PATIENT NAME:	DATE:

Pediatric Screening types: Ages 18-20	Dates Referred/ or Checked	Screening Method per Office Policy	Staff Initials
HEARING SCREENING: Audiology Referral "Annual"		☐ Refer out today ☐ Get IPA Authorization	☐ Ages 18-20 Placed by:_____
DENTAL EXAM: Dentist Referral "Annual"		☐ Refer out today ☐ Get IPA Authorization	☐ Ages 18-20 Placed by:_____
TEETH FLUORIDE BRUSHING: Dentist Referral "Annual"		☐ Refer out today ☐ Get IPA Authorization	☐ Ages 18-20 Placed by:_____
BMI Percentile charted (weight & height)		☐ Measured today ☐ Charted on Graph	☐ Ages 18-20 Placed by:_____
VISION SCREEING: Optometrist Referral "Annual"	-	☐ Refer Out Today ☐ Get IPA Authorization	☐ Ages 18-20 Placed by:_____

Reviewed by Nurse/ Provider_____ Date:_____