NAME:	MEDICAID ID:
DOB:	PRIMARY CARE GIVER:
GENDER:	PHONE:
DATE OF SERVICE:	INFORMANT:

Texas Health Steps™

6 YEAR VISIT CHILD HEALTH RECORD

HISTORY

☐ See new patient history form

INTERVAL HISTORY:
☐ NKDA Allergies:

Current Medications:

Visits to other health-care providers, facilities:

Parental concerns/changes/stressors in family or home:

Psychosocial/Behavioral Health Issues: Y ☐ N ☐
Findings:

☐ Lead questionnaire, risk identified: Y ☐ N ☐
☐ TB questionnaire*, risk identified: Y ☐ N ☐
**TB skin test if indicated* ☐ PPD placed
(See back for forms)

☐ **DEVELOPMENT:**
- Communication skills/language development
- Self-help/care skills
- Social, emotional development
- Cognitive development
- Mental health

NUTRITION*:
Problems: Y ☐ N ☐
Assessment:

**See Bright Futures Nutrition Book if needed*

IMMUNIZATIONS

☐ Up-to-date
☐ Deferred - Reason:

Given today: ☐ DTaP ☐ HAV ☐ HBV ☐ HIB ☐ IPV
☐ Meningococcal ☐ MMR ☐ Pneumococcal
☐ Varicella ☐ MMR-V ☐ HIB-HBV ☐ DTap-HIB
☐ DPAP-IPV ☐ DTaP-HB-IPV ☐ DTaP-IPV-HIB ☐ Influenza

LABORATORY

☐ Up-to-date
☐ Deferred - Reason:

Ordered today:
☐ Hgb/HCT - Results:
☐ Other:

Signature/title

UNCLOTHED PHYSICAL EXAM

☐ See growth graph

Weight: _______ (______%) Height: _______ (______%)
BMI: _______ (______%) Heart Rate: ______________
Blood Pressure: _____/_____ Respiratory Rate: __________
Temperature: _____________

☐ Normal (Mark here if all items are WNL)

Abnormal (Mark all that apply and describe):

☐ Appearance	☐ Nose	☐ Lungs
☐ Head	☐ Mouth/throat	☐ Abdomen
☐ Skin	☐ Teeth	☐ Genitalia
☐ Eyes	☐ Neurological	☐ Extremities
☐ Ears	☐ Heart	☐ Back
		☐ Musculoskeletal

Abnormal findings:

Additional:
Teeth # _____

Audiometric Screening:
R 1000Hz________ 2000HZ________ 4000HZ_________
L 1000Hz________ 2000HZ________ 4000HZ_________

Visual Acuity Screening:
OD____/_____ OS____/_____ OU____/_____

HEALTH EDUCATION/ANTICIPATORY GUIDANCE *(See back for useful topics)*

☐ Selected health topics addressed in any of the following areas*:
- School Activities
- Development
- Physical Activities
- Nutrition
- Safety

ASSESSMENT

PLAN/REFERRALS

Dental Referral: Y ☐
Other Referral(s)

Return to office:

Signature/title

6 YEAR VISIT — CHILD HEALTH RECORD

Texas Health Steps

Name: | Medicaid ID:

Typical Developmentally Appropriate Health Education Topics

5 and 6 Year Old Visit

- Encourage child to tell the story his/her way
- Encourage constructive conflict resolution, demonstrate at home
- Establish consistent bedtime routine
- Establish consistent limits/rules and consistent consequences
- Establish daily chores to develop sense of accomplishment and increase self-confidence
- Establish routine and assist with tooth brushing with soft brush twice a day
- Limit TV/computer time to 1-2 hours/day

**See Bright Futures for assistance*

- Maintain consistent family routine
- Read and discuss story daily
- Show affection/praise for good behaviors
- Provide nutritious 3 meals and 2 snacks; limit sweets/sodas/high-fat foods
- During sports wear protective gear at all times
- Encourage supervised outdoor play for 1 hour/day
- Develop a family plan for exiting house in a fire/establish meeting place after exit
- Lock up guns
- Provide home safety for fire/carbon monoxide poisoning
- Provide safe/quality after-school care
- Supervise when near or in water even if child knows how to swim
- Teach how to answer the door/telephone
- Teach self-safety for personal privacy
- Teach street safety/running after balls/crossing street/riding bicycle/boarding bus
- Use of booster seat in back seat of car until 4ft 9in or 8 years old
- Advocate with teacher for child with school difficulties/bullying
- Discuss school activities daily

TB QUESTIONNAIRE

Place a mark in the appropriate box:

	Yes	Do not know	No
Has your child been tested for TB?	☐	☐	☐
If yes, specify date			
Has your child ever had a positive TB skin test?	☐	☐	☐
If yes, specify date			
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know:			
has your child been around anyone with any of these symptoms or problems? or	☐	☐	☐
has your child had any of these symptoms or problems? or	☐	☐	☐
has your child been around anyone sick with TB?	☐	☐	☐
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia?	☐	☐	☐
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for longer than 3 weeks?	☐	☐	☐
If so, specify which country/countries			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison, or has recently come to the United States from another country?	☐	☐	☐

Risk Assessment for Lead Exposure: Parent Questionnaire

	Yes	Do not know	No
1 Does your child live in or visit a home, day care, or other building built before 1978?	☐	☐	☐
2 Does your child live in or visit a home, day care, or other building with ongoing repairs or remodeling?	☐	☐	☐
3 Does your child eat or chew on non-food things like paint chips or dirt?	☐	☐	☐
4 Does your child have a family member or friend who has or did have an elevated blood lead level?	☐	☐	☐
5 Is your child a newly arrived refugee or foreign adoptee?	☐	☐	☐
6 Is your child exposed to any of the following (if YES, check all that apply):	☐	☐	☐

Contamination from a parent, relative, or friend with jobs or hobbies like these?

- ☐ Radiator repair
- ☐ Pottery making
- ☐ Lead smelting
- ☐ Welding
- ☐ Making fishing weights
- ☐ House construction or repair
- ☐ Battery manufacture or repair
- ☐ Burning lead-painted wood
- ☐ Automotive repair shop or junkyard
- ☐ Going to a firing range or reloading bullets
- ☐ Chemical preparation
- ☐ Valve and pipe fittings
- ☐ Brass/copper foundry
- ☐ Refinishing furniture
- ☐ Other:

If "Yes" or "Do not know" perform a Blood Lead Test

Sources of lead in food and remedies?

- ☐ Imported or glazed pottery such as a Mexican bean pot
- ☐ Imported candy, (like Chaca Chaca) especially from Mexico
- ☐ Nutritional pills other than vitamins
- ☐ Other:
- ☐ Foods canned or packaged outside the U.S.
- ☐ Remedies such as greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, rueda

Fax completed form to 512-458-7699, or mail to the address below.
Texas Childhood Lead Poisoning Prevention Program • PO BOX 149347 • Austin, TX 78714-9347 • 1-800-588-1248 • www.dshs.state.tx.us/lead