Optimum Internal Medicine and Pediatrics

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

3 to 5 Day 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

Young-infant fever: A temperature of 100.4 F (38 C) or higher requires immediate clinician contact; do not delay evaluation to give fever medicine.

Feed responsively to hunger and fullness cues and follow growth. In the first days, formula-fed newborns usually start with 1-2 oz every 2-3 hours; do not use a fixed 26-32 oz daily target for every newborn.

Vitamin D: confirm total intake. Infants who are breastfed or partly breastfed, and formula-fed infants taking less than 32 oz/day, generally need 400 IU/day. Complementary foods begin around 6 months when ready, not before 4 months.

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.

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

3 to 5 Day

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 indicated _____ / _____

Nutrition
☐ Breast _____min. q._____ hrs.
☐ Formula _____oz. q. _____ hrs.
Brand _____
Water: ☐ city ☐ well ☐ spring ☐ bottled
Wet Diapers Per Day _____
Strong stream (if Male)? ☐ Yes ☐ No
Stools per day _____
WIC ☐ Yes ☐ No

Problems
Constipation ☐ Yes ☐ No
Sleep ☐ Yes ☐ No
Spitting up ☐ Yes ☐ No
Excessive crying ☐ Yes ☐ No
Other Problems: _____

Family History _____
Social History _____

Hearing Risk Assessment
Responds to sounds ☐ Yes ☐ No
Newborn hearing screen:
☐ Passed ☐ Repeat scheduled _____

Vision Risk Assessment
Looks at parent's face ☐ Yes ☐ No

Newborn Metabolic/Hemoglobinopathy Screening ☐ Normal ☐ Repeat ☐ Pending

Critical Congenital Heart Disease
☐ Normal ☐ Repeat ☐ Pending

Newborn Bilirubin
☐ Normal ☐ Repeat ☐ Pending

Hepatitis B Risk Assessment
☐ Yes ☐ No

Developmental Surveillance
☐ Yes ☐ No
Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No
Concerns? _____

Nursery DC Note Reviewed:
☐ Yes ☐ No
Notes:

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ nl	☐ abnl
Fontanel	☐ nl	☐ abnl
Neck	☐ nl	☐ abnl
Eyes	☐ nl	☐ abnl
Red reflex	☐ 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
Umbilical Cord	☐ nl	☐ abnl
Spine	☐ nl	☐ abnl
Extremities	☐ nl	☐ abnl
Hips	☐ nl	☐ abnl
Skin	☐ nl	☐ abnl
Neuro	☐ nl	☐ abnl
Genitalia		
Female	☐ nl	☐ abnl
Male	☐ nl	☐ abnl
Testes	☐ nl	☐ abnl
Circ.	☐ nl	☐ abnl

EPSDT CPT Coding:
99381
88720
Add E/M code if abnormal findings and treating with -25 modifier

Safety
☐ Car seat, facing backwards
☐ Smoke free environment
☐ Smoke detectors in home
☐ Hot water < 120 degrees
☐ No bottle propping
☐ Safe sleep/sleep on back
☐ Crib safety, no blankets, 2-inch slats
☐ Firm well fitting crib mattress
☐ Never shake the baby

Health
☐ If bottle fed ↑ feedings per hunger and growth
☐ Sponge bathe
☐ Cord, circumcision care ☐
Bowel movements
☐ Fever >=100.4 F
☐ Discuss breastfeeding
☐ No solids until 6 months ☐
Discuss Well visit schedule ☐
No Honey

Social/Behavioral
☐ Parent/Child interaction ☐
Sleep
☐ Cuddle, talk, rock
☐ Support for mother
☐ Who makes up family

Impression
☐ Well Newborn
☐ Premature Infant
☐ Jaundice
☐ _____
☐ _____

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ Hep B #1 (if indicated)
☒ Counseling
☒ Recommended Influenza/TdaP for caregivers
☒ Vitamin D if indicated 400 IU/D
☐ Lactation consult
☒ RTC at 1 month _____
☐ Parent declination of treatment _____
☐ Referrals _____
☐ Transcutaneous Bilirubin _____

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