VISION SCREENING RECHECK

[redacted]

DO NOT STAPLE IN BAR AREA

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

STAPLE HERE

PLEASE PRINT

PATIENT NAME (LAST)	(FIRST)	(INITIAL)	MEDICAL RECORD NO.	L.A. Code	
SMITH	JANE	L	9876543210	05	94 09446788 J

BIRTHDATE Mo. Day Year	AGE	SEX M/F	PATIENT'S COUNTY OF RESIDENCE	CO. CODE	TELEPHONE NUMBER	NEXT CHDP EXAM Mo. Day Year	Ethnic Code
01 25 04	3y	F	COUNTY	19	(805) 555-1234	07 01 08	6

Ethnic Code: 1-American Indian, 2-Asian, 3-Black, 4-Filipino, 5-Mex. Amer./Hispanic, 6-White, 7-Other, 8-Pacific Islander

RESPONSIBLE PERSON (NAME)	(STREET)	(APT/SPACE #)	(CITY)	(ZIP)
AMY SMITH	1234 MAPLE LANE		TOWN	90212

CHDP ASSESSMENT

Indicate outcome for each screening procedure

	NO PROBLEM SUSPECTED ✓A	REFUSED, CONTRA-INDICATED, NOT NEEDED ✓B	PROBLEM SUSPECTED Enter Follow Up Code in Appropriate Column: NEW C	KNOWN D	FEES
01 HISTORY and PHYSICAL EXAM					01
02 DENTAL ASSESSMENT/REFERRAL					
03 NUTRITIONAL ASSESSMENT					
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION					
05 DEVELOPMENTAL ASSESSMENT					
06 SNELLEN OR EQUIVALENT			5		06 5.04
07 AUDIOMETRIC					07
08 HEMOGLOBIN OR HEMATOCRIT					08
09 URINE DIPSTICK					09
10 COMPLETE URINALYSIS					10
12 TB MANTOUX					12

DATE OF SERVICE: Mo. 11 Day 05 Year 07

CODE	OTHER TESTS	PLEASE REFER TO THE CHDP LIST OF TEST CODES				CODE	OTHER TESTS

HEIGHT IN INCHES	WEIGHT LBS	OZS	BODY MASS INDEX (BMI) PERCENTILE	BLOOD PRESSURE
0 / 4				/

HEMOGLOBIN	HEMATOCRIT	BIRTH WEIGHT LBS	OZS
	.0%	%	

IMMUNIZATIONS

PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES

	GIVEN TODAY: NOW UP TO DATE FOR AGE A	STILL NOT UP TO DATE FOR AGE B	NOT GIVEN TODAY: ALREADY UP TO DATE FOR AGE C	REFUSED OR CONTRA-INDICATED D

PATIENT VISIT (✓): [1] New Patient or Extended Visit [2] Routine Visit

TYPE OF SCREEN (✓): [1] Initial [2] Periodic

TOTAL FEES: 5.04

SERVICE LOCATION: Name, Address, Telephone Number (Please Include Area Code)

PROVIDER NUMBER: NPINUMBER

PLACE OF SERVICE: 11

Your Facility / Provider Name
Your Street Address
City, State, 9-digit Zip Code
Your telephone Number

This is to certify that the screening information is true and complete, and the results explained to the child or his parent or guardian. I understand that payment and satisfaction of this claim may be from Federal or State funds, and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable Federal or State law. I also certify that none of the services billed on this form have been or will be billed to Medi-Cal, the patient, or other insurance providers.

Examiner Signature — SIGNATURE OF PROVIDER

11/05/07 — DATE

FOLLOW UP CODES

1. NO DX/RX INDICATED OR NOW UNDER CARE.
2. QUESTIONABLE RESULT, RECHECK SCHEDULED.
3. DX MADE AND RX STARTED
4. DX PENDING/RETURN VISIT SCHEDULED.
5. REFERRED TO ANOTHER EXAMINER FOR DX/RX.
6. REFERRAL REFUSED

REFERRED TO:	TELEPHONE NUMBER
Sam Jones	(805) 555-4321
REFERRED TO:	TELEPHONE NUMBER

COMMENTS/PROBLEMS

IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA

Vision Recheck
06 Failed vision (5)
20/40 OD
20/20 OS
20/20 OU
Parent to schedule appointment with ophthalmologist

ROUTINE REFERRAL(S) (✓): [ ] BLOOD LEAD [ ] DENTAL

PATIENT IS A FOSTER CHILD (✓): [ ]

DIAGNOSIS CODES: 1 | 2

THE QUESTIONS BELOW MUST BE ANSWERED

1. Patient is Exposed to Passive (Second Hand) Tobacco Smoke. Yes [ ] No [✓]
2. Tobacco Used by Patient Yes [ ] No [✓]
3. Counseled About/Referred For Tobacco Use Prevention/ Cessation. Yes [✓] No [ ]

[1] Enrolled in WIC [2] Referred to WIC

NOTE: WIC requires Ht., Wt. and Hemoglobin/Hematocrit

[1] PARTIAL SCREEN [✓] SCREENING PROCEDURE RECHECK

ACCOMPANIES PRIOR PM 160 DATED 07/01/07

PATIENT ELIGIBILITY	COUNTY	AID	IDENTIFICATION NUMBER
	19	BW	5458436891

[✓] 1 ✓ If covered by Medi-Cal, or pre-enrolled in CHDP Gateway, enter BIC number.
[ ] 2 ✓ Patient eligible for CHDP benefits only.

STATE OF CALIFORNIA-CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

Medi-Cal/CHDP
P.O. Box 15300
Sacramento, CA 95851-1300

COPY 1 - MAIL TO MEDI-CAL CHDP

CONFIDENTIAL SCREENING/BILLING REPORT

PM 160 (3/07)