



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"/> Night crying <input type="checkbox"/> Stimulation - safe toys <input type="checkbox"/> Separation anxiety <input type="checkbox"/> Parent-child interaction <input type="checkbox"/> Child-proofing cords, electrical sockets, plants, stairs <input type="checkbox"/> Reading to child <input type="checkbox"/> Respiratory infections <input type="checkbox"/> Parental smoking	<input type="checkbox"/> Foreign bodies <input type="checkbox"/> Safe high chair <input type="checkbox"/> Crib safety <input type="checkbox"/> Co-sleeping <input type="checkbox"/> Water heater temperature (<130 F) <input type="checkbox"/> Bathtub safety <input type="checkbox"/> Playpen safety <input type="checkbox"/> Car seats/Airbags <input type="checkbox"/> Poisons <input type="checkbox"/> Smoke detector	<input type="checkbox"/> Acetaminophen dose <input type="checkbox"/> Ipecac Feeding: <input type="checkbox"/> Iron/Vitamins <input type="checkbox"/> Breast-feeding support <input type="checkbox"/> Bottle-propping <input type="checkbox"/> Intro to new foods, cereals, vegetables, fruits <input type="checkbox"/> Eating with hands	COMMENTS
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**IV: LAB/IMMUNIZATIONS:**  Labs: \_\_\_\_\_

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"/> Regards own hand - R <input type="checkbox"/> Turns toward rattling sound <input type="checkbox"/> Works for toy	<input type="checkbox"/> Spontaneous smile - R <input type="checkbox"/> Laughs - R <input type="checkbox"/> Squeals - R	<b>Emerging Skills</b> <input type="checkbox"/> Vocalizes consonants <input type="checkbox"/> Imitates razzing <input type="checkbox"/> Recognizes parent	<input type="checkbox"/> Reciprocal babbles <input type="checkbox"/> Comforts self <input type="checkbox"/> Stranger anxiety	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"/> Rolls over - R <input type="checkbox"/> Reaches <input type="checkbox"/> Follows object 180 degrees <input type="checkbox"/> Regards raisin <input type="checkbox"/> Lifts chest up with arm support	<b>Emerging Skills</b> <input type="checkbox"/> Unilateral reach <input type="checkbox"/> Rolls both ways <input type="checkbox"/> Bears weight <input type="checkbox"/> Sits without support <input type="checkbox"/> No head lag	<input type="checkbox"/> Rakes with fingers <input type="checkbox"/> Begins self feeding <input type="checkbox"/> Transfers objects <input type="checkbox"/> Grasp and mouthing	COMMENTS
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**VIII. HEARING:** (Check at least 1 item in this category)

Parental perception of hearing  
 Awakes to loud noise  
 Head turning with noise  
 Ear exam with pneumatic otoscope  
 Observational screening with noisemaker  
 ERA/ABR screen for infant in tertiary care > 5 days  
 Family history of hearing disorders  
 PMHx:  NICU admission/  ear infection/  head injury/  
 congenital anomalies/  meningitis/  mumps/  cerebral palsy  
 Language development

COMMENTS

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

Parental perception of vision  
 Observation for  Regards hands  
 blinking  Follows objects across midline  
 pupillary response  Smiles at mirror image - R  
 red reflex/fundus  Responds to bright colors  
 tracking  Reaches for objects  
 Cover test  
 focuses on objects and people, not lights  
 Family history of visual disorders  
 PMHx:  NICU admission/  prolonged oxygen administration  
 Note: Misalignment normal in first six months

COMMENTS

**X. DENTAL**  Baby bottle tooth decay syndrome

Normal tooth eruption times  Teething behavior  
 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 \_\_\_\_\_