West Virginia Department of Health

Early	and Periodic S	Screening, Diag	gnosis, and	Treatment	(EPSDT)	HealthCheck Pr	rogram Preventi	ve Health	Screen

Name		DOB		Age	Sex: □ M	☐ F Race/Ethnicity		
Weight Length	Weight for Length	HC	Pulse	BP (optional)	Res	p Temp	Pulse Ox (optional)	
Allergies NKDA								
Current meds None								
□ Foster child		☐ Kinship place	ement	.,	Child w	rith special health care needs_		
Accompanied by ☐ Parent ☐ Grandp	arent □ Foster parent	□ Foster organ	ization					
Medical History ☐ Initial screen ☐ Periodic screen ☐ Family health history reviewed Parental history of postpartum depression ☐ Yes ☐ No		□ None □ What kind □ Relation □ Child ca	How much stress are you and your family under <u>now</u> ? □ None □ Slight □ Moderate □ Severe What kind of stress ? (✓ <i>Check those that apply</i>) □ Relationships (partner, family and/or friends) □ School/work □ Child care □ Drugs □ Alcohol □ Violence/abuse (physical, emotional and/or sexual) □ Family member incarcerated □ Lack of			Subscale 3 (✓ Check one for each question) Is it hard to keep your child on a schedule or routine? ☐ Not at all (0) ☐ Somewhat (1) ☐ Very much (2) Is it hard to put your child to sleep? ☐ Not at all (0) ☐ Somewhat (1) ☐ Very much (2) Is it hard to get enough sleep because of your child?		
In utero substance exposure ☐ Yes ☐ Maternal Hep C exposure ☐ Yes ☐		support/he	lp □ Financial/mo	ney ☐ Emotional loss ☐ He		□ Not at all (0) □ Somewh Does your child have trouble □ Not at all (0) □ Somewh Subscale 3 score	e staying asleep? at (1) □ Very much (2)	
Child recent injuries, surgeries, illnesses or hospitalizations: Psychosocial/Behavioral What is your family's living situation? Family relationships Good Okay I Do you have the things you need to take seat, diapers, etc.)? Yes No	□ Poor care of your baby (crib, care of your baby (crib, care of your baby (crib, care)	Baby Ped *Positive the 3 sub- be needed Subscale Does your Does your Does your	scales. Further evo d. 1 (✓ Check one for child have a hard t II (0) ☐ Somewha child have a hard t	ed responses 3 or greater in aluation and/or investigation reach question) time being with people? It (1) Very much (2) time in new places? It (1) Very much (2)		Social Language and Self- (point to comment on an inte between object/event and pa something to get help like "Where's your ball?" or " imitate scribbling Child ca Verbal Language (Expressi words other than names	ce (✓ Check those that apply) -help □ *Child can prodeclarative point eresting object/event-will look alternatively arent) □ Child can point to ask for ild can look around when you say things Where's your blanket?" □ Child can an drink from a cup with little spilling ive and Receptive) □ Child can use 3 Child can speak in sounds like an	
Do you have concerns about meeting ba monthly (food, housing, heat, etc.)?	sic family needs daily and	Does your □ Not at a	child mind being h	t (1) ☐ Very much (2) eld by other people? tt (1) ☐ Very much (2)		gesture Gross Motor □ Child can s up a few steps □ Child can	can follow directions that do not include a squat to pick up objects Child can crawl run ke marks with a crayon Child can drop	
Who do you contact for help and/or supp	ort?	Subscale	2 (✓ Check one for	r each question)		an object in and take object		
Are you and/or your partner working outs Child care Child exposed to Cigarettes E-C		□ Not at a Does your Not at a	child have a hard t ll (0) □ Somewha	it (1) □ Very much (2) ime calming down? it (1) □ Very much (2)		*Absence of these milesto Concerns and/or questions_	nes = Autism Screen	
hild exposed to ☐ Cigarettes ☐ E-Cigarettes/Vaping ☐ Alcohol ☐ Drugs (prescription or otherwise)		Is your chi ☐ Not at a Is it hard to ☐ Not at a	Is your child fussy or irritable? □ Not at all (0) □ Somewhat (1) □ Very much (2) Is it hard to comfort your child? □ Not at all (0) □ Somewhat (1) □ Very much (2) Subscale 2 score			General Health Growth plotted on growth chart Do you think your child sees okay? Do you think your child hears okay? Continue on page 2 General Health Yes □ No West Virginia Department of		

lama			DOD	Age Sex: □ M □
lame			DOB	Age Sex: LIM LI
Oral Health			Hips □ N □ Abn	Plan of Care
Date of last dental vi			Extremities	Assessment
Current oral health p			5. 5. 1. 1. 1. 1. 1. 1. 1. 1	☐ Well Child ☐ Other Diagnosis
Water source □ Pu		lea	Signs of Abuse/Neglect ☐ Yes ☐ No	
Fluoride supplementation ☐ Yes ☐ No Fluoride varnish applied (apply every 3 to 6 months)				Immunizations □ UTD □ Given, see immunization record □ Entered into WVSIIS
☐ Yes ☐ No				DID Disveri, see inimunization record Dientered into WVSIIS
			Ago Appropriate Health Education/Anticipate	Labs
Nutrition/Sleep			Age Appropriate Health Education/Anticipator	y □ Homoglobin/homotocrit (if high risk)
☐ Breastfeeding - Fi	requency		Guidance (Consult Bright Futures, Fourth Edition. For fu	rther ☐ Blood lead (if high risk) (enter into WVSIIS)
		Frequency	information: https://brightfutures.aap.org) Communication and Social Development, Sleep Routines a	☐ Hepatitis B Screen (HBsAG) (if high risk)
□ Formula			Issues, Temperament, Development, Behavior, and Discip	
Plans for weaning			Healthy Teeth, and Safety	
☐ Milk ☐ Juice ☐	Water		☐ Discussed ☐ Handouts Given	Defermed.
☐ Normal eating habits				Referrals ☐ Developmental ☐ Dental
□ Vitamins			Questions/Concerns/Notes	·
□ Normal elimination				Other
☐ Normal sleeping p	oatterns			
*A		40		☐ Birth to Three (BTT) 1-800-642-9704
•	logiobin/Hematocri	it) □ Low risk □ High risk		——— ☐ Children with Special HealthCare Needs (CSHCN) 1-800-642-9704
*Lead Risk		☐ Low risk ☐ High risk		———— □ Women, Infants and Children (WIC) 1-304-558-0030
*Hepatitis B Risk		☐ Low risk ☐ High risk		
*See Periodicity Sc	hedule for Risk Fa	ctors		Madical Massacite
				Medical Necessity For treatment plans requiring authorization, please complet
Physical Examination (N=Normal, Abn=Abnormal)				page 3. Contact a HealthCheck Regional Program Specialist for
General Appearance	e □N □Abn			assistance at 1-800-642-9704 or dhhr.wv.gov/healthcheck.
Skin				
Neurological	□N □ Abn			
Reflexes	□N □Abn			Follow Up/Next Visit ☐ 18 months of age
Head	□N □Abn		· · · · · · · · · · · · · · · · · · ·	□ Other
Neck				
Eyes	□N □Abn			
Red Reflex	□N □Abn			■ Screen has been reviewed and is complete
Ocular Alignment	□N □ Abn			
Ears	□N □Abn			
Nose	□N □Abn			
Oral Cavity/Throat				Please Print Name of Facility or Clinician
Lung Heart				•
ı ı c ai t	□N □Abn			

Abdomen

Genitalia

Back

□ N □ Abn _____

□ N □ Abn _____

□ N □ Abn _____



Signature of Clinician/Title