Child and Adolescent Problem List

Name: Allergies:	DOB: M/F Ethnicity: Advance Directive Discussion Date: Copy of Advance Directive in Chart: Y/N								
Acute Problem List		Date(s) of Occurrence							
Chronic Problem List								Date	
CHIOTIC FOSICITIES								Date	
Surgical History / Hospitalizations								Date	
301gicul History / Hospitulizations								Date	
*Immunizations	Birth	1 month	2 mos	4 mos	6 mos	12-24 mos	4-6 yrs	11-12 yrs	14-16 yrs
DPT / DTaP / Td / Tdap									
Hib									
Td									
IPV									
MMR									
Hepatitis A									
Hepatitis B									
Varicella									
Pneumococcal									
Influenza, Annual									
Rotavirus									
Meningococcal									
HPV									
Other:									
*BMI		Date	Date	Date	Date	Date	Date	Date	Date
Annual BMI/Percentile		/	/	/	/	/	/	/	/

* Education	Date							
*Nutrition / Physical Activity: Discussion Counseling Education Materials (circle & date annually)								
* Substance Abuse: Smoking / Alcohol / Drugs								
* Safety: Sun Protection / Helmets / Car Seats Seat Belts / Smoke Alarms / Guns / Poison								
Dental Care								
Sexual Health								
Anticipatory Guidelines completed at well-care visits								

^{*}HEDIS® Requirement – HEDIS® is a registered trademark of the National Committee for Quality Assurance. Quality reviews are performed annually on randomly selected patients. Keeping this form updated will reduce the need for excess medical record copying during the HEDIS Medical Record Review.