Texas Health Steps Clinical Record Review Tool

Date of Review:

For each review item, place an **X** under the appropriate column (Yes, No, Not Applicable or Not Reviewed). The column to the right should be used to clarify any No, N/A, or N/R responses or to provide additional information. Comments can be continued on the back if additional space is needed.

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
I. Clinical Record Review				
1. Comprehensive Health and Developmental History				
a. Initial and Interval History as Appropriate				
b. Mental Health Screening				
c. Tuberculosis Screening				
d. Developmental Surveillance/Screening				
e. Autism Screening				
f. Nutrition Screening				
2. Age Appropriate Screening and Administration of Immunizations				
3. Laboratory Screening				
a. Newborn Screening Panel				
b. Blood Lead Level				

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
c. Anemia (Hgb/HCT)				
d. Dyslipidemia Screening				
e. HIV Screening				
f. Risk-based Tests				
4. Comprehensive Physical Examination				
a. Complete Physical Examination				
b. Length/Height				
c. Weight				
d. BMI				
e. Fronto-Occipital Circumference				
f. Blood Pressure				
g. Vision				
h. Hearing				
5. Age appropriate health education and anticipatory guidance				
6. Dental Referral				

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
7. Follow-up instruction to return for next preventive visit.				
Other pertinent information as noted by the reviewer.				