NAME:
DOB:
GENDER: ☐ MALE ☐ FEMALE
DATE OF SERVICE:

MEDICAID ID:
PRIMARY CARE GIVER:
PHONE:
INFORMANT:

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:

TB questionnaire*, risk identified: Y ☐ N ☐
Tuberculin Skin Test if indicated ☐ TST
(See back for form)

DEVELOPMENTAL SCREENING:
Use of standardized tool:
ASQ ASQ:SE PEDS P ☐ F ☐

NUTRITION*:
Problems: Y ☐ N ☐
Assessment:

**See Bright Futures Nutrition Book if needed*

IMMUNIZATIONS

☐ Up-to-date
☐ Deferred - Reason:

Given today: ☐ DTaP ☐ Hep A ☐ Hep B ☐ Hib ☐ IPV
☐ Meningococcal* ☐ MMR ☐ Pneumococcal*
☐ Varicella ☐ MMRV ☐ DTaP-IPV
☐ DTaP-IPV-Hep B ☐ DTaP-IPV/Hib ☐ Influenza

**Special populations: See ACIP*

LABORATORY

Signature/title

UNCLOTHED PHYSICAL EXAM

☐ See growth graph

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

☐ Normal (Mark here if all items are WNL)

Abnormal (Mark all that apply and describe):

☐ Appearance ☐ Nose ☐ Lungs
☐ Head ☐ Mouth/throat ☐ GI/abdomen
☐ Skin ☐ Teeth ☐ Extremities
☐ Eyes ☐ Neck ☐ Back
☐ Ears ☐ Heart ☐ Musculoskeletal
☐ Neurological

Abnormal findings:

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 Readiness/Limitations
- Personal Hygiene
- Nutrition
- Safety

**See Bright Futures for assistance*

ASSESSMENT

PLAN/REFERRALS

Dental Referral: Y ☐
Other Referral(s)

Return to office:______________________________

Signature/title

Texas Health Steps™

4 YEAR CHECKUP CHILD HEALTH RECORD