**WELL CHILD CARE VISIT**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_ Weight: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ BMI % (<18 yo) \_\_\_\_\_\_\_\_\_ BMI Value (18 yo+) \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **E&M/Office Visit Level:** | |  |  |
| **Office/Other Outpatient Visit** | | **New Pt** | **Established Pt** |
|  | 1-4 years old | 99382 | 99392 |
|  | 5-11 years old | 99383 | 99393 |
|  | 12-17 years old | 99384 | 99394 |
|  | >18 years old | 99385 | 99395 |
|  | Telehealth modifier: GT or 95 (audio and video) | | |

|  |  |  |
| --- | --- | --- |
| BMI Percentile Dx Codes (<18 years old) | | |
|  | Z68.51 | <5th percentile |
|  | Z68.52 | 5th percentile to <85th percentile |
|  | Z68.53 | 85th percentile to <95th percentile |
|  | Z68.54 | >95th percentile |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BMI Value Dx Codes 18+ year old:** | | | | | | | | | | | |
|  | Z68.1: 19.9 or less |  | Z68.24: 24.0-24.9 |  | Z68.29: 29.0-29.9 |  | Z68.34: 34.0-34.9 |  | Z68.39: 39.0-39.9 |  | Z68.45: 70 or greater |
|  | Z68.20: 20.0-20.9 |  | Z68.25: 25.0-25.9 |  | Z68.30: 30.0-30.9 |  | Z68.35: 35.0-35.9 |  | Z68.41: 40.0-44.9 |
|  | Z68.21: 21.0-21.9 |  | Z68.26: 26.0-26.9 |  | Z68.31: 31.0-31.9 |  | Z68.36: 36.0-36.9 |  | Z68.42: 45.0-49.9 |
|  | Z68.22: 22.0-22.9 |  | Z68.27: 27.0-27.9 |  | Z68.32: 32.0-32.9 |  | Z68.37: 37.0-37.9 |  | Z68.43: 50.0-59.9 |
|  | Z68.23: 23.0-23.9 |  | Z68.28: 28.0-28.9 |  | Z68.33: 33.0-33.9 |  | Z68.38: 38.0-38.9 |  | Z68.44: 60.0-69.9 |

Lead Screening (under 2 Yrs. of Age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Smoking:

Was the patient queried about smoking behavior? ⃝ Yes ⃝ No

Does the patient currently smoke? ⃝ Yes ⃝ No

Depression Screening:

1. Little interest or pleasure in doing things? ⃝ Always ⃝ Sometimes ⃝ Never
2. Feeling down, depressed, or hopeless? ⃝ Always ⃝ Sometimes ⃝ Never

Result: ⃝ Positive ⃝ Negative

Anticipatory Guidance:

Nutrition:

3 meals a day? ⃝ Yes ⃝ No

Healthy snack choices? ⃝ Yes ⃝ No

Avoiding junk food? ⃝ Yes ⃝ No

Avoiding whole milk? ⃝ Yes ⃝ No

Healthy eating? ⃝ Yes ⃝ No

Positive body image? ⃝ Yes ⃝ No

Iron source? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Activity:

Exercise Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extracurricular Activity/Sports \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screen Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Determinants:

Living Situation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Security \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interpersonal Violence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Substance Abuse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental Care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elimination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleep \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexual Behavior \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental Health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emotional Well-Being \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ability to get along with others? ⃝ Yes ⃝ No

Controls emotions? ⃝ Yes ⃝ No

Exhibits compassion and empathy? ⃝ Yes ⃝ No

Safety:

1. Bicycle/helmet?
2. Use of booster seat?
3. Fire Safety?
4. Injury Prevention?

Social History:

Smoke Free Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROS/Exam:

Const

Head/Face

Eyes

ENMT

CV

Resp

GI

GU

Integumentary

Musculo-Skeletal

Neuro