



Pediatrics- Required Documentation Check List (Birth to 20 y.o.)

May place one in each Pediatric record to remind you of the required items during your medical record audit.

Patient Name: _____ Date: _____

Allergies: _____ NKA Reactions to allergies: _____

Emergency Contact #: _____ Name: _____
(MUST be parent or legal guardian)

Primary Language: English Spanish Other: _____ Interpreter required? Yes No

Person/Entity Providing medical interpretation is identified: _____

Signed Copy of the Notice of Privacy: Yes No

Release of Medical Records: Yes No NA

Advanced Directive Education (For ages 18 yrs or older): Yes No Refused Date: _____

Date last Well Child Exam and interval history (completed per AAP: birth, 2 months, 4,6,9,12,15,18,24,30, 3Y, then annually) _____

Developmental Surveillance: _____ (age appropriate, completed at every well care visit)

Developmental Disorder Screening Done at: 9th Date: _____ 18th Date: _____
 30th Date: _____ month visits

Alcohol/Drug Misuse: Screening & Behavioral Counseling: _____

Anemia Screening: _____ (performed at 4,15,18,24,30 months & 3 yrs then annually thereafter & serum Hgb at 12 months)

Autism Spectrum Disorder Screening: (performed at 18 months and 24 months): _____

Date Nutritional Screening/ Breast feeding support: _____ (includes ht/wt, Hct or Hgb, food identifications form or dietary review.)

Blood Lead Screening: _____ (at 12 and 24 months)

Date ht/wt graphed: _____ (Obesity Screening) BMI % graphed: _____

Blood pressure: _____ (3yrs & older)

(Length/Height and weight are documented and plotted on World Health Organization (WHO) growth chart for ages 0-2 and CDC growth chart for children 2 years and older)

Date TB Risk Assessment: _____ (with each WCC or Tb skin test, CXR, or Quantiferon Gold)

Date Anticipatory Guidance/Education evaluated: _____ (age appropriate)

Date Vision Screening: _____ (<3 yrs documentation of assessment, 3 yr or > vision testing)

Date Hearing Screening: _____ (<4 yrs documentation of assessment, 4 yrs or > hearing testing)

Date of Dental Assessment: _____ (Inspection of the mouth. 1 yr or >, must referred to a dentist annually)

Dental /Oral Health _____ (Assess whether the child has a dental home. If non, refer to a dental home)

Documentation of Fluoride Supplementation: Yes No Refused Date: _____

Documentation of Fluoride Varnish: Yes No Refused Date: _____

(once teeth are present for children 5 years and younger every 3-6 months in primary care or dental office. If at dental office, there must specific notation that fluoride varnish was applied)

Depression Screening: _____ **Maternal Depression Screening:** _____ (1-,2-,4- and 6- month visits)

Suicide Risk Screening: _____

Dyslipidemia Screening: _____ (order 1 Lipid Panel between 9 and 11 and again at 17 and 21 years)

Drug Use Disorder screening and Behavioral counseling: _____

Hepatitis B Infection Screening: _____ **Hepatitis C Infection Screening:** _____

HIV Screening Date: (starting at age 13. Once between 15 and 18 years): _____

Intimate Partner Violence Screening: _____

Psychosocial/Behavioral Assessment: _____ (at every Well child visit)

Sexual Activity Assessment: _____ (starting at 11 yrs.) **If sexually active:**

Documentation of contraceptive care: Yes No Refused **Date:** _____

STI screening: Yes No Refused **Date:** _____

Sudden Cardiac Arrest and Sudden Cardiac Death Screening: _____

Folic Acid Supplementation (all women who are planning or capable of pregnancy. Can documentation of Folic Acid counseling and/or patient refusal) _____

Skin Cancer Behavior Counseling: _____ (6 months to 24 years)

Tobacco Products Use: Screening & Prevention Cessation services: (11 yrs or older) **Date:** _____

If yes: Prevention documented? Yes No Refused

Cessation Services provided? Yes No Refused

Immunizations: Updated No (must be up-to-date for age per CDC unless contraindicated or parent refuses)
Documentation must include: manufacturer, lot #, site, administrator's signature or initials) VIS documentation: document publication date of each vaccine, if administered