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

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

INFANCY: 9 MONTHS DATE:							
Child's Name:			Date of Birth:				
Allergies:			Current Medications:				
	ems/Concerns since birth:						
	ems/Concerns since birth:						
My bab My bab I am co WEIGHT KG/LB PERCENTILE:	y can feed self with fingers y understands some words y awakens at night ncerned that I have freque HEIGHT CM/IN PERCENTILE:	nt times of sadness HEAD CIR. PERCENTILE:	My baby can move around on his/her own My baby can play games like peek-a-boo or pat-a-cake My baby can see and hear Diet:				
Review of Systems Screening N Hearing Usion Development Behavior		/ History	Vitamin Supplement WIC Referral ☐ Fluoride Supplement Hgb/Hct ☐ Review Immunization Record Lead Risk Assessment (verbal) Elimination: Sleep: Other: Health Education/Anticipatory Guidance: (CHECK ALL COMPLETED) ☐ Family Planning Safety (general) ☐ No Bottle in Bed Development Benchmarks ☐ Crib Safety Shaken Baby Syndrome				
Social/Emotional	<u> </u>		Fever Protocols Feeding/Colic				
Gross Motor			☐ Bedtime Ritual ☐ Oral Health Care				
Fine Motor			Stranger Anxiety Language Stimulation				
Physical	N A	N A	☐ Child Care Issues ☐ Appropriate Car Seat				
General Appearance Skin Head/Fontanelle Eyes Ears Nose Oropharynx/Teeth Dental Structure/Tongue Mental Health Describe findings:	Lungs Lungs Lungs Chest Cardiovascu Abdomen Genitalia Spine Extremities Neurologica	allar/Pulses	Lead Poison Prevention Passive Smoke Other: Assessment: Diagnosis: Treatment Plan: REFERRALS:				
			IMMUNIZATIONS: given (see VFC Form) up to date				

NEXT VISIT: 12 MONTHS OF AGE

Health Provider Signature:		