## History

- **BF** Previsit Questionnaire reviewed
- **BF** Child has a dental home
- **BF** Child has special health care needs
- **BF** Concerns/questions raised by
- **BF** Follow-up on previous concerns
- **BF** Medication Record reviewed and updated

### Social/Family History

- **BF** Family situation
- **BF** Parents working outside home
- **BF** Child care
- **BF** Changes since last visit
- **BF** Tobacco Exposure

### Review of Systems

- **BF** Nutrition
- **BF** Elimination
- **BF** Toilet Training
- **BF** Sleep
- **BF** Behavior/Temperament
- **BF** Physical activity

### Development

- **BF** Structured developmental screen

### Anticipatory Guidance

- **BF** Family routines
- **BF** Language
- **BF** Family development
- **BF** Safety

### Physical Examination

- **BF** General appearance
- **BF** Head
- **BF** Eyes
- **BF** Ears
- **BF** Nose
- **BF** Mouth and throat
- **BF** Teeth
- **BF** Neck
- **BF** Lungs
- **BF** Heart
- **BF** Abdomen
- **BF** Genitalia
- **BF** Neurologic (coordination, language, socialization)
- **BF** Extremities/hips
- **BF** Musculoskeletal
- **BF** Hygiene
- **BF** Back

### Assessment

- **BF** Well Child

### Appearance

- **BF** Reviewed w/findings
- **BF** Reviewed/normal
- **BF** Reviewed

### Other considerations

- **BF** Raising Readers book given
- **BF** Identified at least one child and parent strength
- **BF** Keep home/car smoke free
Current Medications

Plan

**Oral Health**
- Oral health risk assessment  □ Completed  □ Low  □ Mod  □ High
- Oral health plan/comments

**MaineCare Member Support Requested**
- Transportation to appointments
- Find dentist
- Find other provider
- Make doctor’s appointment
- Public Health Nurse referral
- Family aware

**Laboratory/Screening results**

- Hearing screen  □ Previously done  Date completed
- PPD / Lead* / Anemia**
  - PPD done (if exposure risk) / date done ________ / ________ / ________
  - PPD result if done  □ Neg  □ Pos
  - PPD plan/comments
- Lead drawn in office
- Lead test ordered / date done ________ / ________ / ________
- Lead results
  - Lead range  □ <10  □ 10-14  □ 15-19  □ >19
  - Lead plan/comments
- Hgb/Hct ordered / date done ________ / ________ / ________
- Hgb/Hct result: Hgb _______  Hct _______. □ Referral at 6 months if still anemic
  - Hgb/Hct plan/comments
- Hgb/Hct results shared with WIC

*All children enrolled in MaineCare should be lead tested at 1 year old and at 2 years old. All other children should be tested at these ages, unless lead risk assessment indicates they are not at risk for lead exposure.

WIC recommends anemia testing at 9-12 months with re-test in 6 months (15 to 18 months). If normal, re-test annually to age 5. If abnormal, re-test every 6 months; convert to annual testing once normal result is obtained. WIC may perform anemia testing.

**Oral Health**

**Narrative Notes:**

EXAMINER’S SIGNATURE

DATE