Well Child Exam

(Meets Wyoming EPSDT)

Absaroka, Inc. Early Head Start & Head Start

PLEASE COMPLETE THIS FORM OR ATTACH A COPY OF THE MOST RECENT EPSDT EXAM FOR THIS CHILD.

Exam Date:

Please circle exam:

Babies: 1 m 2 m 4 m 6 m 9 m 12 m
Toddlers: 15 m 18 m 24 m
Young Children: 3 y 4 y 5 y

Child's Name ______________ **Date of Birth** ______________ **Gender** (circle one): **Male / Female**

Are you serving as this child's "Medical Home" or primary care provider? □ Yes □ No

Height_______**inches** **Weight**_______**lbs.** **BMI%**_________ **BP**___________

Hematocrit/Hemoglobin □ N/A
Date:______________ **Results:** ____________
Treatment Indicated: □ Yes □ No
Recheck Date: ______________

Nutrition Concerns:
____

Is child enrolled in WIC? □ Yes □ No

Screening: Pass / Fail

Hearing	**Hz**	**Right**	**Left**
□ Unable	4000	______dB	______dB
	2000	______dB	______dB
	1000	______dB	______dB

Vision			
□ Unable	without glasses	20/______	20/______
	with glasses	20/______	20/______

Lead screening* □ N/A
Lab Results:__________Date:_______________

Oral Health
- □ No visible decay
- □ Visible decay or white spots
- □ Dental referral

Developmental Concerns:
(Please check if concerns and include any recommendations.)

□ Adaptive/Cognitive □ Language/Communication
□ Gross Motor □ Fine Motor
□ Behavior □ Social/Emotional □ None

Anticipatory Guidance Provided: □ Yes □ No
Head Circumference: (up to 24 months) ___________

Allergies:
____
□ None

Current medications:
____
□ None

Are medications needed at school?
□ Yes □ No

Chronic Health Conditions:
____
____
□ None

Concerns/Recommendations/Follow-up:
____
____

Referrals:
____
____
□ None

Immunizations given:
(Please attach a copy of child's immunization records.)

□ DTaP □ IPV □ HiB
□ MMR □ PCV □ Hep B
□ Varicella

*Wyoming State EPSDT guidelines require lead screening at ages 12 and 24 months, or between 36 and 72 months if not done previously.

Provider Signature______________________**Print Name**______________________**Clinic Name**______________________

PLEASE GIVE TO PARENT/GUARDIAN TO RETURN TO EARLY HEAD START/HEAD START AS SOON AS POSSIBLE.