AmeriChoice AMERIGROUP Health Net Horizon NJ Health UHP other_____(08/04)

New Jersey: Early and Periodic Screening, Diagnosis and Treatment Exam

INFANCY: 6 MONTHS

DATE:

Child's Name:	Date of Birth:
Allergies:	Current Medications:
Illnesses/Accidents/Problems/Concerns since birth:	

Yes	No		Yes	No	
☐	☐	My baby eats some solid foods	☐	☐	My baby can pick up objects
☐	☐	My baby says things like "da da" or "ba ba"	☐	☐	My baby seems happy
☐	☐	My baby sits with help/support	☐	☐	My baby recognizes me
☐	☐	I am concerned that I have frequent sadness			

WEIGHT KG/LB PERCENTILE:	HEIGHT CM/IN PERCENTILE:	HEAD CIR. PERCENTILE:

☐ Review of Systems ☐ Review of Family History

_____

_____

_____

_____

Screening

	N	A	
Hearing	☐	☐	_____
Vision	☐	☐	_____
Development	☐	☐	_____
Behavior	☐	☐	_____
Social/Emotional	☐	☐	_____
Gross Motor	☐	☐	_____
Fine Motor	☐	☐	_____

Physical

	N	A		N	A
General Appearance	☐	☐	Lungs	☐	☐
Skin	☐	☐	Chest	☐	☐
Head/Fontanelle	☐	☐	Cardiovascular/Pulses	☐	☐
Eyes	☐	☐	Abdomen	☐	☐
Ears	☐	☐	Genitalia	☐	☐
Nose	☐	☐	Spine	☐	☐
Oropharynx/Teeth	☐	☐	Extremities	☐	☐
Dental Structure & Tongue	☐	☐	Neurological	☐	☐
Mental health	☐	☐			

Describe findings:

_____

_____

_____

_____

_____

_____

_____

Diet: _____

☐ Vitamin Supplements
☐ Newborn Hearing Screening Results
☐ Review Immunization Record
☐ Lead Risk Assessment (verbal)
☐ WIC Referral

Elimination: _____

Sleep: _____

Other: _____

Health Education/Anticipatory Guidance:
(CHECK ALL COMPLETED)

☐ Family Planning	☐ Safety (general)
☐ Infant Temperment	☐ Development Benchmarks
☐ Crib Safety	☐ Shaken Baby Syndrome
☐ No Bottle in Bed	☐ Feeding
☐ Fever Protocols	☐ Teething
☐ Bedtime Ritual	☐ Language Stimulation
☐ Stranger Anxiety	☐ Appropriate Car Seat
☐ Child Care Issues	☐ Passive Smoke
☐ Oral Health Care	☐ Lead Poison Prevention

Other: _____

Assessment:

_____

_____

Diagnosis:

_____

Treatment Plan:

_____

_____

_____

REFERRALS:

_____

_____

_____

IMMUNIZATIONS: ☐ given (see VFC Form) ☐ up to date

NEXT VISIT: 9 MONTHS OF AGE

Health Provider Signature: