

Screen Date _____

West Virginia Department of Health
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

18, 19 and 20 Year Form

Name _____ DOB _____ Age _____ Sex: M F Race/Ethnicity _____

Weight _____ Height _____ BMI _____ Pulse _____ BP _____ Resp _____ Temp _____ Pulse Ox (optional) _____

Allergies NKDA _____

Current meds None _____

Child with special health care needs _____ IEP/section 504 in place _____

Accompanied by N/A Parent Grandparent Other _____

Medical History

Initial Screen Periodic screen

Family health history reviewed _____

Currently receiving mental/behavioral health services? Yes No

Recent injuries, surgeries, illnesses, visits to other providers and/or hospitalizations: _____

Psychosocial/Behavioral

What is your living situation _____

Are you in school? No High school College/vocational

Working? Yes No _____

What are your future plans? _____

What interests do you have outside of school and/or work? _____

Do you have concerns about meeting basic family needs daily and/or monthly (food, housing, heat, etc.)? Yes No _____

*Tobacco use Cigarettes # per day _____

E-Cigarettes/Vaping *Chew Passive Smoke Risk

*Alcohol use _____

*Drug use (prescription or otherwise) _____

***If positive see Periodicity Schedule for links to CRAFFT and/or SBIRT screening tools**

Access to firearm(s)/weapon(s) Has a firearm(s)/weapon(s)

Are the firearm(s)/weapon(s) secured? Yes No NA

Witnessed violence/abuse Threatened with violence/abuse

Thoughts/plans to harm Self Others Animals NA

Do you wear protective gear, including seat belts? Yes No

Excessive television/video game/internet/cell phone use

Are you in a relationship? Yes (Male Female) No

Are you sexually active? Yes No

Method of contraception _____

Do you have children? Yes No _____

Traumatic Stress Reactions/PCL-C

***Positive screen = numbered responses 4 or greater**

Feelings over the past 2 weeks: (✓ Check one for each question)

Repeated, disturbing memories, thoughts, or images of a stressful experience from the **past**? Not at all (0) A little bit (1)

Moderately (2) Quite a bit (3) Extremely (4)

Feeling very upset when something reminded you of a stressful experience from the **past**? Not at all (0) A little bit (1)

Moderately (2) Quite a bit (3) Extremely (4)

Moderately (2) Quite a bit (3) Extremely (4)

Depression Screen/Patient Health Questionnaire (PHQ-2)

***Positive screen = numbered responses 3 or greater**

***If Positive see Periodicity Schedule for link to PHQ-9**

Feelings over the past 2 weeks: (✓ Check one for each question)

Little interest or pleasure in doing things: Not at all (0)

Several days (1) More than ½ the days (2)

Nearly every day (3)

Feeling down, depressed, or hopeless: Not at all (0)

Several days (1) More than ½ the days (2)

Nearly every day (3)

How much **stress** are you and your family under **now**?

None Slight Moderate Severe

What kind of stress? (✓ Check those that apply)

Relationships (partner, family and/or friends) School/work

Drugs Alcohol Violence/abuse (physical, emotional and/or sexual) Family member incarcerated Lack of support/help

Financial/money Emotional loss Health insurance

Other _____

Indicators of Serious Emotional or Behavioral Disturbance (✓ Check those that apply)

If any indicator is selected, referral to the Children's Crisis and Referral Line is recommended (<https://hipaa.jotform.com/PGHN/help4wv-PCP-referral>).

If any indicator is selected, referral to the Children's Crisis and Referral Line is recommended (<https://hipaa.jotform.com/PGHN/help4wv-PCP-referral>).

Talks or repeatedly thinks about harming self, killing self, or wanting to die

Frequently mean to other people or animals

Family conflict is pervasive and continual (characterized by hostility, tension, and/or scapegoating, etc.)

Behavior frequently typically inappropriate and causes problems for self or others (i.e., fighting, belligerency, promiscuity)

Frequent use of profane, vulgar, or curse words to household members

Deliberate damage to home

Frequently truant (i.e., approximately once every 2 weeks or for several consecutive days)

Marked changes in moods that are generally intense and abrupt

Friendships change to mostly substance users

Preoccupying cognitions or fantasies with bizarre, odd, or gross themes

Currently at risk of confinement because of frequent or serious violations of law

Youth's developmental needs cannot be adequately met because youth's needs/developmental demands exceed family resources

Suicide Risk Screen

In the past few weeks, have you wished you were dead? Yes No

In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No

In the past week, have you been having thoughts about killing yourself? Yes No

Yes No

Have you ever tried to kill yourself? Yes No

If patient answers Yes to any of the above, or refuses to answer, they are considered a positive screen. Ask the following acuity question:

Are you having thoughts of killing yourself right now? Yes No
(Yes, imminent risk identified. Patient required a STAT safety/full mental health evaluation.)

Continue on page 2



General Health

- Growth plotted on growth chart
- BMI calculated and plotted on BMI chart

Nutrition/Physical Activity/Sleep

- Normal eating habits? Yes No
- Fruits/vegetables/lean protein per day _____
- Vitamins _____
- Normal elimination _____
- Physical activity/exercise an hour most days
- Type of physical activity/exercise _____
- Normal sleeping patterns? Yes No
- Hours of sleep each night? _____

Oral Health

- Date of last dental visit _____
- Current oral health problems _____

Vision Acuity Screen: (Subjective 18-20 years)

- R _____ L _____
- Wears glasses? Yes No

Hearing Screen (Objective once between 18 and 20 years)

- 20db@
- R ear: _____ 500HZ _____ 1000HZ _____ 2000HZ _____ 4000HZ
- L ear: _____ 500HZ _____ 1000HZ _____ 2000HZ _____ 4000HZ
- R ear: _____ 6000HZ _____ 8000HZ
- L ear: _____ 6000HZ _____ 8000HZ
- Wears hearing aids? Yes No

- *Anemia Risk (Hemoglobin/Hematocrit) Low risk High risk
- *Tuberculosis Risk Low risk High risk
- *Dyslipidemia Risk Low risk High risk
Fasting lipoprotein required once between 17 and 20 years
- *STI Risk Low risk High risk
- *HIV Risk Low risk High risk
HIV test required once between 15 and 20 years
- *Hepatitis B Risk Low risk High risk

*See Periodicity Schedule for Risk Factors

Physical Examination (N=Normal, Abn=Abnormal)

- General Appearance N Abn _____
- Skin N Abn _____
- Neurological N Abn _____
- Reflexes N Abn _____
- Head N Abn _____
- Neck N Abn _____
- Eyes N Abn _____
- Ears N Abn _____
- Nose N Abn _____
- Oral Cavity/Throat N Abn _____
- Lung N Abn _____
- Heart N Abn _____
- Pulses N Abn _____
- Abdomen N Abn _____
- Genitalia N Abn _____
- Back N Abn _____
- Hips N Abn _____
- Extremities N Abn _____

If female:

- LMP _____ Regular Irregular
- Bleeding Normal Heavy
- Cramping No Slight Severe

Possible Signs of Abuse/Neglect Yes No

Sudden Cardiac Arrest (SCA) Evaluation

- Fainted, passed out or had an unexplained seizure suddenly and without warning.
- Experienced exercise-related chest pain or shortness of breath.
- Had an immediate family member or distant relative die of heart problems or unexpected sudden death before age 50.
- Related to anyone with hypertrophic obstructive cardiomyopathy (HCM), Marfan syndrome, Arrhythmogenic cardiomyopathy (ACM), long QT syndrome (LQTS), short QT syndrome, BrS (baroreflex sensitivity) or Catecholaminergic polymorphic ventricular tachycardia (CPVT) or anyone younger than 50 years with a pacemaker or implantable defibrillator.
(Positive response or an abnormal ECG should prompt further investigation that may include referral to a pediatric cardiologist.)

Age Appropriate Health Education/Anticipatory

Guidance (Consult Bright Futures, Fourth Edition. For further information: <https://brightfutures.aap.org>)
Social Determinants of Health, Physical Health and Health Promotion, Emotional Well-Being, Risk Reduction, and Safety

Plan of Care

Assessment

- Well Child Other Diagnosis

Immunizations

- UTD Given, see immunization record Entered into WVSIIS

Labs

- Hemoglobin/hematocrit (if high risk)
- TB skin test (if high risk)
- Fasting lipoprotein (once between 17 and 20 years and/or high risk)
- STI test (if sexually active and/or high risk)
- HIV test (once between 15 and 20 years, if sexually active and/or high risk)
- Hepatitis C Virus Test (once between 18 and 20 years)
- Hepatitis B Screen (HBsAG) (if high risk)
- Other _____

Referrals

- Mental/behavioral health/trauma - Help4WV.com/1-844-435-7498
- Substance abuse - Help4WV.com/1-844-435-7498
- Dental Vision Hearing
- Other _____
- Family Planning Program (FPP) **1-800-642-9704**
- Children with Special HealthCare Needs (CSHCN) **1-800-642-9704**
- Transition to adult-oriented health care/medical home
- Cardiologist (based on SCA evaluation)
- Mental health evaluation

Medical Necessity

For treatment plans requiring authorization, please complete page 3. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or dhhr.wv.gov/healthcheck.

- Follow Up/Next Visit** 19 years of age 20 years of age
- Other _____

Screen has been reviewed and is complete

Please Print Name of Facility or Clinician _____

Signature of Clinician/Title _____

