**PreSIPS2 Chart Review Tool- 9 Month Visit**

**QIDA**

Directions

Please use this tool to review and enter chart data from children seen at their **9 month**health supervision visit.

**Elicit and Address Patient/Family Concerns and Needs**

**1.**  Is there documentation in the medical record indicating that patient/family concerns were elicited at the most recent health supervision visit?

Yes

No

**2.**  If the parent expressed concerns, is there documentation in the medical record that concerns were addressed?

Yes

No

No concerns expressed

**Perform Age Appropriate Risk Assessment**

**3.**  Is there documentation in the medical record indicating that all age appropriate risk assessments were performed at the most recent health supervision visit?

Yes

No

**4.**  If any risks were identified, is there documentation in the medical record that these risks were addressed?

Yes

No

No risks identified

**Provide Anticipatory Guidance**

**5.**  Is there documentation in the medical record that at least 3 of the Bright Futures Priorities (anticipatory guidance) were discussed at the most recent health supervision visit?

Yes

No

**Elicit and Discuss Family Strengths**

**6.** Is there documentation in the medical record indicating thatfamily strengths were identified at the most recent health supervision visit?

Yes

No

**7.** If family strengths were identified, is there documentation in the medical record that family strengths were discussed at the most recent health supervision visit?

Yes

No

**Perform Age Appropriate Medical Screening**

**8.** Was weight for length measured **and** plotted on the percentile curves according to age and sex?

Yes

No

**Perform Maternal Depression Screening and Follow Up**

**9.** Is there documentation in the medical record that at least 1 maternal depression screen was completed by the patient's 9 month health supervision visit?

Yes

No

**10.** If a positive screen was identified, is there documentation in the medical record that a follow up plan was established?

Yes

No

No positive screen identified

**Perform Developmental Screening and Follow Up**

**11.** Is there documentation in the medical record that appropriate developmental screenings were completed at the 9 month health supervision visit?

Yes

No

**12.** If a positive screen was identified, was a follow up plan established and documented in the patient's medical record?

Yes

No

No positive screen identified

**Perform Oral Health Risk Assessment**

**13.** Is there documentation in the medical record that an oral health risk assessment  was performed by the 9 month health supervision visit?

Yes

No

**Evaluate and Discuss Social Determinants of Health**

**14.** Is there documentation in the medical record that questions about social determinants of health were asked at the 9 month health supervision visit?

Yes

No

**15.** If concerns about social determinants of health were identified, is there documentation in the medical record that concerns were discussed at the 9 month health supervision visit?

Yes

No

No concerns expressed

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