

Ø1002/002

01/24/2018 WED 21:19 FAX 220 564 1926 LMHP Pataskala reds

2004/005

01/24/2016 WED 9:05 PAK 740 348 4393 Leads 191

2004/004

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مثمة كالأحسب	***	-20000

LEADS Early Head Start EPSDT HealthChek Form · CO. - PINDOM

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	LABORATORY THETE		MINION ECDER	MAIO
Present Age:	Years: Months:	Weight: 2,5 V	Veight: 13.10	8MI: 17-60
Name of Child:	Jahnany Mos		r:(M)/F DOB:	117-12017

LABOR	ATORY TESTS		
Type of Test	Result of Test	Date of Tast	
Hemetacrit or Hemoglobin	-	-	
Blood Lead Test .			

	PHY	SICAL	EXA.	MINATION
General	NY	AB	NE	Comments: NL-Normal, AB-Abnormal, NE-Net incomined
skin				101111111111111111111111111111111111111
Eyes: Red Reflex, Appearance, Light Reflex Symmetrie Reflex TMs				
Note				
Lips/Pelate	-	_		
Teeth/Gums		-	-	
Tongue /Phyryna Nack/Nodes				
Chart/Grass	\rightarrow	-		
Lings	\rightarrow		-	-
Heart	-	-	+	
Abd/Umbilleus		-	-	
Innitolia	+		\dashv	
odramities	-		-	•
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eurometer		-	\rightarrow	***
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ross Motor	-	_	+	
ne Motor	\dashv	-	+	
ommunication	-	-	-	
gnitive	-	-	-	
If-Halp	-		\vdash	
cial alulis	_			

VIS	ION SCRE	ENING	
Kinde for anny far and the first of	Date.	Passed	Falled
Vision Results	ľ		
Referrals Made? Comments:	Ves	No	

0 0	- Inches	
Date	Passed	Palled
/4I	No	

	Date	Passed	Folled
Oral Health Results		1	
Referrals Madel Comments:	Yes	No	

	OTHER - If at	Risk
Additional Refs	rrals? Yes	No
Additional Tx N	eedod? Yes	No
Additional Tx Co	_	No
Next	Scheduled App	ointment
Date:	Tim	01

his is to carefy the following:

- This child is up-to-date according to the Ohio EPSDT schedule for preventative and primary health care.
- I have assemined this child and found that d/he is in suitable condition for participation in group care.
- This child has had age appropriate immunisations recommended by the Ohio Department of Health.

My office HAS ATTACHED A PRINTED RECORD OF THE IMMUNIZATIONS or found that this child should be exempt from immunizations for the tellawing resonat _

gnature:

Examining Physician/Physician's Assistant/Advancard Practice Nurse

Date of Exami ...

10.26.17

You/Clinic stamps

405 EH5 Fex: Licking Co; (740)345-4909 Delaware Co: (740)363-7629 Union Co: (997)642-1996

Licking Memorial Pediatrica One Healthy Place Sta 203

Pataskala, OH 43062AGApproval: 5/17

220-564-1926 - Phone









Cricking Memorial Pediatrics
One Healthy Place Ste 203
Pataskala, OH 43062
220-564-1925 - Phone
220-564-1926 Fax



LEADS Early Head Start EPSDT HealthChek Form



Name of Chil	N			-		Gender: M / F DOB: 08/17/17
Present Age:	Yea	rs:	N	lonths: 5	_ Heigh	t: <u>26.2S</u> Weight: <u>18.3</u> BMI: <u>18.13</u>
	L	ABOR	ATO	RY TESTS		VISION SCREENING
Туре ој	f Test		Re.	sult of Test	Date of Test	Date Passed Fail
Hematocrit or	Hemog	globin				Vision Results
Blood Lead Tes	st					Referrals Made? Yes No
						Comments:
	PHY	SICAL	EXA	MINATION		
	NL	AB	NE	Comments AB - Abnormal,	NL - Normal, NE - Not Examined	HEARING SCREENING
General	1					Date Passed Fail
Skin	1					Hearing Results
Eyes: Red Reflex, Appearance, Light Reflex Symmetric	/					Referrals Made? Yes No Comments:
Ears, TMs						
Nose	J					
Lips/Palate	1					
Teeth/Gums	1					ORAL HEALTH SCREENING
Tongue /Pharynx	V					Oral Health Results
Neck/Nodes	V					Referrals Made? Yes No
Chest/Breast						Comments:
Lungs	10					
Heart	J					
Abd/Umbilicus	V					
Genitalia						OTHER - If at Risk
extremities	1					Additional Referrals? Yes No
Muscular	V					Comment:
Neuromotor	./					Additional Tx Needed? Yes No
Back	0					Comment:
Gross Motor	17					Additional Tx Complete? Yes No
ine Motor	V					Comment:
Communication	1					
Cognitive	10					
-						Next Scheduled Appointment
						Date: Time:
 I have exam This child ha My office HA 	up-to-di ined thi is had ag	ate access child a ge approcess controls	and for opriate	und that s/he is e immunization TED RECORD OF	in suitable condition to recommended by the	entative and primary health care. For participation in group care. Be Ohio Department of Health. For found that this child should be exempt from immunizations
	1	5				Date of Exam: [. ≥ 9 . §
ature:	- /	1				Date of Exam:

Office/Clinic Stamp:

DECEIVED N 20118 Licking Memorial Pediatrics One Healthy Place Ste 203 Pataskala, OH 43062

Revised: 6/17 HSAC Approval: 6/17