ☐ Hips ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Blood pressure ☐ Hearing ☐ Vision ☐ Anemia screening ☐ Dental/Oral ☐ Lead risk screening ☐ TB risk assessment
Nutrition	☐ Breastfed, how long, frequency ☐ Formula, oz and frequency brand – w/iron ☐ Cereal ☐ Water source – well, city, bottled or fluoridated ☐ Other liquids ☐ WIC ☐ Bottle Weaning
Development	☐ Waves bye ☐ Pulls to stand, walks holding on ☐ Copies gestures ☐ Imitates sounds ☐ Plays peek-a-boo ☐ Follows simple directions ☐ Speaks one or two words ☐ Drinks from a cup
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development ☐ Praise for good behavior ☐ Stranger anxiety ☐ Separation anxiety
Social/Family History	☐ Any major changes in family ☐ Family support ☐ Child care ☐ Violence or abuse
Anticipatory Guidance Topics	☐ Car seat safety ☐ Smoke-free environment ☐ Smoke detectors in home ☐ Sleep and daily routines ☐ Burns ☐ Drowning ☐ Age-appropriate discipline ☐ No bottle in bed or propping ☐ Bottle weaning ☐ Child-proof home ☐ Brushing teeth ☐ Solid foods ☐ Self-feeding ☐ Choking – finger foods ☐ Drinking from a cup ☐ Separation anxiety ☐ Falls/Window guards ☐ Poisons ☐ No TV
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes/Concerns – child health ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ Varicella, PCV-7, Hib, Hep B, Hep A, IPV, MMR, influenza ☐ Catch-up immunizations ☐ Vitamin D if breastfed ☐ Dental home or referral ☐ Blood lead screen ☐ TB test, if at risk ☐ Hematocrit or hemoglobin

EPSDT Assessment Categories

15-Month Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ Head circumference ☐ TPR ☐ General appearance ☐ Head, fontanel ☐ Neck ☐ Eyes, red reflex, alignment ☐ Ears, nose, mouth/throat ☐ Dental – caries, staining, spots ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Umbilical cord ☐ Genitalia (male-testes) ☐ Spine ☐ Extremities ☐ Hips ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Blood pressure ☐ Hearing ☐ Vision
Nutrition	☐ Breastfed, how long, frequency ☐ Formula, oz and frequency brand – w/iron ☐ Cereal ☐ Water source – well, city, bottled or fluoridated ☐ Other liquids ☐ WIC ☐ Bottle weaning
Development	☐ Says two or three words ☐ Walks well ☐ Bends down without falling ☐ Scribbles ☐ Tries to do what others do ☐ Follows simple commands ☐ Listens to a story ☐ Puts a block in a cup
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development ☐ Temper tantrums ☐ Discourage hitting, biting, other aggressive behaviors
Social/Family History	☐ Any major changes in family ☐ Family support ☐ Violence or abuse ☐ Talk, read to baby
Anticipatory Guidance Topics	☐ Car seat safety ☐ Carbon monoxide detectors ☐ Smoke detectors in home ☐ Child-proof home ☐ Age-appropriate discipline ☐ Consistent bedtime routine ☐ Burns ☐ First dentist visit ☐ Puts a block in a cup ☐ Healthy food/snack choices ☐ Whole milk ☐ Falls ☐ Poisons ☐ No TV
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ MMR, Hib, Varicella, PCV-7 Hep B, Hep A, DTaP, influenza ☐ Catch-up immunizations ☐ Fluoride, if indicated ☐ Dental home or referral ☐ Blood lead screen ☐ TB test, if at risk

EPSDT Assessment Categories

18-Month Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ Head circumference ☐ TPR ☐ General appearance ☐ Head, fontanel ☐ Neck ☐ Eyes, red reflex, alignment ☐ Ears, nose, mouth/throat ☐ Dental – caries, staining, spots ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Umbilical cord ☐ Genitalia (male-testes) ☐ Spine ☐ Extremities ☐ Hips ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Blood pressure ☐ Hearing ☐ Vision ☐ Anemia risk screening ☐ Lead risk assessment ☐ Tuberculosis risk assessment ☐ Autism screening
Nutrition	☐ Bottle Weaning, breastfed ☐ Fruits ☐ Vegetables ☐ Meat ☐ Appetite ☐ Dairy ☐ Water source – well, city, bottled or fluoridated ☐ WIC
Development	☐ Says six words ☐ Walks up steps ☐ Runs ☐ Laughs in response to others ☐ Points to one body part ☐ Uses spoon and cup ☐ Stacks two blocks ☐ Points at objects ☐ Helps to dress/undress
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development ☐ Temper tantrums – timeouts ☐ Discourage hitting, biting, other aggressive behaviors
Social/Family History	☐ Any major changes in family ☐ Family support ☐ Violence or abuse ☐ Talk, read, sing to baby
Anticipatory Guidance Topics	☐ Car seat safety ☐ Carbon monoxide detectors ☐ Smoke detectors in home ☐ Child-proof home (e.g. electrical outlets, locks) ☐ Age-appropriate discipline ☐ Consistent bedtime routine ☐ Burns ☐ First dentist visit ☐ Healthy food/snack choices ☐ Whole milk ☐ Falls ☐ Poisons ☐ No TV ☐ Toilet training readiness
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ DTaP, MMR, Hep B, Hep A, ☐ Influenza ☐ Catch-up immunizations ☐ Fluoride, if indicated ☐ Dental home or referral ☐ Lead screen, if at risk ☐ TB test, if at risk

EPSDT Assessment Categories

24-Month Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ Head circumference ☐ TPR ☐ General appearance ☐ Head, fontanel ☐ Neck ☐ Eyes, red reflex, alignment ☐ Ears, nose, mouth/throat ☐ Dental – caries, staining, spots ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Umbilical cord ☐ Genitalia (male-testes) ☐ Spine ☐ Extremities ☐ Hips ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Blood pressure ☐ Hearing ☐ Vision ☐ Anemia risk screening ☐ Lead risk assessment ☐ Tuberculosis risk assessment ☐ Autism screening ☐ Dyslipidemia risk assessment
Nutrition	☐ Bottle Weaning, breastfed ☐ Fruits ☐ Vegetables ☐ Meat ☐ Appetite ☐ Dairy ☐ Water source – well, city, bottled or fluoridated ☐ WIC
Development	☐ Says 6 words ☐ Stands on tiptoe ☐ Runs ☐ Knows names of familiar people and body parts ☐ Plays alongside other children ☐ Throws a ball overhand ☐ Stacks 5-6 blocks ☐ Turns pages of book one at a time
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development ☐ Temper tantrums – timeouts ☐ Playing with other children ☐ Self-expression
Social/Family History	☐ Any major changes in family ☐ Family support ☐ Violence or abuse ☐ Talk, read, sing to baby ☐ Model appropriate language ☐ Screen time
Anticipatory Guidance Topics	☐ Car seat safety ☐ Carbon monoxide detectors ☐ Smoke detectors in home ☐ Child-proof home ☐ Age-appropriate discipline ☐ Consistent bedtime routine ☐ Burns ☐ Physical activity ☐ Bike helmet ☐ Picky eater ☐ Outside Supervision ☐ Guns ☐ Poisons ☐ Limit TV to 1-2 hrs/day ☐ Toilet training
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ Hep A, influenza ☐ Catch-up immunizations ☐ Fluoride, if indicated ☐ Dental home or referral ☐ Blood lead screen ☐ Autism screening ☐ Lipid profile, if at risk ☐ TB test, if at risk

EPSDT Assessment Categories

30-Month Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ TPR ☐ General appearance ☐ Head, fontanel ☐ Neck ☐ Eyes, red reflex, alignment ☐ Ears, nose, mouth/throat ☐ Dental – caries, staining, spots ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Genitalia (male-testes) ☐ Spine ☐ Extremities ☐ Hips ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Blood pressure ☐ Hearing ☐ Vision ☐ Dental home
Nutrition	☐ Bottle Weaning, breastfed ☐ Fruits ☐ Vegetables ☐ Meat ☐ Appetite ☐ Dairy ☐ Water source – well, city, bottled or fluoridated ☐ WIC
Development	☐ Puts 3-4 words together ☐ Jumps up and down ☐ Washes and dries hands ☐ Knows animal sounds
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development ☐ Plays with other children ☐ Screen time < 2 hours ☐ Temperament ☐ Set limits
Social/Family History	☐ Changes since last visit ☐ Parents working outside home ☐ Child care type ☐ Daily reading ☐ Preschool
Anticipatory Guidance Topics	☐ Car seat safety ☐ Carbon monoxide detectors ☐ Smoke detectors in home ☐ Child-proof home ☐ Outdoor safety ☐ Consistent routines ☐ Sun exposure ☐ Physical activity ☐ Bike helmet ☐ Picky eater ☐ Supervise outside ☐ Guns ☐ Poisons ☐ Limit TV to 1-2 hrs/day ☐ Toilet training
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ Influenza ☐ Catch-up immunizations ☐ Fluoride, if indicated ☐ Dental home or referral

EPSDT Assessment Categories

3-Year Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ TPR – blood pressure ☐ General appearance ☐ Head ☐ Neck ☐ Eyes ☐ Ears, nose, mouth/throat ☐ Dental – caries, staining, spots ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Genitalia (male-testes) ☐ Spine ☐ Extremities ☐ Hips ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Hearing ☐ Vision ☐ Dental referral ☐ Anemia risk screening ☐ Lead risk screening ☐ Tuberculosis risk screening
Nutrition	☐ Fruits ☐ Vegetables ☐ Meat ☐ Appetite ☐ Dairy ☐ Water source – well, city, bottled or fluoridated ☐ WIC
Development	☐ Puts 2-3 sentences together ☐ Stands on 1 foot ☐ Knows if boy or girl ☐ Names objects ☐ Imaginary play
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development ☐ Plays with other children ☐ Screen time < 2 hours ☐ Manage anger ☐ Reinforce good behavior
Social/Family History	☐ Changes since last visit ☐ Parents working outside home ☐ Child care type ☐ Read, sing, play ☐ Preschool ☐ Family activities ☐ Parent/Child interaction
Anticipatory Guidance Topics	☐ Car seat safety ☐ Carbon monoxide detectors ☐ Smoke detectors in home ☐ Smoke-free environment ☐ Child-proof home ☐ Outdoor safety ☐ Consistent routines ☐ Sun exposure ☐ Physical activity ☐ Bike helmet ☐ Supervise outside, street safety ☐ Guns ☐ Poisons ☐ Limit TV to 1-2 hours/day
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ Influenza ☐ Catch-up immunizations ☐ Fluoride, if indicated ☐ Dental referral

EPSDT Assessment Categories

4-Year Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ TPR - BP ☐ General appearance ☐ Head, fontanel ☐ Neck ☐ Eyes, red reflex, alignment ☐ Ears, nose, mouth/throat ☐ Dental – caries, staining, spots ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Genitalia (male-testes) ☐ Spine ☐ Extremities ☐ Hips ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Hearing-Audiometry ☐ Vision ☐ Dyslipidemia risk assessment ☐ Anemia risk screening ☐ Lead risk screening ☐ Tuberculosis risk screening ☐ Assess: Language/ Speech/ Gross motor skills/Gait
Nutrition	☐ Fruits ☐ Vegetables ☐ Meat ☐ Appetite ☐ Dairy ☐ Water source – well, city, bottled or fluoridated
Development	☐ Puts 2-3 sentences together ☐ Hops on 1 foot ☐ Knows name, age and gender ☐ Names 4 colors ☐ Dresses self ☐ Brushes own teeth ☐ Draws a person
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development ☐ Plays with other children ☐ Screen time < 2 hrs ☐ Curiosity about sex
Social/Family History	☐ Changes since last visit ☐ Parents working outside home ☐ Preschool ☐ Family activities ☐ Parent/Child interaction ☐ Helps at home
Anticipatory Guidance Topics	☐ Appropriate car restraints ☐ Carbon monoxide detectors ☐ Smoke detectors in home ☐ Smoke-free environment ☐ Safety rules with adults ☐ Daily reading ☐ Consistent routines ☐ Sun exposure ☐ Daily physical activity ☐ Bike helmet ☐ Outside supervision and street safety ☐ Guns ☐ Poisons ☐ Limit TV to 1-2 hrs/day
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ DTaP, Influenza ☐ Catch-up immunizations ☐ Fluoride, if indicated ☐ Dental home or referral ☐ Lipid profile, if at risk ☐ Audiometry

EPSDT Assessment Categories

5- to 6-Year Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ TPR – blood pressure ☐ General appearance ☐ Head, fontanel ☐ Neck ☐ Eyes ☐ Ears, nose, mouth/throat ☐ Dental – caries, staining, spots ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Genitalia (male-testes) ☐ Spine ☐ Musculoskeletal ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Hearing-Audiometry ☐ Vision exam ☐ Anemia risk screening ☐ Lead risk screening ☐ Dental assessment ☐ Assess: Language/ Speech/ Gross motor skills/Gait
Nutrition	☐ Fruits ☐ Vegetables ☐ Meat ☐ Appetite ☐ Dairy ☐ Water source – well, city, bottled or fluoridated
Development	☐ Good language skills ☐ Speaks clearly ☐ Balances on 1 foot ☐ Ties a knot ☐ Counts to 10 ☐ Copies squares and triangles ☐ Draws a person (6 parts)
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development/Learning ☐ Attention ☐ Social interaction ☐ Cooperation/Oppositional ☐ Sleep
Social/Family History	☐ Changes since last visit ☐ Parents working outside home ☐ After-school care/activities ☐ Parent/Child/Sibling ☐ Interaction ☐ School readiness ☐ Family time
Anticipatory Guidance Topics	☐ Appropriate booster/car restraints ☐ Smoke/Carbon monoxide detectors ☐ No smoking in home ☐ Sexual safety ☐ Swimming safety ☐ Consistent routines ☐ Sun exposure ☐ Safety helmets ☐ Street safety ☐ Guns ☐ Brushing/Flossing teeth ☐ Limit TV ☐ Healthy weight ☐ Well-balanced diet, including breakfast ☐ Daily physical activity ☐ Bullying
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ DTaP, IPV, MMR, Varicella ☐ Influenza ☐ Catch-up immunizations ☐ Fluoride, if indicated ☐ Dental referral ☐ Audiometry

EPSDT Assessment Categories

7- to 8-Year Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ TPR – BP ☐ General appearance ☐ Head ☐ Neck ☐ Eyes, red reflex, alignment ☐ Ears, nose, mouth/throat ☐ Dental – caries, gingival ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Breasts/Genitalia ☐ Sexual maturity ☐ Spine ☐ Musculoskeletal ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Hearing ☐ Vision exam ☐ Anemia risk screening ☐ Tuberculosis risk assessment ☐ Dental assessment ☐ Alcohol/Drugs assessment
Nutrition	☐ Fruits ☐ Vegetables ☐ Meat ☐ Appetite ☐ Dairy ☐ Eats breakfast ☐ Water source – well, city, bottled or fluoridated
Development	☐ Good hand-eye coordination ☐ Enjoys hobbies and collecting ☐ Uses reflective thinking ☐ May experience guilt/shame
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development/learning ☐ Participates in after-school activities ☐ Doing well in school ☐ Homework ☐ Sleep
Social/Family History	☐ Changes since last visit ☐ Parents working outside home ☐ After-school care/activities ☐ Parent/child/sibling interaction ☐ Parent/Teacher concerns ☐ Eats meals as a family
Anticipatory Guidance Topics	☐ Appropriate booster/Car restraints ☐ Smoke/Carbon monoxide detectors ☐ No smoking in home ☐ Sexual safety ☐ Swimming safety ☐ Consistent routines ☐ Sun exposure ☐ Safety helmets and pads ☐ Street safety ☐ Guns ☐ Brushing/Flossing teeth ☐ Limit TV and screen time ☐ Well-balanced diet, including breakfast ☐ Healthy weight ☐ Daily physical activity ☐ Bullying
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ Influenza ☐ Catch-up immunizations ☐ Fluoride, if indicated

EPSDT Assessment Categories

9- to 10-Year Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ TPR – BP ☐ General appearance ☐ Head ☐ Neck ☐ Eyes, red reflex, alignment ☐ Ears, nose, mouth/throat ☐ Dental – caries, gingival ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Umbilical cord ☐ Breasts/Genitalia ☐ Sexual maturity ☐ Spine ☐ Musculoskeletal ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Hearing ☐ Vision exam ☐ Anemia risk screening ☐ Tuberculosis risk assessment ☐ Dental assessment ☐ Alcohol/Drugs assessment
Nutrition	☐ Fruits ☐ Vegetables ☐ Meat ☐ Appetite ☐ Dairy ☐ Eats breakfast ☐ Water source – well, city, bottled or fluoridated
Development	☐ Rough and tumble play ☐ Enjoys team games ☐ Likes complex crafts and tasks ☐ Ability to learn and apply skills ☐ Capable of longer interest ☐ More abstract reasoning
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development/learning ☐ Self-control ☐ Sense of accomplishment ☐ Competitive
Social/Family History	☐ Changes since last visit ☐ Parents working outside home ☐ After-school care/activities ☐ Parent/Teacher concerns ☐ More independent ☐ Very conscious of fairness
Anticipatory Guidance Topics	☐ Appropriate booster/car restraints ☐ Smoke/Carbon monoxide detectors ☐ No smoking in home ☐ Sexual safety ☐ Swimming safety ☐ Consistent routines ☐ Sun exposure ☐ Safety helmets and pads ☐ Street safety ☐ Guns ☐ Brushing/Flossing teeth ☐ Limit TV and screen time ☐ Well-balanced diet, including breakfast ☐ Healthy weight ☐ Daily physical activity ☐ Bullying
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ Influenza ☐ Catch-up immunizations ☐ Fluoride, if indicated

EPSDT Assessment Categories

11- to 14-Year Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ TPR – blood pressure ☐ General appearance ☐ Head ☐ Neck ☐ Eyes, red reflex, alignment ☐ Ears, nose, mouth/throat ☐ Dental – caries, gingival ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Umbilical cord ☐ Breasts/Genitalia ☐ Sexual maturity ☐ Spine ☐ Musculoskeletal ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Hearing ☐ Vision exam ☐ Anemia risk screening ☐ Tuberculosis risk assessment ☐ Dental assessment ☐ Alcohol/Drugs assessment ☐ Cervical dysplasia risk screening ☐ STI risk screening
Nutrition	☐ Fruits ☐ Vegetables ☐ Meat ☐ Appetite ☐ Dairy – including low-fat options ☐ Eats breakfast ☐ Water source – well, city, bottled or fluoridated
Development	☐ Pubic and underarm hair growth ☐ Girls: Breast development/Menarche/Rapid growth spurt ☐ Boys: Voice changes/Genital growth/Nocturnal emissions ☐ Understands abstract ideas
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development/Learning ☐ Develop moral philosophies ☐ Self-esteem ☐ Sexual activity
Social/Family History	☐ Changes since last visit ☐ After-school activities ☐ Family relationships
Anticipatory Guidance Topics	☐ Seat belts ☐ Smoke/Carbon monoxide detectors ☐ No smoking in home ☐ Sexual safety ☐ How to prevent pregnancy, STDs, HIV ☐ Sun exposure ☐ Sports safety – helmets, water ☐ Street safety ☐ Guns ☐ Oral hygiene ☐ Limit TV and screen time ☐ Well-balanced diet, including breakfast ☐ Healthy weight ☐ Daily physical activity ☐ Bullying ☐ Adequate sleep ☐ Stress management ☐ Anger management
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ Influenza ☐ Catch-up immunizations ☐ Fluoride, if indicated

EPSDT Assessment Categories

15- to 17-Year Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ TPR – BP ☐ General appearance ☐ Head ☐ Neck ☐ Eyes ☐ Ears, nose, mouth/throat ☐ Dental – caries, gingival ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Breasts/Genitalia ☐ Sexual maturity ☐ Spine ☐ Musculoskeletal ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Hearing ☐ Vision exam ☐ Anemia risk screening ☐ Tuberculosis risk assessment ☐ Dental assessment ☐ Alcohol/Drugs assessment ☐ Cervical dysplasia risk screening ☐ STI risk screening
Nutrition	☐ Fruits ☐ Vegetables ☐ Meat ☐ Appetite ☐ Low-fat dairy ☐ Eats breakfast ☐ Water source – well, city, bottled or fluoridated
Development	☐ Girls – full physical development ☐ Boys – voice lowers, facial hair, muscle gain and height ☐ Interest in new music, fashion ☐ Solve problems ☐ More aware – sexual orientation ☐ Plans for future work/education
Behavioral/Social	☐ Parental concerns ☐ Vision ☐ Hearing ☐ Development/Learning ☐ Challenge school/parents rules ☐ Dissatisfied with appearance
Social/Family History	☐ Changes since last visit ☐ More time with friends or alone ☐ Begins interest in religion, politics, causes ☐ Seeks more control over life ☐ Positive family relationships
Anticipatory Guidance Topics	☐ Seat belts ☐ Smoke/Carbon monoxide detectors ☐ No smoking in home ☐ Sexual safety ☐ How to prevent pregnancy, STDs, HIV ☐ Sun exposure ☐ Sports safety – helmets, water ☐ Alcohol ☐ Tobacco ☐ Drugs ☐ Oral hygiene ☐ Limit TV and screen time ☐ Daily activity ☐ Well-balanced diet, including breakfast ☐ Healthy weight ☐ Anger management
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ Influenza ☐ Catch-up immunizations ☐ Fluoride, if indicated

EPSDT Assessment Categories

18- to 21-Year Assessment

Category	Assessment
Physical Exam	☐ Height/Weight/BMI Percentile ☐ TPR – BP ☐ General appearance ☐ Head ☐ Neck ☐ Eyes ☐ Ears, nose, mouth/throat ☐ Dental – caries, gingival ☐ Lungs ☐ Heart ☐ Abdomen ☐ Femoral pulses ☐ Breasts/Genitalia ☐ Sexual maturity ☐ Spine ☐ Musculoskeletal ☐ Skin ☐ Neuro
Risk Assessment/ Screening	☐ Hearing ☐ Vision exam ☐ Anemia risk screening ☐ Tuberculosis risk assessment ☐ Dental assessment ☐ Alcohol/Drugs assessment ☐ Cervical dysplasia risk screening ☐ STI risk screening
Nutrition	☐ Fruits ☐ Vegetables ☐ Meat ☐ Appetite ☐ Low-fat dairy ☐ Eats breakfast ☐ Water source – well, city, bottled or fluoridated
Development	☐ Girls – full physical development ☐ Boys – may continue to gain muscle and height ☐ Sense of self ☐ Self-reliant ☐ Makes own decisions ☐ Sets goals ☐ Plans for future work/education
Behavioral/Social	☐ Responsibility for actions ☐ Coping skills
Social/Family History	☐ Changes since last visit ☐ Concern about relationships ☐ Living on their own
Anticipatory Guidance Topics	☐ Seat belts ☐ Smoke/Carbon monoxide detectors ☐ Work stress ☐ Safe sex ☐ How to prevent pregnancy, STDs, HIV ☐ Sun exposure ☐ Sports safety ☐ Alcohol ☐ Tobacco ☐ Drugs ☐ Oral hygiene ☐ No texting while driving ☐ Well-balanced diet, including breakfast ☐ Healthy weight ☐ Daily physical activity ☐ Stress management
History	☐ Follow up previous visit ☐ Medication review ☐ Interval history ☐ Special healthcare needs ☐ Changes in family health ☐ Past Medical History
Plan/Referrals	☐ Immunizations status ☐ Influenza ☐ Catch-up immunizations ☐ Fluoride, if indicated ☐ Lipid profile, if at risk ☐ TB test, if at risk

Please refer to available state forms or resources below for forms and information on use.

Please note: This document contains general screening, guidelines and topics to assist with examination and documentation of well-child exams.

For more detailed information, risk assessments, forms and information contained therein, please go to:

- ✓ American Academy of Pediatrics - **www.aap.org**
- ✓ The Advisory Committee on Immunization Practices - **www.cdc.gov/vaccines/acip/recs/index.html**
- ✓ The American Academy of Family Physicians - **www.aafp.org**

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