

Hawai'i 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

PROVIDER INFORMATION: By signing below, I attest that the services indicated above were performed today by me or my staff under my supervision.