



FULL SCREEN (I-X)	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>	HEARING SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>
PARTIAL SCREEN (1-V)	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>	VISION SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>
DEVELOPMENTAL SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>	DENTAL SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>

**III. ANTICIPATORY GUIDANCE** (Check at least 1 item in this category)

<input type="checkbox"/> Attention span <input type="checkbox"/> Peers <input type="checkbox"/> School attendance <input type="checkbox"/> School performance <input type="checkbox"/> Reaction to strangers <input type="checkbox"/> Discipline/Time out <input type="checkbox"/> Exercise/Physical activity <input type="checkbox"/> Reading to child <input type="checkbox"/> Gender awareness	<input type="checkbox"/> Traffic hazards <input type="checkbox"/> Swimming/diving <input type="checkbox"/> Gun safety <input type="checkbox"/> Fire safety <input type="checkbox"/> Matches, lighter safety <input type="checkbox"/> Bicycle helmet <input type="checkbox"/> Booster Seats/Airbags <input type="checkbox"/> Sun exposure <input type="checkbox"/> Smoke detector	<input type="checkbox"/> School readiness <input type="checkbox"/> Bet wetting <input type="checkbox"/> Parental smoking Feeding: <input type="checkbox"/> 3 meals with snacks <input type="checkbox"/> Variety of food <input type="checkbox"/> Proper amounts <input type="checkbox"/> Obesity	COMMENTS
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**IV: LAB/IMMUNIZATIONS:** Labs:  Hct (if high risk)  UA (if high risk)  Blood lead level (if not done previously at 24 months)

Immunizations given today: \_\_\_\_\_  
 UTD  Written information given  Consent signed (Follow the recommended immunization schedule approved by the ACIP, AAP, and AAFP)

**V. LEAD SCREEN**  Lead Assessment Guide complete  Negative screen  Positive screen - draw blood lead level

**VI. DEVELOPMENT PERSONAL-SOCIAL AND LANGUAGE:**  Parents as teachers referral (Check at least 1 item in this category)

<b>Minimal Skills</b> <input type="checkbox"/> Names four colors <input type="checkbox"/> Dresses without supervision - R <input type="checkbox"/> Comprehends 4 prepositions <input type="checkbox"/> Speech all understandable <input type="checkbox"/> Plays boards and card games - R	<b>Emerging Skills</b> <input type="checkbox"/> Dresses without help <input type="checkbox"/> Counts on fingers <input type="checkbox"/> Address and phone number <input type="checkbox"/> Repeats sequence of > 5 digits	<input type="checkbox"/> Recognizes alphabet <input type="checkbox"/> Plays make believe	COMMENTS
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**VII. FINE MOTOR/GROSS MOTOR:** (Check at least 1 item in this category)

<b>Minimal Skills</b> <input type="checkbox"/> Picks longer line <input type="checkbox"/> Draws person in 3 parts <input type="checkbox"/> Balances on each foot for 3 seconds	<input type="checkbox"/> Copies circle <input type="checkbox"/> Hops <input type="checkbox"/> Copies cross	<b>Emerging Skills</b> <input type="checkbox"/> Copies triangle/square <input type="checkbox"/> Jumps over low obstacles <input type="checkbox"/> Ties shoes	<input type="checkbox"/> Draw person - 6 parts <input type="checkbox"/> Prints some letters <input type="checkbox"/> Skips	COMMENTS
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**VIII. HEARING:** (Check at least 1 item in this category)

- Parental perception of hearing
- Ear exam with pneumatic otoscope
- Observational screening with noisemaker
- Family history of hearing disorders
- PMHx:  NICU admission/  ear infection/  head injury/  congenital anomalies/  meningitis/  mumps/  cerebral palsy
- Tympanometry
- Identifies familiar pictures
- Names desired objects (candy, juice)
- Says all sounds correctly, except perhaps "s" and "th"
- Pure tone audiometry (sweep screen)

COMMENTS

**IX. VISION:** (Check at least 1 item in this category)

- Parental perception of vision
- Observation for
  - blinking  ocular movements
  - pupillary response  tracking
- Objective testing including Snellen E, distance acuity, and light reflex/cover test, and color discrimination
- Exam of external eye, funduscopy exam
- Family history of visual disorders
- Eye injuries, foreign substances
- PMHx:  NICU admission/  prolonged oxygen administration

COMMENTS

**X. DENTAL**  Referral for routine preventative dental care q 6 months

- Teeth brushing/flossing by parents  Normal tooth eruption times
- Assess teeth development and oral hygiene - Teeth cleaning
- Fluoride supplements if water fluoridation less than 0.7 ppm

NOTE: It is recommended that assessment preventive dental services and oral treatments for children begin at age 6-12 months and be repeated every 6 months or as medically indicated.

COMMENTS

ASSESSMENT/EDUCATION/PLAN

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\_\_\_\_\_

ORDERS

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_