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 _____

Optimum Internal Medicine and Pediatrics
10044 Hwy 46 Bon Aqua TN 37025
Ph: (931)996-4247 Fax: (931) 996-4248
Dr. Christopher S Burress

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

Optimum Internal Medicine and Pediatrics
10044 Hwy 46, Bon Aqua, TN 37025 | (931) 996-4247

2 to 4 Week 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

2 to 4 Week Visit

Date _____

Optimum Internal Medicine and Pediatrics
10044 Hwy 46 Bon Aqua TN 37025
Ph: (931)996-4247 Fax: (931) 996-4248
Dr. Christopher S Burress

Tennessee Chapter
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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
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
Spitting up ☐ Yes ☐ No
Stuffy nose ☐ Yes ☐ No
Colic ☐ Yes ☐ No
Other Problems: _____

Hearing Risk Assessment

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

Vision Risk Assessment

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

Newborn Metabolic/Hemoglobinopathy Screening ☐ Normal ☐ Repeat ☐ Pending

Hepatitis B Risk Assessment

☐ **Yes** ☐ **No**

TB 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
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 New or 99391
ICD 10: Z00.129 Well Child Normal
OR Z00.121 Well Child Abnormal
Est. 96161-59 ICD 10:Z13.32
Add E/M code if abnormal findings with -25 modifier

Plan for Mother based on positive postpartum screening results:
N/A

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: 2-inch slats, no objects in bed
☐Never shake the baby

Health

☐If bottle fed, per hunger and growth
☐If breast fed, nurses 8-10 times/day
☐Delay solids
☐Bowel movements
☐Strong urinary stream if male
☐Fever
☐No Honey

Social/Behavioral

☐Temperment
☐Sleep
☐Talk to baby
☐Support for mother

Impression

☐Well Newborn
☐Normal Growth
☐Normal Development
☐ _____
☐ _____

Plan/Referrals

☒Immunizations current? ☒ Yes ☐ No☐
Influenza/TdaP for caregivers
☐Hep B if not given at birth
☒Counseling
☒Vitamin D if indicated 400 IU/D
☒One month Handout sheet
☐PPD if at risk
☒RTC at 2 months
☐Parent declination of treatment _____
☐Referrals _____
☐ _____
☐ _____

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

Optimum Internal Medicine and Pediatrics

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

2 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.

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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.

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

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

Two Month Visit

Date _____

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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
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
Spitting up	☐ Yes	☐ No
Stuffy nose	☐ Yes	☐ No
Colic	☐ Yes	☐ No
Diaper rash	☐ Yes	☐ No

Other Problems: _____
_____
_____

Hearing Risk Assessment

Responds to sounds	☐ Yes	☐ No
Smiles and laughs	☐ Yes	☐ No

Newborn hearing screen:
☐ Passed ☐ Repeat scheduled ☐ Not done

Vision Risk Assessment

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

Newborn Metabolic/Hemoglobinopathy Screening:
☐ **Normal** ☐ **Repeat** ☐ **Pending**

Hepatitis B Risk Assessment
☐ Yes ☐ No

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 Z00.129 Normal or Z00.121 Abnormal
90460-59, 4 units if option 1or 2 or 3 units if option 3 chosen Z23 90461-59, 4 units if option 1 or 2 chosen or 5 units if option 3 chosen 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 #1 (DTap, IPV, Hib, Hep B)
Prevnar 20 #1 (Pneumo #1)
Rotavirus #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
☐No bottle propping
☐Safe sleep/sleep on back
☐Crib safety
☐Rolling over, prevent falls

Health
☐If bottle fed, per hunger and growth☐If breast fed, nurses 8-10 times/day☐ Delay solids
☐Bowel movements
☐Strong urinary stream if male
☐Fever
☐No Honey

Social/Behavioral
☐Temperment
☐Sleep
☐Talk to baby
☐Support for mother

Impression
☐Well Newborn
☐Normal Growth
☐Normal Development
☐ _____
☐ _____

Plan/Referrals
☒Immunizations current? ☒ Yes ☐ No☐ Influenza/TdaP for caregivers
☐Hep B, Rotavirus, DTaP, Hib, PCV , IPV☐Counseling
☒Acetaminophen____80____mg. q. 4-6 hrs.
☐Vitamin D if indicated 400 IU/D
☒Two month Handout sheet
☒RTC at 4 months
☐Parent declination of treatment _____
☐Referrals _____
☐ _____
☐ _____

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

Optimum Internal Medicine and Pediatrics

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

4 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

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

Four Month Visit

Date _____

Optimum Internal Medicine and Pediatrics
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Dr. Christopher S Burress

Tennessee Chapter
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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 _____
Water: ☐ city ☐ well ☐ spring ☐ bottled
WIC ☐ Yes ☐ No

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

Anemia Risk Assessment
Preterm ___ Low birth weight ___ __ +
Breast feeding ____

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
Spitting up ☐ Yes ☐ No
Diaper rash ☐ Yes ☐ No

Other Problems: _____
_____
_____

Speech/Hearing Risk Assessment
Responds to sounds ☐ Yes ☐ No
Babbles and coos ☐ Yes ☐ No

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

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, 3 units ICD10: Z23
90461-59, 5 units ICD 10: Z23
96110-59 Z13.40
96161-59 Z13.32
96127-59 Z13.0
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 #2 (DTap, IPV, Hib, Hep B) Prevnar 20 #2 (Pneumo #2)
Rotavirus #2

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

Safety
☐Car seat, facing backwards
☐Smoke free environment
☐Smoke detectors in home
☐Hot water < 120 degrees
☐No bottle propping
☐Roll over, fall prevention
☐Bath safety
☐Safe sleep/sleep on back
☐No baby walkers
☐Child proof home

Health
☐If bottle fed, per hunger and growth ☐If breast fed, nurses 8-10 times/day ☐
Solids ~6 mo if ready
☐Avoid honey
☐Teething

Social/Behavioral
☐Temperment
☐Sleep, bedtime routine
☐Talk, read to baby
☐Family support

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

Plan/Referrals
☐Immunizations current? ☐ Yes ☐ No
☐Hep B, Rotavirus, DTaP, Hib, PCV , IPV
☒Counseling
☒Acetaminophen_____mg. q. 4-6 hrs.
☐Vitamin D if indicated 400 IU/D
☒Four month Handout sheet
☒RTC at 6 months
☐If low iron consider supplementation
☐Hgb if at risk
☐Parent declination of treatment _____
☐Referrals _____
☐ _____

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

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 _____

Optimum Internal Medicine and Pediatrics
10044 Hwy 46 Bon Aqua TN 37025
Ph: (931)996-4247 Fax: (931) 996-4248
Dr. Christopher S Burress

Tennessee Chapter
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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

Optimum Internal Medicine and Pediatrics

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

9 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.

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

Nine Month Visit

Date _____

Optimum Internal Medicine and Pediatrics
10044 Hwy 46 Bon Aqua TN 37025
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Dr. Christopher S Burress

Tennessee Chapter
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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 _____
Water: ☐ city ☐ well ☐ spring ☐ bottled ☐ fluoridated
Baby food _____ servings per day
Table food ☐ Yes ☐ No
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
Responds to sounds ☐ Yes ☐ No
Imitates speech ☐ Yes ☐ No
Vision Risk Assessment
Notices small objects ☐ Yes ☐ No
Hepatitis B Risk Assessment
☐ Yes ☐ No
Dental Risk Assessment — +
Lead Risk Assessment — +
Developmental Surveillance
☐ Yes ☐ No Concerns? _____
Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____
Developmental Screening
☐ Normal ☐ Abnormal

Safety
☐ Car seat, facing backwards
☐ Smoke free environment
☐ Smoke detectors in home
☐ Hot water < 120 degrees
☐ Always supervise bath
☐ Fall prevention/gates
☐ Poison Control number
☐ Child proof home
☐ Safe sleep/sleep on back
☐ 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	☐ nl	☐ abnl
Skin	☐ nl	☐ abnl
Neuro	☐ nl	☐ abnl
Genitalia		
Female	☐ nl	☐ abnl
Male	☐ nl	☐ abnl
Testes	☐ nl	☐ abnl

EPSDT CPT/ICD 10 Coding:
99381-25 if New or 99391-25 if Est.
Z00.129 Normal or Z00.121 Abnormal
90460-59, 1 unit if flu or COVID 19 only Adminisered or 2 units if COVID 19 and Flu given ICD 10: Z23
96110-59 Z13.40
96160-59 Z11.1, Z13.88, Z13.84
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

(catch up vaccines as needed)
_____
_____

Health
☐ Continue formula or breast milk ☐ Introduce table, finger food
☐ Choking prevention
☐ Introduce cup, weaning
☐ Avoid honey
☐ Physical activity
☐ Teething/clean teeth
☐ No bottle in bed or bottle propping

Social/Behavioral
☐ Exploring, set consistent limits
☐ Sleep, bedtime routine
☐ Talk, read to baby
☐ Separation Anxiety
☐ Family support
☐ No TV/media
☐ Day care ☐ Yes ☐ No

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

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ Hep B, DTaP, Hib, PCV , IPV
☐ Influenza vaccine
☒ Counseling
☒ Ibuprofen ___ mg. q. 6-8 hours
☒ Acetaminophen _____ mg. q. 4-6 hrs.
☐ Vitamin D if indicated 400 IU/D
☐ Dental referral (if at risk)
☒ Fluoride Varnish
☐ Supplementation if deficient in fluoride
☐ Lead level if at risk
☒ Nine month Handout sheet
☒ RTC at 12 months
☐ If Low iron, consider supplementation
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____

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

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

12 Month Visit

Date _____

Optimum Internal Medicine and Pediatrics
10044 Hwy 46 Bon Aqua TN 37025
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Dr. Christopher S Burress

Tennessee Chapter
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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
90460-2units, -59 modifier (3 units w Flu, 4 units w Flu+Covid19) Z23
90461-3 units, -59 modifier Z23
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 _100__ mg. q. 6-8 hours
☒ Acetaminophen___80____mg. q. 4-6 hrs.
☐ 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

Optimum Internal Medicine and Pediatrics

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

15 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.

Before age 2, do not impose a routine low-fat or cholesterol-restricted diet. Use varied age-appropriate foods and individualized growth/nutrition counseling.

Car seats: rear-facing until the seat height OR weight limit, then a forward-facing harness to its limit, then a booster until the adult belt fits correctly (often age 8-12). Keep children younger than 13 in the rear seat.

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

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

15 Month Visit

Date _____

Optimum Internal Medicine and Pediatrics
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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 3-6 words ☐ Yes ☐ No

Vision Risk Assessment
Notices small objects ☐ Yes ☐ No

Hepatitis B Risk Assessment
☐ Yes ☐ No

Anemia Risk Assessment — +
Preterm ___ Low birth weight ___
Breast feeding ____ Low iron formula ____

Developmental Surveillance
☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____

Safety
☐ Rear-facing to seat height OR weight limit Then forward-facing harness; rear seat
☐ Smoke detectors in home
☐ No smoking in home
☐ Hot water < 120 degrees
☐ Water safety, supervise bath
☐ Close supervision
☐ Child proof home
☐ 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 Coding:
99382-25 if New or 99392-25 if Est.
Z00.129 Normal or Z00.121 Abnorm
90460-59 2 units (3 units w Flu, 4 units w Flu+Covid19) Z23
90461-59, 4 units Z23
96110-59 Z13.40
96160-59 Z11.1, Z13.88, Z13.84
99188 Z29.3
36416 if performed Z13.88
99000 if lead level obtained to be sent Z13.88
85018 if performed Z13.0
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Circle Vaccines Administered:

Pentacel (DTap #4, IPV #3, Hib #4)
Prevnar (Pneumococcal #4)

Health
☐ Weaning
☐ Whole milk until age 2
☐ Limit juice, milk intake
☐ Picky appetites, self feeding
☐ Offer varitety of foods
☐ Choking prevention
☐ Age-appropriate fats; see companion ☐ Individualize dietary counseling
☐ Balanced diet; see companion
☐ d/c pacifier/bottle
☐ Physical activity
☐ Brushing teeth

Social/Behavioral
☐ Set consistent limits, discipline
☐ Praise good behavior
☐ Discourage hitting, biting and other aggressive 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, DTaP, Hib, PCV , IPV, MMR, Varicella, Hep A
☐ Influenza vaccine [ ] COVID 19 vaccine
☒ Counseling
☐ Ibuprofen _100_ mg. q. 6-8 hours
☐ Acetaminophen____80____mg. q. 4-6 hrs.
☒ Fluoride Varnish
☐ Supplementation if deficient in fluoride
☒ 15 month Handout sheet
☒ RTC at 18 months
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____

Lab Test Hgb
_____ (If not done at 12 months)
Lead Level _____
(Required by Tenncare at 12 and 24 months. Report normal and abnormal results)

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

Optimum Internal Medicine and Pediatrics

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

18 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.

Before age 2, do not impose a routine low-fat or cholesterol-restricted diet. Use varied age-appropriate foods and individualized growth/nutrition counseling.

Car seats: rear-facing until the seat height OR weight limit, then a forward-facing harness to its limit, then a booster until the adult belt fits correctly (often age 8-12). Keep children younger than 13 in the rear seat.

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

18 Month Visit

Date _____

Optimum Internal Medicine and Pediatrics
10044 Hwy 46 Bon Aqua TN 37025
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Dr. Christopher S Burress

Tennessee Chapter
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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 15-20 words ☐ Yes ☐ No

Vision Risk Assessment
Notices small objects ☐ Yes ☐ No

Hepatitis B Risk Assessment
☐ **Yes** ☐ **No**
Dental Risk Assessment — +
Anemia Risk Assessment — +
poverty ___ poor diet ____ chronic illness _____

Lead Risk Assessment — +

Developmental Surveillance
☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____

Developmental Screening
☐ Normal ☐ Abnormal

Autism Screening
☐ Normal ☐ Abnormal

Safety
☐ Rear-facing to seat height OR weight limit Then forward-facing harness; rear seat
☐ Smoke detectors in home
☐ No smoking in home
☐ Hot water < 120 degrees

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ 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 Abnorm
90460-59 (2 units w flu, 3units with flu +Covid19) Z23
96110-59, 2 units Z13.40, Z13.41
96160-2 units, -59 Z11.1, Z13.88, Z13.84
99188 Z29.3
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Circle Vaccine Given: Havrix (Hep A #2)

_____
_____

Safety *(continued)*
☐ Water safety, supervise bath
☐ Close supervision
☐ Child proof home
☐ Poison Control Number
☐ Sunburn prevention

Health
☐ Weaning
☐ Whole milk until age 2
☐ Limit juice, milk intake
☐ Picky appetites, self feeding
☐ Offer varitety of foods
☐ Choking prevention
☐ Age-appropriate fats; see companion
☐ Individualize dietary counseling
☐ Balanced diet; see companion
☐ Physical activity
☐ Brushing teeth

Social/Behavioral
☐ Set consistent limits, discipline☐
Praise good behavior
☐ Time out, tantrums
☐ Talk, read to child
☐ Family
☐ Imitative/parallel play
☐ No TV

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

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ Hep B, MMR, Varicella, Hep A, DTaP, Hib, PCV , IPV
☐ Influenza vaccine [ ] Covid 19
☐ Counseling
☒ Ibuprofen 100_ mg. q. 6-8 hours
☒ Acetaminophen___80_____mg. q. 4-6 hrs
☐ Dental referral
☒ Fluoride Varnish
☐ Supplementation if deficient in fluoride
☐ Hgb if at risk
☐ Lead level if at risk
☒ 18 month Handout sheet
☒ RTC at 2 years
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____
☐ _____

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

Optimum Internal Medicine and Pediatrics

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

24 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

Use an age-appropriate balanced diet rather than a blanket 20-30% fat or 300 mg cholesterol limit; individualize for growth and medical risk.

Car seats: rear-facing until the seat height OR weight limit, then a forward-facing harness to its limit, then a booster until the adult belt fits correctly (often age 8-12). Keep children younger than 13 in the rear seat.

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

24 Month Visit

Date _____

Optimum Internal Medicine and Pediatrics
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Dr. Christopher S Burress

Tennessee Chapter
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Form revised 07/2025

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____kgs. Length _____cm BMI _____%tile Head circ. _____cm Temp. _____AX REC

B/P (if high risk): _____/_____

Nutrition

Weaned from bottle ☐ Yes ☐ No
Appetite ☐ good ☐ variable ☐ picky
fruits _____
vegetables _____
meats _____
bread _____
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? _____
_____

Dyslipidemia Risk Assessment — +
FH CVD heart disease <55 M ☐ Yes ☐ No
FH CVD heart disease <65 F ☐ Yes ☐ No
FH ↑cholesterol ☐ Yes ☐ No
BP > 90% ___ DM ___ inactive ____
passive smoke ____ Chronic illness ___
BMI > 95% ____

Speech/Hearing Risk Assessment

Hears well ☐ Yes ☐ No
2-3 word sentences ☐ Yes ☐ No

Vision Risk Assessment

Sees distant objects well? ☐ Yes ☐ No
Photorefractive Screen — +

Hepatitis B Risk Assessment

☐ Yes ☐ No
Dental Risk Assessment — +
Anemia Risk Assessment — +
poverty ___ poor diet ____ chronic illness _____
TB Risk Assessment — +
Lead Risk Assessment — +

Developmental Surveillance

☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance

☐ Yes ☐ No Concerns? _____

Developmental Screening

☐ Normal ☐ Abnormal

Autism Screening

☐ Normal ☐ Abnormal

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ 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 Coding:
99382-25 if New or 99392-25 if Est.
Z00.129 Normal or Z00.121 Abnormal
90460-59, 1 unit if flu given or 2 units if flu+Covid 19 Z23
96110-59 Z13.40, Z13.41
96160--59 Z11.1, Z13.88, Z13.84
36416 Z13.88
99000 Z13.88
85018 Z13.0
99188 Z29.3
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Safety

☐ Rear-facing to seat height OR weight limit Then forward-facing harness; rear seat
☐ Use bike helmet
☐ Smoke detectors in home
☐ No smoking in home
☐ Hot water < 120 degrees
☐ Water safety, supervise bath
☐ Child proof home, supervision
☐ Poison Control Number
☐ Firearm safety
☐ Sunburn prevention

Health

☐ Low fat milk from cup
☐ Limit juice, milk intake
☐ Picky appetites, self feeding
☐ Choking prevention
☐ Age-appropriate fats; see companion ☐
Individualize dietary counseling ☐
Age-appropriate balanced diet
☐ Physical activity
☐ Brushing teeth

Social/Behavioral

☐ Set limits, time out
☐ Praise good behavior
☐ TV/Media < 2 hrs/day
☐ Read to child
☐ Toilet training
☐ Sleep, bedtime routine
☐ Family

Impression

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

Plan/Referrals

☐ Immunizations current? ☐ Yes ☐ No
☐ Hep B, Hep A, DTaP, IPV
☐ Influenza vaccine [ ] Covid 19
☒ V.I.S./Counseling
☒ Ibuprofen 100 mg. q. 6-8 hours
☒ Acetaminophen_____80___mg. q. 4-6 hrs
☒ Dental referral
☒ Fluoride Varnish
☐ Supplementation if deficient in fluoride
☒ Hgb if at risk
☒ 2 year Handout sheet
☒ RTC at 2 1/2 years
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____
☐ _____

Lab Test

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

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

Optimum Internal Medicine and Pediatrics

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

30 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

Use an age-appropriate balanced diet rather than a blanket 20-30% fat or 300 mg cholesterol limit; individualize for growth and medical risk.

Car seats: rear-facing until the seat height OR weight limit, then a forward-facing harness to its limit, then a booster until the adult belt fits correctly (often age 8-12). Keep children younger than 13 in the rear seat.

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

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

30 Month Visit

Date _____

Optimum Internal Medicine and Pediatrics
10044 Hwy 46 Bon Aqua TN 37025
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Tennessee Chapter
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Form revised 07/2025

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm BMI _____ %tile Temp. _____ AX REC

B/P (if high risk): _____/_____

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

Inter val Hist or y/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
2-3 word sentences ☐ Yes ☐ No

Vision Risk Assessment
Sees distant objects well? ☐ Yes ☐ No

Hepatitis B Risk Assessment
☐ Yes ☐ No

Dental Risk Assessment — +
Anemia Risk Assessment — +
Poverty ___ Poor Diet ____
Chronic Illness _____

Developmental Surveillance
☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____

Developmental Screening
☐ Normal ☐ Abnormal

Safety
☐ Rear-facing to seat limit; see guide
☐ Use bike helmet
☐ Smoke detectors in home
☐ No smoking in home
☐ Hot water < 120 degrees
☐ Water safety, supervise bath
☐ Child proof home, supervision
☐ Poison Control Number
☐ Firearm safety
☐ Sunburn prevention

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ 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
90460-59, 1 unit if flu given or 90460-59 2 units if flu+Covid19 given) Z23
96110-59 Z13.40
96160-59 Z11.1, Z13.88, Z13.84
99188 Z29.3
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Health
☐ Low fat milk from cup
☐ Limit juice, milk intake
☐ Picky appetites, self feeding
☐ Choking prevention
☐ Age-appropriate fats; see companion ☐
Individualize dietary counseling ☐
Age-appropriate balanced diet
☐ Physical activity
☐ Brushing teeth

Social/Behavioral
☐ Set limits, time out
☐ Praise good behavior
☐ TV/Media - < 2 hrs/day
☐ Read to child
☐ Toilet training
☐ Sleep, bedtime routine
☐ Family
☐ Day care, pre-school ☐ Yes ☐ No

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

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ Covid 19 (if parent requests)
☐ Influenza vaccine
☒ Counseling
☐ Dental referral
☒ Fluoride Varnish
☐ Supplementation if deficient in fluoride
☐ Hgb if at risk
☒ 2 1/2 year Handout sheet
☒ RTC at 3 years
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____
☐ _____

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

Optimum Internal Medicine and Pediatrics

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

3 Year 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

Use an age-appropriate balanced diet rather than a blanket 20-30% fat or 300 mg cholesterol limit; individualize for growth and medical risk.

Car seats: rear-facing until the seat height OR weight limit, then a forward-facing harness to its limit, then a booster until the adult belt fits correctly (often age 8-12). Keep children younger than 13 in the rear seat.

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

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

3 Year Visit

Date _____

Optimum Internal Medicine and Pediatrics
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Dr. Christopher S Burress

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Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____kgs. Length _____cm BMI _____%tile Temp. _____AX REC

B/P: _____ / _____

Nutrition
Low fat milk, cup only ☐ Yes ☐ No
Appetite ☐ good ☐ variable ☐ picky
fruits _____
vegetables _____
meats _____
bread _____
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
Talks well ☐ Yes ☐ No
Easy to understand? ☐ Yes ☐ No

Vision
Vision screening test:
L near 20/ _____ far 20/_____
R near 20/ _____ far 20/_____

Photorefractive Screen — +
Hepatitis B Risk Assessment
☐ **Yes** ☐ **No**
Anemia Risk Assessment — +
poverty ___ poor diet ____ chronic illness _____
Lead Risk Assessment — +
Dental Risk Assessment — +
TB Risk Assessment — +
Developmental Surveillance
☐ Yes ☐ No Concerns? _____
Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____

Safety
☐ Rear-facing to seat limit; see guide
☐ Bike helmet
☐ Smoke detectors in home
☐ No smoking in home
☐ Water safety, supervise bath
☐ Outdoor safety, supervision
☐ Poison Control Number
☐ Firearm safety
☐ Sunburn prevention

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ 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
90460-59, 1 unit if flu given and 2 units if flu +Covid 19 given Z23
96110-59 Z13.40
96160-59 Z11.1, Z13.88, Z13.84
99173 Z01.00 Normal or Z01.01 Abnormal
99174 if performed Z13.5
36416 Z13.0
85018 Z13.0
99188 Z29.3
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Health
☐ Low fat milk from cup
☐ Limit juice, milk intake
☐ Picky appetites, self feeding
☐ Low fat foods, healthy snacks
☐ Brush teeth, see dentist
☐ Encourage Active Play
☐ Age-appropriate fats; see companion ☐
Individualize dietary counseling ☐
Age-appropriate balanced diet

Social/Behavioral
☐ Discipline, time out
☐ Praise good behavior
☐ TV limits
☐ Read to child
☐ Self help skills
☐ Toilet training
☐ Family
☐ Friends and playmates
☐ Curiosity about sex
☐ Day care, pre-school ☐ Yes ☐ No

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

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ Influenza vaccine [ ] Covid 19 Vaccine
☐ Counseling
☐ Dental referral
☒ Fluoride Varnish
☐ Supplementation if deficient in fluoride
☐ Hgb if at risk
☐ Lead level if at risk
☐ TB test if at risk
☒ 3 year Handout sheet
☒ RTC at 4 years
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____

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

Optimum Internal Medicine and Pediatrics

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

4 Year 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

Use an age-appropriate balanced diet rather than a blanket 20-30% fat or 300 mg cholesterol limit; individualize for growth and medical risk.

Car seats: rear-facing until the seat height OR weight limit, then a forward-facing harness to its limit, then a booster until the adult belt fits correctly (often age 8-12). Keep children younger than 13 in the rear seat.

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

4 Year Visit

Date _____

Optimum Internal Medicine and Pediatrics
10044 Hwy 46 Bon Aqua TN 37025
Ph: (931)996-4247 Fax: (931) 996-4248
Dr. Christopher S Burress

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Form revised 07/2025

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm BMI _____ %tile Temp. _____ AX REC

B/P: _____ / _____

Nutrition
Appetite ☐ good ☐ variable ☐ picky
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? _____
_____

Dyslipidemia Risk Assessment — +
(risk assessment at this visit)
FH CVD heart disease <55 M ☐ Yes ☐ No
FH CVD heart disease <65 F ☐ Yes ☐ No
FH cholesterol ☐ Yes ☐ No BP > 90% ___ DM ___ inactive ____ passive smoke ____ Chronic illness ___ BMI > 95% ____

Speech/Hearing Risk Assessment
Hearing screening test
☐ Pass ☐ Abnormal ☐ Unable to test

Vision
Vision screening test:
L near 20/ _____ far 20/_____
R near 20/ _____ far 20/_____
Photorefractive Screen — +

Hepatitis B Risk Assessment ☐ Yes ☐ No

Anemia Risk Assessment — +
poverty ___ poor diet ____ chronic illness _____

Lead Risk Assessment — +

TB Risk Assessment — +

Developmental Surveillance
☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____

Safety
☐ Harness to seat limit, then booster; see guide
☐ Never put child in front seat if you have air bags
☐ Bike helmet
☐ No smoking in home
☐ Water safety, swimming lessons
☐ Outdoor safety, supervision
☐ Firearm safety
☐ Sunburn prevention

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ 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
90460-2 units, -59 (3 units if flu given and 4 units if flu+covid19 given) Z23
90461-6 units, -59 Z23
96110-59 Z13.40
96160-59 Z11.1, Z13.88, Z13.84
99173 Z01.00 normal or Z01.01 abnormal
92551 Z13.5
36416 Z13.0
85018 Z13.0
99188 Z29.3
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Circle Vaccines Given:
Proquad (MMRV) (MMR #2)
Kinrix (DTaP/IPV) (DTap #5, IPV #4)

Health
☐ Low fat milk
☐ Limit Juice
☐ Encourage fruits and vegetables
☐ Brush teeth, see dentist
☐ Encourage active play
☐ Age-appropriate fats; see companion ☐ Individualize dietary counseling
☐ Balanced diet; see companion

Social/Behavioral
☐ Discipline, time out
☐ Praise good behavior
☐ Read to child
☐ TV/Media – limit <2 hrs/day, monitor content
☐ Dresses self, helps at home
☐ Family
☐ Friends and playmates
☐ Curiosity about sex
☐ Day care, pre-school ☐ Yes ☐ No

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

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ DTaP, IPV (4th dose on/after 4th bday), MMR, Varicella
☐ Influenza vaccine [ ] Covid 19 vaccine
☐ Counseling
☐ Dental referral
☒ Fluoride Varnish
☐ Supplementation if deficient in fluoride
☐ Hgb if at risk
☐ Lead level if at risk
☐ TB if at risk
☒ 4 year Handout sheet
☒ RTC at 5 years
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____

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

Optimum Internal Medicine and Pediatrics

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

5 Year Kindergarten 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

Use an age-appropriate balanced diet rather than a blanket 20-30% fat or 300 mg cholesterol limit; individualize for growth and medical risk.

Car seats: rear-facing until the seat height OR weight limit, then a forward-facing harness to its limit, then a booster until the adult belt fits correctly (often age 8-12). Keep children younger than 13 in the rear seat.

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

5 Year Visit/Kindergarten Check-up

Date _____

Optimum Internal Medicine and Pediatrics 10044 Hwy 46 Bon Aqua TN 37025 Ph: (931)996-4247 Fax: (931) 996-4248 Dr. Christopher S Burress

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Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____kgs. Length _____cm BMI _____%tile Temp. _____AX REC

B/P: _____ / _____

Nutrition
Appetite ☐ good ☐ variable ☐ picky
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
Hearing screening test
☐ Pass ☐ Abnormal ☐ Unable to test

Vision
Vision screening test:
L near 20/ _____ far 20/_____
R near 20/ _____ far 20/_____
Photorefractive screen — +

Hepatitis B Risk Assessment
☐ Yes ☐No

Anemia Risk Assessment — +
poverty ___ poor diet ____ chronic illness _____
Lead Risk Assessment — +
TB Risk Assessment — +

Developmental Surveillance
☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____

Safety
☐ Harness to seat limit, then booster; see guide
☐ Bike helmet, street safety
☐ Smoke detectors in home
☐ No smoking in home
☐ Water safety, swimming lessons
☐ Outdoor safety, supervision
☐ Firearm safety
☐ Sunburn prevention

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ 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 Coding:
99383-25 if New or 99393-25 if Est.
Z00.129 normal or Z00.121 Abnormal
90460--59, 1 unit (if flu given) and 2 units (if flu+covid19 given) Z23
96110-59 Z13.40
96160-59 Z11.1, Z13.88, Z13.84
99173 Z13.5
99174 Z13.5 if performed
92551 Z13.5
36416 if performed Z13.0, Z13.88
85018 if performed Z13.0
99000 if performed Z13.0
86580 if administered Z11.1
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Catch Up Vaccines as below if needed

Health
☐ Low fat milk
☐ Encourage fruits and vegetables
☐ Brush teeth, see dentist
☐ Encourage active play
☐ Age-appropriate fats; see companion
☐ Individualize dietary counseling ☐ Balanced diet; see companion

Social/Behavioral
☐ Give choices
☐ Encourage independence
☐ Praise good behavior
☐ TV limits, read to child
☐ Help child handle angry feelings and resolve conflicts with others
☐ Family relationships
☐ Friends and playmates
☐ Questions about sex
☐ Pre-school, school readiness

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

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No☐ DTaP, IPV (4th dose on/after 4th bday), MMR, *Varicella (2 doses or hx of dz), Hep A
☐ Influenza vaccine
☐ COVID vaccine
☒ Counseling
☐ If BMI >85%, follow-up plan
☐ Dental referral
☒ Fluoride Varnish
☐ Supplementation if deficient in fluoride
☐ Hgb if at risk
☐ Lead level if at risk
☐ TB test if at risk
☒ 5 year handout sheet
☒ RTC at __6___ years
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____
☐ _____

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

** Required for Kindergarten entry*

Optimum Internal Medicine and Pediatrics

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

6 to 10 Year 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

Use an age-appropriate balanced diet rather than a blanket 20-30% fat or 300 mg cholesterol limit; individualize for growth and medical risk.

Car seats: rear-facing until the seat height OR weight limit, then a forward-facing harness to its limit, then a booster until the adult belt fits correctly (often age 8-12). Keep children younger than 13 in the rear seat.

Use standardized age-appropriate behavioral/emotional screening, including anxiety screening beginning at age 8; surveillance checkboxes alone are not a screening instrument.

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

6 to 10 Year Visit

Date _____

Optimum Internal Medicine and Pediatrics
10044 Hwy 46 Bon Aqua TN 37025
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Dr. Christopher S Burress

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Form revised 07/2025

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm BMI _____ %tile Temp. _____ AX REC

B/P: _____ / _____

Nutrition
Low fat milk? ☐ Yes ☐ No
Variety of fruits, vegetables? ☐ Yes ☐ No
Eats breakfast? ☐ Yes ☐ No
Eats supper with family? ☐ Yes ☐ No

Inter val Hist or y/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? _____

Dyslipidemia Risk Assessment — +
(given at 6 and 8 years)
FH CVD heart disease <55 M ☐ Yes ☐ No
FH CVD heart disease <65 F ☐ Yes ☐ No
FH cholesterol ☐ Yes ☐ No
BP ↕ 90% ___ DM ___ inactive ____
passive smoke ____ Chronic illness ___
BMI > 95% ____

Dysl ypidemia Screen ____
(Once between 9-11 years)

Hearing Risk Assessment (7 and 9 yrs) — +
Hearing screen (6, 8, 10 yrs)
☐ Normal ☐ Abnormal

Vision Risk Assessment (7 and 9 yrs) — +
Vision screen (6, 8, 10 yrs)
L near 20/ _____ far 20/_____
R near 20/ _____ far 20/_____
☐ Wears glasses, sees eye specialist

Hepatitis B Risk Assessment
☐Yes ☐No

Anemia Risk Assessment — +
poverty ___ poor diet ____ chronic illness _____

Dental Risk Assessment (age 6 years) — +

Lead Risk Assessment — +
(through age 6)

TB Risk Assessment — +

Developmental Surveillance
☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____
☐ Normal ☐ Abnormal

School Grade_____
Problems? ☐ Yes ☐ No If Yes, what? _____

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ nl	☐ abnl
Neck	☐ nl	☐ abnl
Eyes	☐ nl	☐ abnl
Ears	☐ nl	☐ abnl
Nose	☐ nl	☐ abnl
Throat/Mouth/Teeth	☐ nl	☐ abnl
Chest		
Breasts/Tanner Stage	☐ 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/Tanner Stage
Female ☐ **Male** ☐

EPSDT CPT/ICD 10 Coding:
99383-25 if New or 99393-25 if Est. Z00.129 Normal or Z00.121
90460-59 (if flu given) Z23
96110-59 Z13.40
96160-59 Z11.1, Z13.88, Z13.84
99173 Z13.5
92551 Z13.5
36415 if performed Z13.0, Z13.88, Z13.220
88738 if performed Z13.0
99000 if performed Z13.0, Z13.88, Z13.220
86580 if administered Z11.1
80061 if adminstered Z13.220
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Safety
☐ Buckle up! Ride in back seat
☐ Harness to seat limit, then booster; see guide
Belt only when it fits; rear seat until age 13
☐ Bike helmet, street safety
☐ Smoke detectors in home
☐ No smoking in home
☐ Water safety, swimming lessons
☐ Firearm safety
☐ Sunburn prevention

Health
☐ Low fat milk and snacks
☐ Encourage fruits and vegetables
☐ Brush teeth, see dentist
☐ Adequate sleep
☐ Encourage sports, active play
☐ Sports form completed
☐ Age-appropriate fats; see companion ☐
Individualize dietary counseling
☐ Balanced diet; see companion

Social/Behavioral
☐ School adjustment, performance
☐ Sports and hobbies
☐ Limit TV, computer games <2 hrs/day☐
Give choices
☐ Encourage independence
☐ Set limits, provide consequences
☐ Parent supervises peer activities
☐ Privacy, personal hygiene
☐ Puberty changes and questions about sex
☐ Family relationships
☐ Friends and School
☐ Social media, safety settings
☐ Dealing with strangers

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

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ DTaP/Td/Tdap, IPV (4th dose on/after 4th bday), MMR, *Varicella (2 doses or hx of dz), HPV
☐ Influenza vaccine
☐ COVID-19 vaccine
☒ Counseling
☐ Cholesterol - Non-fasting Lipid Profile or Fasting Lipid Profile (once between 9 and 11 years)
_____
☐ Lead level if at risk
☐ TB test if at risk
☒ Dental referral at age 6
☐ Supplementation if deficient in fluoride
☒ Hgb (if + menarche or high risk every year)_____
☐ If BMI >85%, follow-up plan
☒ RTC at _____ years
☒ Handouts
☐ Parent declination of treatment _____
☐ Referrals _____

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

** Required for Kindergarten entry*

Optimum Internal Medicine and Pediatrics

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

11 to 15 Year 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.

Teen confidential health questions are completed privately with the care team, not by a parent. Patients age 18 or older complete their own information unless an authorized representative is needed.

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

Use an age-appropriate balanced diet rather than a blanket 20-30% fat or 300 mg cholesterol limit; individualize for growth and medical risk.

Use standardized anxiety screening (age 8+) and depression/suicide-risk screening (age 12+), with confidential adolescent assessment. HIV screening: at least once at ages 15-21, with risk-based repeat testing. Universal lipid screening: once at 9-11 and once at 17-21.

MenB is not routine simply on request at age 11: shared decision-making is generally at age 16-23 (preferably 16-18); age 10+ recommendations apply to increased-risk patients. Verify current MenACWY product and schedule; preserved brand/sequence entries are not eligibility decisions.

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

11 to 15 Year Visit

Date _____

Optimum Internal Medicine and Pediatrics
10044 Hwy 46 Bon Aqua TN 37025
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Form revised 07/2025

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____kgs. Length _____cm BMI _____%tile Temp. _____AX REC

B/P: _____ / _____

Nutrition
Low fat milk? ☐ Yes ☐ No
Variety of fruits, vegetables? ☐ Yes ☐ No
Eats breakfast? ☐ Yes ☐ No
Eats supper with family? ☐ Yes ☐ No

Inter val Hist or y/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? _____

Dyslipidemia Risk Assessment — +
(every year 12-16 years)
FH CVD heart disease <55 M ☐ Yes ☐ No
FH CVD heart disease <65 F ☐ Yes ☐ No
FH ↑ cholesterol ☐ Yes ☐ No
BP > 90% ___ DM ___ inactive ____
passive smoke ____ Chronic illness ___
BMI > 95% ____

Dysl ypidemia Screen — +
(Once between 9-11 years)

Hearing Risk Assessment (11 - 15 years) — +

Hearing Screen (@6000 and 8000hz) — +
(once between 11 - 14 years, once betw een 15 - 17 years)

Vision Risk Assessment (11, 13 and 14 years) — +

Vision Screen (12 and 15 years)
L near 20/ _____ far 20/_____ R
near 20/ _____ far 20/_____ ☐
Wears glasses, sees eye specialist

Hepatitis B Risk Assessment ☐ Yes ☐No

Anemia Risk Assessment — +
poverty ___ poor diet ____ chronic illness _____
menorrhagia ____

Tobacco/Alcohol/Drug Assessment — +
(every year 11-21 years)

TB Risk Assessment — +

STI Risk Assessment
(every year 11-21 years; Screen if Positive)
Hx of sexual activity — +

HVI Risk Assessment
(every year 11-21 years; Screen if Positive)
Hx of IV Drug Use — +

Depression & Suicide Risk Screening
(every year, 12-21 years)
☐ Normal ☐ Abnormal

Developmental Surveillance
☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____

Sudden Cardiac Arrest/Death Assessment
(Every Year, 11-21 years) ☐ Yes ☐No

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ nl	☐ abnl
Neck	☐ nl	☐ abnl
Eyes	☐ nl	☐ abnl
Ears	☐ nl	☐ abnl
Nose	☐ nl	☐ abnl
Throat/Mouth/Teeth	☐ nl	☐ abnl
Chest		
Breasts/Tanner Stage	☐ nl	☐ abnl
Lungs	☐ nl	☐ abnl
Heart	☐ nl	☐ abnl
Abdomen	☐ nl	☐ abnl
Femoral Pulses	☐ nl	☐ abnl
Extremities	☐ nl	☐ abnl
Genitalia/Tanner Stage		
Female ☐	**Male** ☐	

Musculoskeletal Exam

Shoulder/arm	☐ nl	☐ abnl
Elbow/forearm	☐ nl	☐ abnl
Wrist/hand/fingers	☐ nl	☐ abnl
Hips/thigh	☐ nl	☐ abnl
Knee	☐ nl	☐ abnl
Leg/ankle	☐ nl	☐ abnl
Foot/toes	☐ nl	☐ abnl

EPSDT CPT Coding:
99383-25 if New or 99393-25 if Est. 11y/o 99384-25 if New or 99394 if Est. 12-15 y/o
Z00.129 normal or Z00.121 abnormal
90460-59, 4units (or 5 units if flu given or 6 units if flu+covid19 given) at age 11
90460-59, 1 unit if flu given or 2 units if flu+covid19 given annually at age 12-15
96110-59 Z13.40
96127-59, 2 units Z13.89, Z13.31
96160-59 Z11.1, Z13.88, Z13.84
99173 Z13.5
92551 Z13.5
36415 if performed Z13.0, Z13.88
88738 if performed Z13.0
99000 if performed Z13.0, Z13.88
86580 if administered Z11.1
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Circle Vaccines Given (age 11 or behind):
Adacel (Tdap #1)
Menactra (Meningococcal ACWY #1)
Gardasil 9 (HPV-9 strain #1)
Trumemba (Men B #1, if requested)

Safety
☐ Buckle up!
☐ Bike helmet, street safety
☐ Smoke detectors in home
☐ No smoking in home
☐ Swimming, water safety
☐ Firearm safety
☐ Sunburn prevention

Health
☐ Low fat milk and snacks
☐ Healthy food choices, Ca intake
☐ Brush teeth, see dentist
☐ Age-appropriate fats; see companion
☐ Individualize dietary counseling
☐ Balanced diet; see companion
☐ Adequate sleep
☐ Acne
☐ Encourage sports, active play
☐ Sports form attached ☐ Yes ☐ No

Social/Behavioral
☐ School adjustment, performance
☐ Sports and hobbies
☐ Limit TV, computer games
☐ Give choices
☐ Encourage independence
☐ Set limits, provide consequences
☐ Managing stress, anger
☐ Say no to alcohol, drugs, tobacco
☐ Puberty changes and questions about sex ☐
Periods (girls) LMP _____ ☐
Family relationships
☐ Friends, boy/girl friends
☐ Abstinence, birth control

Social/Beha vioral *(continued)*
☐ Social Media
☐ Sleep hygiene
☐ + eating disorder screen

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

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ *Tdap, MCV4, *Varicella (2 doses or hx or dz), Hep B, HPV
☐ Influenza vaccine
☐ COVID-19 vaccine
☒ Counseling
☒ RTC at _____ years
☒ Handouts
☒ Cholesterol Screen - (once between 9 and 11 years)
☒ Hgb (if + menarche or high risk every year)_____
☐ Supplementation if deficient in fluoride
☐ TB test if at risk
☐ STI screening (if at risk)
☐ HIV screen at least once 15-21 years
☐ Begin transition plan
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____

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

** Required for 7th Grade entry*

Optimum Internal Medicine and Pediatrics

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

16 to 20 Year 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.

Teen confidential health questions are completed privately with the care team, not by a parent. Patients age 18 or older complete their own information unless an authorized representative is needed.

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

Use an age-appropriate balanced diet rather than a blanket 20-30% fat or 300 mg cholesterol limit; individualize for growth and medical risk.

Use standardized anxiety screening (age 8+) and depression/suicide-risk screening (age 12+), with confidential adolescent assessment. HIV screening: at least once at ages 15-21, with risk-based repeat testing. Universal lipid screening: once at 9-11 and once at 17-21.

MenB is not routine simply on request at age 11: shared decision-making is generally at age 16-23 (preferably 16-18); age 10+ recommendations apply to increased-risk patients. Verify current MenACWY product and schedule; preserved brand/sequence entries are not eligibility decisions.

TennCare Kids ends when the member turns 21. Screening within a range ending at 21 may still be eligible when performed before the 21st birthday, subject to plan requirements.

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

16 to 20 Year Visit

Date _____

Optimum Internal Medicine and Pediatrics
10044 Hwy 46 Bon Aqua TN 37025
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Dr. Christopher S Burress

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 BMI _____%tile Temp. _____AX REC

B/P: _____ / _____

Nutrition
Low fat milk? ☐ Yes ☐ No
Variety of fruits, vegetables? ☐ Yes ☐ No
Eats breakfast? ☐ Yes ☐ No
Eats supper with family? ☐ 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? _____

Dyslipidemia Risk Assessment — +
(every year 17-21 years)
FH CVD heart disease <55 M ☐ Yes ☐ No
FH CVD heart disease <65 F ☐ Yes ☐ No
FH ↑ cholesterol ☐ Yes ☐ No
BP ↕ 90% ___ DM ___ inactive ____
passive smoke ____ Chronic illness ___
BMI > 95% ____

Dyslypidemia Screen — +
(Once between 17-21 years)

Hearing Risk Assessment (16 - 21 years) — +
Hearing Screen (@6000 and 8000hz) — +
(once between 15-17 years, once between 18-21 years)

Vision Risk Assessment (16 - 21 years) — +
☐ Wears glasses, sees eye specialist

Hepatitis B Risk Assessment ☐ Yes ☐No

Anemia Risk Assessment — + poverty ___ poor diet ____ chronic illness _____ menorrhagia ____

Tobacco/Alcohol/Drug Assessment
(Every year 11-21 years) — +
Ethoh, drug or substance to get high — +

TB Risk Assessment — +

STI Risk Assessment
(every year 11-21 years Screen if Positive) — +
Hx of sexual activity

HIV Screen — +
(At least once 15-21 years)

Hepatitis C Virus Infection Screen
(Once between 18-21) — +

Depression & Suicide Risk Screening
(every year 12-21 years)
☐ Normal ☐ Abnormal

Developmental Surveillance
☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____

Sudden Cardiac Arrest/Death Assessment
(Every Year, 11-21 years) ☐Yes ☐No

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ nl	☐ abnl
Neck	☐ nl	☐ abnl
Eyes	☐ nl	☐ abnl
Ears	☐ nl	☐ abnl
Nose	☐ nl	☐ abnl
Throat/Mouth/Teeth	☐ nl	☐ abnl
Chest		
Breasts/Tanner Stage	☐ nl	☐ abnl
Lungs	☐ nl	☐ abnl
Heart	☐ nl	☐ abnl
Abdomen	☐ nl	☐ abnl
Femoral Pulses	☐ nl	☐ abnl
Extremities	☐ nl	☐ abnl
Genitalia/Tanner Stage		
Female ☐	**Male** ☐	

Musculoskeletal Exam

Shoulder/arm	☐ nl	☐ abnl
Elbow/forearm	☐ nl	☐ abnl
Wrist/hand/fingers	☐ nl	☐ abnl
Hips/thigh	☐ nl	☐ abnl
Knee	☐ nl	☐ abnl
Leg/ankle	☐ nl	☐ abnl
Foot/toes	☐ nl	☐ abnl

EPSDT CPT/ICD 10 Coding:
99384-25 if New or 99394-25 if Est. 16-17y/o
Z00.129 normal or Z00.121 abnormal
99385 if New or 99395 if Est. 18-20 y/o
Z00.00 normal or Z00.01 abnormal (adult codes)
90460-59, 3 units or 5 units if flu & covid given
Z23
for ages 16-17 y/o OR
90471-59, 1 unit for flu and 90472-59, 1 unit for COVID 19 for ages 18+ (adult codes)
96110-59 Z13.40, Z11.1
96127-59, 2 units Z13.89, Z13.31
96160-59 Z11.1, Z13.88, Z13.84
99173 Z13.5
36415 Z13.0, Z13.88, Z11.3, Z13.89
88738 Z13.0
99000 Z11.3, Z13.220
86580 if administered Z11.1
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Circle Vaccines Administered:
Menactra (ACWY) 16 years (Dose #2)
Gardasil 9 (HPV 9 if not given prior)
Trumemba (Men B if not given prior series), with shared decision making

Safety
☐ Driving and automobile safety
☐ Bike helmet, safety
☐ Smoke detectors in home
☐ Swimming, water safety
☐ Firearm safety
☐ Sunburn prevention, tanning beds

Health
☐ Healthy food choices, Ca++ intake☐
Concerns about weight, body image☐
Periods (girls) LMP_____ ☐
Age-appropriate fats; see companion ☐
Individualize dietary counseling ☐
Balanced diet; see companion
☐ Adequate sleep
☐ Acne
☐ Encourage sports, exercise
☐ Sports form attached ☐ Yes ☐ No

Social/Behavioral
☐ School adjustment, performance ☐
Plans for work/further education ☐
Tobacco use
☐ Drug and alcohol use
☐ Dealing with stress, anger
☐ Limit TV, computer time <2 hrs/day
☐ Friends and fun
☐ Boy or girl friends /dating safety
☐ Abstinence, birth control
☐ STDs
☐ Family relationships

Social/Beha vioral *(continued)*
☐ Social Media
☐ Sleep hygiene
☐ Eating disorder screen — +

Impression
☐ Well Adolescent
☐ Normal Growth
☐ Normal Development
☐ _____

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ Tdap, MCV4 Booster, Varicella, HPV, Hep B
☐ Influenza vaccine
☐ COVID-19 vaccine
☐ Meningitis B vaccine discussion
☒ Counseling
☒ RTC at _____ years
☒ Handouts
☒ Cholesterol screen once 17-21 years
☒ Hgb (if + menarche or high risk every year)_____
☐ Supplementation if deficient in fluoride
☐ Pap - 21 years
☒ STD screening (if at risk)
☒ HIV screen at least once 15-21 years
☐ TB test (if at risk)
☐ Review transition plan
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____

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

Note: Bright Futures recommends screenings through age 21. TennCare Kids provides coverage for children birth until age 20 and ends at age 21. Screenings before the 21st birthday may be covered within those age ranges, subject to plan requirements.