

FSA _____
 Facilitator _____

Physical Exam Texas Health Steps Physical (EPSDT)

Child's Name: _____

Male Female

DOB: _____

Child's Present Age at Time of Service: _____ years, _____ months

Test	Date of Service	Results	Test	Date of Service	Results
Height			Hearing		
Weight			Blood Pressure		
BMI			TB Questionnaire/Test		
Vision					

Physical Exam	Normal	Abnormal	Not Evaluated	Comments	Immunizations
Posture, Gait					<input type="checkbox"/> Up to date for age on all immunizations.
Speech					
Head					
Skin					
Eyes: External Aspects					<input type="checkbox"/> Behind on immunization schedule. Received the following today: _____ _____ _____
Optic Funduscopy					
Cover Test					
Ears: External & Canals					
Tympanic Membranes					
Teeth					
Heart					
Lungs					
Abdomen (include hernia)					
Genitalia					
Bones, Joints, Muscles					<input type="checkbox"/> Requires additional immunizations to be up to date. Please list immunizations still needed: _____ _____ _____
Neurological / Social: Gross motor					
Fine motor					
Communication Skills					
Cognitive					
Self-Help Skills					
Glands (Lymphatic/Thyroid)					
Muscular Coordination					
Nutritional Screening					
Developmental Screening					
Mental Health Screening					

<input type="checkbox"/> Verification that Hematocrit or Hemoglobin lab work was conducted at age 12 or 24 months RESULTS: _____ Date of Lab Work: _____	OR	<input type="checkbox"/> Hematocrit or Hemoglobin was conducted today. RESULTS: _____ <input type="checkbox"/> Results pending
<input type="checkbox"/> Verification that Lead Test was conducted at age 12 or 24 months RESULTS: _____ Date of Lab Work: _____		<input type="checkbox"/> Lead Test was conducted today. RESULTS: _____ <input type="checkbox"/> Results pending

General Statement on Child's Physical Status: _____

Health Education/Anticipatory Guidance Provided

Physician Signature: _____ Date: _____

OVER → Documentation of Treatment Plan for Abnormal Findings

