

* Education	Date	Date	Date	Date	Date	Date	Date	Date
*Nutrition / Physical Activity: Discussion Counseling Education Materials (circle & date annually)								
* Substance Abuse: Smoking / Alcohol / Drugs								
* Safety: Sun Protection / Helmets / Car Seats Seat Belts / Smoke Alarms / Guns / Poison								
Dental Care								
Sexual Health								
Anticipatory Guidelines completed at well-care visits								

***HEDIS® Requirement** – HEDIS® is a registered trademark of the National Committee for Quality Assurance. Quality reviews are performed annually on randomly selected patients. Keeping this form updated will reduce the need for excess medical record copying during the HEDIS Medical Record Review.