



EHS Toddler 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

	15-18 Months	24 Months 	30 Months	36 Months 	3 + years	
Sensory Hearing and Vision 45 Day Items	<input type="radio"/> Vision: Result: _____ ____/____/____	<input type="radio"/> Hearing: 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 ____/____/____		<input type="radio"/> Ht. & Wt. ____%tile ____/____/____ (or at 6 months)		
Mental Health 45 day items-DECA then falls every 4 months, Edinberg as needed.	<input type="radio"/> DECA (17 m) FE: ____/____/____ <input type="radio"/> DECA Parent: ____/____/____	<input type="radio"/> DECA (21 m) FE: ____/____/____ <input type="radio"/> DECA Parent: ____/____/____	<input type="radio"/> DECA (25m) FE: ____/____/____ <input type="radio"/> DECA Parent: ____/____/____	<input type="radio"/> DECA (29m) FE: ____/____/____ <input type="radio"/> DECA Parent: ____/____/____	<input type="radio"/> DECA (33m,37m) FE: ____/____/____ <input type="radio"/> DECA Parent: ____/____/____	<input type="radio"/> DECA (40m) FE: ____/____/____ <input type="radio"/> DECA Parent: ____/____/____
Developmental 45 Day items then as scheduled	<input type="radio"/> ASQ-3 ____/____/____ (due at 16 m)	<input type="radio"/> ASQ-3 ____/____/____ (due at 20 m)	<input type="radio"/> ASQ-3 ____/____/____	<input type="radio"/> ASQ-3 ____/____/____	<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 PMP.	<input type="radio"/> Anticipatory Guidance (15m-18m) ____/____/____ <input type="radio"/> WCE: (15m-18m) ____/____/____ FU? Y/N ____/____/____ <input type="radio"/> Update Medical History (15m to 18m)	<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 (follow-Up Exam only) ____/____/____ <input type="radio"/> WCE: (follow-up exam only) ____/____/____ FU? Y/N ____/____/____ <input type="radio"/> Med Hist. Updated (follow-up exam only)	<input type="radio"/> Anticipatory Guidance ____/____/____ <input type="radio"/> WCE: ____/____/____ FU? Y/N ____/____/____ <input type="radio"/> TB Survey ____/____/____ FU?Y/N ____/____/____ <input type="radio"/> Update Medical History		
Dental 90 Day item. The Oral Health exam is due within the first 90 days of enrollment and then once a year after the first exam.		<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"/> Dental History Updated		<input type="radio"/> EHS Up to 2 ½-5 Risk Assess ____/____/____ Score: _____ <input type="radio"/> Schedule Dental exam ____/____/____ <input type="radio"/> Oral Exam: ____/____/____ FU? Y/N ____/____/____ <input type="radio"/> Dental History Updated		

 = EPSDT marker

