Optimum Internal Medicine and Pediatrics

10044 Hwy 46, Bon Aqua, TN 37025 | (931) 996-4247

12 Month Visit

Parent and staff instructions - keep with the clinical sheet

Parents / guardians: Complete only the identification, allergies, medicines, and the upper-left Nutrition and Problems / Interval History sections. You may type in the available identification fields, then print. Leave measurements, risk-assessment results, screening scores, examinations, orders, vaccine entries, billing and signatures for staff. Bring **both pages** to the appointment. Do not send completed forms through the website.

Do not give medicine based on this form alone. Printed doses and vaccine sequence numbers on the clinical sheet are preserved workflow entries, not patient-specific orders.

Staff medication verification: Before any dose, verify current weight in kg, age, indication, allergies, product concentration, dose in mg **and** mL, interval, maximum daily dose and contraindications. Document clinician-approved instructions. Preserved numbers do not replace this check.

Age-specific clinical checks

RSV: verify age, season, prior antibody and maternal vaccination **in this pregnancy**. Use current AAP 2026-27 criteria: nirsevimab or clesrovimab for eligible infants under 8 months; nirsevimab only for eligible high-risk children 8-19 months entering their second season.

For the first MMR/varicella dose, discuss MMRV versus separate MMR and varicella, including fever/seizure risk, and document the choice.

Staff screening check: Use validated age-appropriate tools, not checkboxes alone: developmental screens at 9, 18 and 30 months; autism at 18 and 24 months; mental/emotional/behavioral screening per current AAP schedule.

Staff vaccine and billing check: Reconcile actual records, age, product, prior doses, minimum intervals and contraindications against current AAP guidance. Verify preserved protocol numbers, including combination-vaccine components. Billing presets are not orders: code actual services and payer rules; COVID-19 administration uses 90480, not 90460/90472. Do not automatically apply modifiers or unit counts.

Sources and version

Clinic revision based on AAP 2026 immunization guidance, current AAP preventive-care guidance and age-specific safety references. Original TNAAP 07/2025 attribution and intentional workflow marks are retained. This clinic revision does not imply TNAAP endorsement.

AAP preventive care | AAP 2026 immunizations | AAP current RSV guidance

Billing check: For non-COVID vaccines, 90460/90461 require qualifying physician/QHP counseling through age 18. Calculate units from vaccines and components actually given. Verify product codes, route, diagnosis, documentation and payer requirements with the billing team before use. For an eligible patient, COVID administration uses 90480 separately.

For the listed 12-month choices, when all named vaccines are given with qualifying counseling: MMRV + HepA gives 90460 x2 and 90461 x3; separate MMR + varicella + HepA gives 90460 x3 and 90461 x2. Add other vaccines only as actually given; COVID uses 90480 separately. These examples do not select a vaccine product.
Flu/COVID examples assume separate vaccines; verify coding for any combination product.

AAP COVID billing AAFP vaccine administration CMS COVID coding

12 Month Visit

Date _____

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Tennessee Chapter
INCORPORATED IN TENNESSEE
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
Form revised 07/2025

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm W/L _____ %tile Head circ. _____ cm Temp. _____ AX REC

B/P if high risk: _____ / _____

Nutrition
Whole milk ☐ Yes ☐ No
Weaned from bottle ☐ Yes ☐ No
Appetite ☐ good ☐ variable ☐ picky
fruits _____
vegetables _____
meats _____
Water: ☐ city ☐ well ☐ spring ☐ bottled ☐ fluoridated
WIC ☐ Yes ☐ No

Interval History/New Problems
Change in family history? ☐ Yes ☐ No
Change in social history? ☐ Yes ☐ No
If Yes, what? _____
_____
Are there new problems or illnesses since the last visit? ☐ Yes ☐ No
If Yes, what? _____
_____

Speech/Hearing Risk Assessment
Hears well ☐ Yes ☐ No
Says 2-4 words ☐ Yes ☐ No

Vision Risk Assessment
Notices small objects ☐ Yes ☐ No

Photorefractive Screen — +

Hepatitis B Risk Assessment
☐ Yes ☐ No

Dental Risk Assessment — +

TB Risk Assessment — +

Anemia Risk Assessment — +

Blood Lead Screening — +

Developmental Surveillance
☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____

Safety
☐ Car Seat, facing backward
☐ Smoke detectors in home
☐ Hot water < 120 degrees
☐ Water safety, supervise bath
☐ Close supervision
☐ Child proof home
☐ Safe sleep/sleep on back
☐ Poison Control Number
☐ Sunburn prevention

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ nl	☐ abnl
Fontanel	☐ nl	☐ abnl
Neck	☐ nl	☐ abnl
Eyes	☐ nl	☐ abnl
Red reflex	☐ nl	☐ abnl
Alignment	☐ nl	☐ abnl
Ears	☐ nl	☐ abnl
Nose	☐ nl	☐ abnl
Throat/Mouth	☐ nl	☐ abnl
Lungs	☐ nl	☐ abnl
Heart	☐ nl	☐ abnl
Abdomen	☐ nl	☐ abnl
Femoral Pulses	☐ nl	☐ abnl
Spine	☐ nl	☐ abnl
Extremities	☐ nl	☐ abnl
Hips/Gait	☐ nl	☐ abnl
Skin	☐ nl	☐ abnl
Neuro	☐ nl	☐ abnl
Genitalia		
Female	☐ nl	☐ abnl
Male	☐ nl	☐ abnl
Testes	☐ nl	☐ abnl

EPSDT CPT/ICD 10 Coding:
99382-25 if New or 99392-25 if Est.
Z00.129 Normal or Z00.121 Abnormal
90460: units ____, -59 modifier Z23
90461: units ____, -59 modifier Z23
COVID: 90480 if given; unit details on page 1.
96110-59 Z13.40
96160-59 Z11.1, Z13.88, Z13.84
36416 Z13.88, Z13.0
99000 Z13.88, Z13.0
85018 Z13.0
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Circle administered:
Proquad (MMRV #1)
Havrix (Hep A #1)
OR
MMR II (MMR #1)
Varivax (Varicella #1)
Havrix (Hep A #1)

Health
☐ Weaning
☐ Introduce whole milk from cup
☐ Limit juice, milk intake
☐ Changes in appetite
☐ Introduce table, finger foods
☐ Choking prevention
☐ Physical activity
☐ Teething/clean teeth

Social/Behavioral
☐ Set consistent limits, discipline
☐ Praise good behavior
☐ Sleep, bedtime routine
☐ Talk, read to child
☐ Family
☐ No TV

Impression
☐ Well Child
☐ Normal Growth
☐ Normal Development
☐ _____
☐ _____

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ Hep B, Hib, PCV , IPV, MMR, Varicella, Hep A
☐ Influenza vaccine [ ] Covid 19 Vaccine
☒ Counseling
☒ Ibuprofen: clinician order _____
☒ Acetaminophen: clinician order _____
☐ Dental referral
☒ Fluoride Varnish
☐ Supplementation if deficient in fluoride
☐ TB test if at risk
☒ 12 month Handout sheet
☒ RTC at 15 months
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____
☐ _____

Lab Test Hgb
_____

Lead Level _____
(Required by Tenncare at 12 and 24 months. Report normal and abnormal results)

_____ M.D. / P.N.P. / DO / PA