Optimum Internal Medicine and Pediatrics

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

6 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

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.

Rotavirus: first dose no later than 14 weeks 6 days; last dose no later than 8 months 0 days. PCV15 or PCV20 is used for the routine infant series; reconcile prior products and doses.

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

Six 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
☐ Breast _____ min. q. _____ hrs.
☐ Formula _____ oz. q. _____ hrs.
Brand _____
Cereal/baby food ☐ Yes ☐ No
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? _____
_____

Constipation ☐ Yes ☐ No
Sleep ☐ Yes ☐ No
Diaper rash ☐ Yes ☐ No

Speech/Hearing Risk Assessment
Responds to sounds ☐ Yes ☐ No
Jabbers and laughs ☐ Yes ☐ No

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

Hepatitis B Risk Assessment
☐ **Yes** ☐ **No**

Dental Risk Assessment — +
TB Risk Assessment — +
Lead Risk Assessment — +

Developmental Surveillance
☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____

Maternal Postpartum Depression Screen — +

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	☐ nl	☐ abnl
Skin	☐ nl	☐ abnl
Neuro	☐ nl	☐ abnl
Genitalia		
Female	☐ nl	☐ abnl
Male	☐ nl	☐ abnl
Testes	☐ nl	☐ abnl

EPSDT CPT Coding/ICD10:

99381-25 if New or 99391-25 Est
ICD 10:Z00.129 Normal or Z00.121 Abnormal
90460-59, 5 units if all vaccines adm. or (#units per vaccine administered)

90461-59, 5 units ICD 10: Z23
96110-59 Z13.40
96161-59 Z13.32
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Plan for Mother based on PP screening results:_____

RSV mAb during RSV Season if Mother not vaccinated and avail.
Vaxelis #3 (DTap, IPV, Hib, Hep B)
Prevnar 20 #3 (Pneumo #3)
Rotavirus #3 only if used Rotateq
Influenza Vaccine #1
Covid 19 Vaccine #1

[Rotateq (2,4,6 mos.) or **Rotarix (**2, 4 mos.) *]
*First dose: max 14wk6d $_{and}$ last dose: max 8mo0d $_{of\ age}$

Safety
☐Car seat, facing backwards
☐Smoke free environment
☐Smoke detectors in home
☐Hot water < 120 degrees
☐Always supervise bath
☐Rolling over, fall prevention
☐Safe sleep/sleep on back
☐No baby walkers
☐Child proof home
☐Sunburn prevention

Health
☐Continue formula or breast milk
☐Introduce cereal, vegetables, fruits, meats
☐Introduce cup
☐Avoid honey
☐Teething/clean teeth
☐Physical activity
☐No bottle in bed or bottle propping

Social/Behavioral
☐Temperment
☐Sleep, bedtime routine
☐Talk, read to baby
☐Family support
☐No TV/media

Impression
☐Well Baby
☐Normal Growth
☐Normal Development
☐ _____
☐ _____

Plan/Referrals
☐Immunizations current? ☐ Yes ☐ No☐
Hep B, Rotavirus, DTaP, Hib, PCV , IPV
☐Influenza vaccine [ ] Covid 19 vaccine
☒Counseling
☒Ibuprofen 100 mg. q. 6-8 hours
☐Acetaminophen____80___mg. q. 4-6 hrs.
☒Vitamin D if indicated 400 IU/D

☐Six month Handout sheet
☒Hgb if at risk
× Lead level if at risk

☐RTC at 9 months
☒Poison Control
☐Refer to dental home if risk assessment +
☒Fluoride Varnish
☐Supplementation if deficient in fluoride
☐If low iron consider Supplementation
☐Parent declination of treatment _____
☐Referrals _____
☐ _____
_____ M.D. / P.N.P. / DO / PA