

Six Month Check Up - Doctor's Page

Name: _____ Age: _____ Date: _____

Vaccines given today: PediaRx HIB Prevnar Influenza

other: _____

- See vaccine registry for vaccine administration details
- Prior reaction and immunizations reviewed and explained, VIS given

Reminders:

- Family history documented
- Vitamin D recommended Start Fluoride

Physical exam: (check if normal)

- see EMR for vitals and growth charts
- General appearance Skin
- Head Eyes
- ENT Lungs
- Heart Abdomen
- Genitalia Extremities
- Neurological Milestones consistent with history
- Parent child interaction
- Dental oral evaluation done (CPT: D01.45 ICD10: 99420)
- Dental varnish applied (CPT: D12.06 ICD10: 99188)

Assessment:

- well baby - no concerns

Plan:

- follow up 9 months for WCC, no vaccines scheduled
- flu booster in 1 mos

Topics discussed:

- oral health

- 6 month handouts reviewed and given

Signature: _____ Date _____