



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