

EPSDT EXAM

Medical Facility:	Date:
Address:	Name:
Dr. Name:	DOB:

Comprehensive Assessment

Physical Exam: Temp ___ HR ___ Resp ___ O2sat ___ BP ___ Wt: ___ % ___

Ht: ___ % ___ Head Circumference: _____ % _____

Hearing: _____ **Vision:** _____ **Allergies:** _____

Laboratory Studies: Hematocrit: _____ % Lead: _____ Hepatitis Panel: _____

Immunizations: up-to-date: Yes ___ No ___ Current Medication: _____

General Appearance/ Mood/ Hygiene:

General Appearance	Normal for Age	Abnormal	Relevant Information (from health history, parent/ teacher, observation etc...
Skin			
Head Shape			
Nose/Mouth/Throat			
Teeth			
Ears			
(1) External			
(2) Tympanic Membranes			
Eyes			
Lungs			
Heart			
Abdomen			
Genitalia			
Menstruation			
Neurological			
Muscular Coordination			
Bones/Joints/Muscle			
Glands/Lymphatic Thyroid			

General Statement of Abnormal Findings:

Neurological/ Social

		Normal for Age	Abnormal	General Statement of Abnormal Findings:
1	Gross Motor			
2	Posture/Gait			
3	Fine Motor			
4	Communication Skills			
5	Cognitive			
6	Self-Help-Skills			
7	Social Skills			
8	Speech			

Physician: _____
Signature and Date