





EHS Infant Tracking Form Child's Name: _____ DOB: __/__/____ Enrollment Date: __/__/____ FEII: _____

45 Day Deadline: __/__/____ Age at 45 days: ____ months old 90 Day Deadline: __/__/____ Age at 90 days: ____ months old

	Birth to 2 Weeks 	1 Month	2 Months 	4 Months	6 Months 	9 Months	12 Months 
Sensory Hearing and Vision 45 Day Items	<input type="radio"/> Hearing: Result: ____/____/____ <input type="radio"/> Vision: Red Reflex Result: ____/____/____				<input type="radio"/> Vision: Result: ____/____/____		<input type="radio"/> Hearing: Result: ____/____/____
Growth 45 day items. Refer to pediatrician within 90 if at 5% or 95%.	<input type="radio"/> Ht. & Wt. ____%tile ____/____/____			<input type="radio"/> Ht. & Wt. ____%tile ____/____/____ (or at 6 months)	<input type="radio"/> Ht. & Wt. ____%tile ____/____/____		<input type="radio"/> Ht. & Wt. ____%tile ____/____/____
Mental Health 45 day items-DECA then falls every 4 months, Edinberg as needed.	<input type="radio"/> Edinberg Score: ____/____/____	<input type="radio"/> DECA FE: ____/____/____ <input type="radio"/> DECA Parent: ____/____/____		<input type="radio"/> DECA (5 m) FE: ____/____/____ <input type="radio"/> DECA Parent: ____/____/____		<input type="radio"/> DECA FE: ____/____/____ <input type="radio"/> DECA Parent: ____/____/____	<input type="radio"/> DECA (13 m) FE: ____/____/____ <input type="radio"/> DECA Parent: ____/____/____
			<input type="radio"/> ASQ-3 ____/____/____	<input type="radio"/> ASQ-3 ____/____/____	<input type="radio"/> ASQ-3 (due at 8 m) ____/____/____		<input type="radio"/> ASQ-3 ____/____/____
Medical 90 Day Items, then following EPSDT schedule. If primary care provider's practice is different than EPSDT, SOAP and get an ISA and write down when child is to be seen next by PCP.	<input type="radio"/> Anticipatory Guidance from primary care provider(PCP) ____/____/____ <input type="radio"/> WCE: ____/____/____ FU? Y/N ____/____/____ <input type="radio"/> Update Medical History <input type="radio"/> Nurse Home Visit (within 2 weeks birth) ____/____/____	<input type="radio"/> Anticipatory Guidance ____/____/____ <input type="radio"/> WCE: ____/____/____ FU? Y/N ____/____/____ <input type="radio"/> Update Medical History	<input type="radio"/> Anticipatory Guidance ____/____/____ <input type="radio"/> WCE: ____/____/____ FU? Y/N ____/____/____ <input type="radio"/> Update Medical History	<input type="radio"/> Anticipatory Guidance ____/____/____ <input type="radio"/> WCE: ____/____/____ FU? Y/N ____/____/____ <input type="radio"/> Update Medical History	<input type="radio"/> Anticipatory Guidance ____/____/____ <input type="radio"/> WCE: ____/____/____ FU? Y/N ____/____/____ <input type="radio"/> Update Medical History	<input type="radio"/> Anticipatory Guidance ____/____/____ <input type="radio"/> WCE: ____/____/____ FU? Y/N ____/____/____ <input type="radio"/> Hgb/HCT: Score: ____/____/____ <input type="radio"/> Lead Test Score: ____/____/____ <input type="radio"/> TB Survey ____/____/____ FU?Y/N ____/____/____ <input type="radio"/> Update Medical History	<input type="radio"/> Anticipatory Guidance ____/____/____ <input type="radio"/> WCE: ____/____/____ FU? Y/N ____/____/____ <input type="radio"/> Hgb/HCT: Score: ____/____/____ <input type="radio"/> Lead Test Score: ____/____/____ <input type="radio"/> TB Survey ____/____/____ FU?Y/N ____/____/____ <input type="radio"/> Update Medical History
Dental 90 Day item. The first oral exam is due by 12 months but can be done as soon as teeth erupt. Remember, oral health for pre-teeth babies too!		<input type="radio"/> Pre-Teeth Risk Assess ____/____/____ Score: _____			<input type="radio"/> EHS Up to 2 Risk Assess ____/____/____ Score: _____ (if teeth erupted)	<input type="radio"/> EHS Up to 2 Risk Assess ____/____/____ Score: _____ <input type="radio"/> Schedule Dental exam ____/____/____	<input type="radio"/> Oral Exam: ____/____/____ FU? Y/N ____/____/____ <input type="radio"/> Update Dental History

 = EPSDT marker

