

Hawaii Early And Periodic, Screening, Diagnosis, and Treatment (EPSDT) Exam
ADDITIONAL INFORMATION

Today's Date (MMDDYY)					Name (Last, First, Middle Initial)			Provider Name (Print)	

Additional information, comments, concerns, and/or clarification pertaining to HISTORY:

Additional information, comments, concerns, and/or clarification pertaining to PHYSICAL EXAMINATION, MEDICATIONS, ALLERGIES

Additional information, comments, concerns, and/or clarification pertaining to SURVEILLANCE, SCREENING, and DIAGNOSIS/STATUS

Additional information, comments, concerns, and/or clarification pertaining to REFERRALS AND CARE COORDINATION

Additional information, comments, concerns, and/or clarification pertaining to IMMUNZATIONS:

Additional information, comments, concerns, and/or clarification pertaining to OVERALL HEALTH STATUS
