If no label:

Name _____

Birth Date _____

Date of Encounter _____

C&TC/Well-Child Exam

6 Month Visit

☺=C&TC Mandatory Components

This is a C&TC: Yes ❑ No ❑

Nurse

Ht. ☺ _____ Primary MD _____

Wt. ☺ _____ Allergies _____

Head Circumference ☺ _____ Medications _____

Temperature _____

Recent injury/illness/surgery/hospitalization _____

_____

Staff Signature _____

Physician / Nurse

Health History ☺

Parent concerns:

Family Social History/Medical History:

Caregivers:

Who brought baby in? _____

Who lives with baby? _____

_____

Caregiver working/in school? Yes ❑ No ❑

Who cares for baby during work/school day?

Parent/Relative ❑ Day Care ❑

Stresses for caregivers _____

_____

Environment: Check areas discussed

Housing ❑ Drug use ❑ Alcohol ❑

Domestic Violence ❑ Guns ❑

Exposure to secondhand smoke ❑ TB exposure ❑

Lead risk ❑ Other risks _____

No environmental problems identified ❑

Nutrition: Check those that apply

Breast ❑ # feedings/day _____

Bottle/Formula ❑ # feedings/amount _____

Juice ❑ oz./day_____ Solids ❑ Iron ❑

Vitamins ❑ Fluoride ❑

Sleep: Arrangements/patterns _____

_____

Hygiene: Bathing frequency _____

Development ☺

Give developmental screening results or complete chart.

Screening Tool (name)

_____

_____

Normal ❑ Abnormal ❑

Age_____

❑ Denver Developmental Screeing Test II or equivalent 96110

	by Hx	observed
Feeds self		
Works for toy		

	by Hx	observed
Regards raisin		
Reaches		
Pulls to sit-no head lag		
Rolls over		
Chest up-arm support		
Bears weight on legs		
Turns to sound, voice		
Imitates speech sounds		

Physical Exam ☺

(✔) N=normal A=abnormal

	N	A
General appearance		
Skin: color • character • birthmarks		
Nodes: cervical • axillary • inguinal		
Head: shape • AF size • scalp		
Eyes: lids • tear ducts • red reflex • strabismus corneal light reflex • PERL • EOM		
Vision: follows light, movement		
Ears: pinna • canals • TMs		
Hearing: responds to loud sound		
Nose: patency • nares		
Mouth: gums • tongue • frenulum • mucosa • teeth • throat		
Neck: position • ROM • thyroid		
Chest: shape • symmetry • lungs • respiration rate		
CV: rate • rhythm • S 1 • S 2 • murmur • femoral pulses		
Abd: contour • liver • spleen • masses • bowel sounds • anus		
GU: ♀ labia • vaginal mucosa ♂ penis • testes • hydrocele • hernia		
BMJ: ROM • Ortolani • spine		
Neuro: head control • posture • tone • DTRs • clonus • Babinski • Moro		

Physical Exam (Health History included)

Billing Codes: 99381-99385, 99391-99395, 99431-99432 OR With Dx codes V20-V20.2 and/or V70.0 and/or V70.3-V70.9, 99201-99205, 99211-99215

Physician

Physician

Anticipatory Guidance ☺

Circle areas discussed

Nutrition: Breast/formula for 1 year, never prop bottles; fluoride if well water (after tested) ; finger and pureed foods; discourage excess sweets; choking prevention.

Safety: Car seat; never leave unattended; lower crib mattress; smoke detectors; poisonous plants; Ipecac and poison control numbers; electrical cords; drapery pulls; plastic bags, balloons, sharps, toys with small parts; no walkers; stairway gates; sun protection; hot water temp <125°; no smoking around baby.

Parenting: Talk, sing, play with baby; day care concerns; never punish; jerk or shake; stranger/separation anxiety common; sibling and pet interaction; discuss use of OTC meds; teething; thumbsucking normal; infection risk reduction.

Pamphlet/Information Sheet Given ❑

Requires additional Health Education ❑

99401 - 15min
99402 - 30min

Mental Health ☺

No Concerns ❑ Concerns ❑ Explain:

_____

_____

Parent-Child Interaction

No concerns ❑ Concerns ❑ (Explain)

_____

_____

_____

Vision/Hearing ☺

Yes No

Vision concerns? ❑ ❑

Hearing concerns? ❑ ❑

Immunizations ☺

Immunizations: Reviewed ❑ On schedule ❑

Deferred ❑ - reason:_____

Parent refused ❑

Previous reaction? ❑ Yes ❑ No

Given: ❑ Hepatitis B ❑ PCV ❑ DTaP ❑ IPV ❑ Hib ❑ Other_____

MNVFC: 90471 or 90472. List actual immunization given with an SL modifier and a $.01 charge.

Labs ☺

Labs ordered:_____

None routinely required at this age.

Assessment and Plan ❑ See dictation

❑ Child and Teen Checkup Completed, child well

❑ Other:

❑ Referral_____

❑ Encourage smoking cessation-parent

❑ IPECAC prescription ❑ poison control number

❑ WIC enrolled, if eligible

❑ **9 month visit scheduled**

MD Signature_____

C&TC Referral Codes (Box 24H-CMS 1500): *Check One*

NU	No referral was made	
ST	Referral	
S2	Patient is currently under treatment	
AV	Patient refused referral	

If all mandatory components completed and Alpha Code in box 24H: S0302