

If no label:

Name _____

Birth Date _____

Date of Encounter _____

C&TC/Well-Child Exam

1-2 Week Visit

= C&TC
Mandatory
Components

This is a C&TC:
Yes No

Ht. _____

Wt. _____

Primary MD _____

Allergies _____

Medications _____

Head Circumference _____

Temperature _____

Recent injury/illness/surgery/hospitalization _____

Staff Signature _____

Birth Data

Ht. _____ Wt. _____ OFC _____

Gest. Age _____ Wks.

Labor and delivery record on chart?

Health History

Parent concerns:

Family Social History/Medical History:

Caregivers:

Who brought baby in? _____

Who lives with baby? _____

Caregiver working/in school? Yes No

Who cares for baby during day?

Parent/Relative Day Care

Stresses for caregivers

Environment: *Check areas discussed*

Housing Drug use Alcohol

Domestic Violence Guns

Exposure to secondhand smoke TB exposure

Lead risk Other risks _____

No environmental problems identified

Nutrition: *Check those that apply*

Breast #feedings/day _____

Bottle/Formula #feedings/amount _____

Iron Vitamins

Voiding OK? Stools normal

Sleep: Arrangements/patterns _____

Back or side only? Yes No

Hygiene: Cord/circumcision care _____

Anticipatory Guidance *Circle areas discussed*

Nutrition: No solids; always hold to feed; no honey <12mo.; spitting up/vomiting; encourage breast feeding.

Safety: Car seat; never leave unattended; support head and neck; supervise sibling and pet interaction; safe crib/sleep on back or side; no strings; care with talc; sun protection; hot water temp. <125°; smoke detectors; no smoking around baby; no jerking, shaking.

Parenting: Show affection to baby; interact by responding to cry; never punish, jerk or shake; day care concerns; fever care; skin care; diarrhea care; thermometer use; when to call MD; bulb syringe for congestion; infection risk reduction.

Pamphlet/Information Sheet Given

Requires additional Health Education

99401 - 15min
99402 - 30min

Mental Health

No Concerns Concerns Explain:

Development

96110

Give developmental screening results on left or complete chart on right.

Screening Tool (name) _____

Normal Abnormal

Age _____

	by Hx	observed
Regards Face		
Follows to midline		
Smiles responsively		
Responds to light & sound		
Lifts head 45°		
Vocalizes		

Physical Exam

N=normal A=abnormal

N A

General appearance	N	A
Skin: color • character • birthmarks • jaundice		
Nodes: cervical • axillary • inguinal		
Head: shape • AF size • PF size • sutures • scalp		
Eyes: lids • tear ducts • EOM • red reflex • corneal light reflex • PERL		
Vision: follows light, movement		
Ears: pinna • canals • TMs		
Hearing: responds to loud sound		
Nose: patency • nares		
Mouth: gums • tongue • frenulum • palate • mucosa • throat		
Neck: position • ROM • thyroid		
Chest: shape • symmetry • clavicles • lungs • resp. rate		
CV: rate • rhythm • S 1 • S 2 • murmur • femoral pulses		
Abd: contour • umbilicus • liver • spleen • masses • bowel sounds • anus		
GU: ♀ labia • vaginal mucosa • discharge ♂ circ • penis • testes • hydrocele • hernia		
MS: ROM • Ortolani • spine		
Neuro: jitteriness • head control • posture • tone • DTRs • clonus • Babinski • Moro • TNR • suck • root • grasp • stepping • crossed • extension • positive supporting		

Physical Exam
(Health History included)

Billing Codes: 99381-99385
99391-99395
99431-99432
OR
With Dx codes V20-V20.2 and/or V70.0 and/or V70.3-V70.9
99201-99205
99211-99215

Vision/Hearing

Yes No

Vision concerns?

Hearing concerns?

Newborn hearing screen:

Normal Not screened

Abnormal-explain _____

Labs

Newborn Metabolic Screening: Normal

Abnormal (specify): _____

Documentation on chart? Yes No

If no, call to obtain/document.

Labs ordered: _____

None routinely required at this age.

Assessment and Plan See dictation

Child and Teen Checkup Completed, child well

Other: _____

Referral _____

Encourage smoking cessation-parent

WIC enrolled, if eligible

2 month visit scheduled

MD Signature _____

Immunizations

Hepatitis B given in nursery? Yes No

Previous reaction? Yes No

Immunizations: Reviewed On schedule

Deferred - reason: _____

Parent refused Given: _____

MNVFC: 90471 or 90472. List actual immunization given with an SL modifier and a \$.01 charge.

Parent-Child Interaction

No concerns

Concerns

Explain _____

C&TC Referral Codes
(Box 24H-CMS 1500):
Check One

NU	No referral was made	
ST	Referral	
S2	Patient is currently under treatment	
AV	Patient refused referral	

If all mandatory components completed and Alpha Code in box 24H: S0302

Physician / Nurse

Physician

Nurse

Physician