

Screen Date \_\_\_\_\_

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

7 and 8 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 \_\_\_\_\_

Foster Child  Kinship Placement  Child with special health care needs  IEP/section 504 in place \_\_\_\_\_

Accompanied by  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

**Immunizations:** Attach current immunization record

UTD  Given, see immunization record  Entered into WVSIIS

**Oral Health**

Date of last dental visit \_\_\_\_\_

Current oral health problems \_\_\_\_\_

Water source  Public  Well  Tested

Fluoride supplementation  Yes  No

**Vision Acuity Screen:**

R \_\_\_\_\_ L \_\_\_\_\_

Wears glasses?  Yes  No

**Hearing Screen**

20 db@

R ear \_\_\_\_\_ 500HZ R ear \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ

L ear \_\_\_\_\_ 500HZ L ear \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ

Wears hearing aids?  Yes  No

**Developmental Surveillance**

Concerns about child's speech, learning, or motor skills

\_\_\_\_\_  
\_\_\_\_\_

**Referrals:**

Mental/behavioral health/trauma - Help4WV.com/1-844-435-7498

Dental  Vision  Hearing

Other \_\_\_\_\_

Children with Special HealthCare Needs (CSHCN)

1-800-642-9704

\_\_\_\_\_  
Please Print Name of Facility or Clinician

\_\_\_\_\_  
Signature of Clinician/Title

School Entry Requirements

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*The information above this line is intended to be released to meet school entry requirements*

**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 family living situation \_\_\_\_\_

Family relationships  Good  Okay  Poor

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

Are parents/caregivers working outside home?  Yes  No

Child care/after school care \_\_\_\_\_

Grade in school \_\_\_\_\_

Favorite subject \_\_\_\_\_

Any problems? \_\_\_\_\_

Activities outside school \_\_\_\_\_

Peer relationships/friends  Good  Okay  Poor

**Exposure to**  Cigarettes  E-Cigarettes/Vaping  Alcohol

Drugs (prescription or otherwise) \_\_\_\_\_

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

Scary experience that your child cannot forget \_\_\_\_\_

Does your child wear protective gear, including seat belts?

Yes  No

Excessive television/video game/internet/cell phone use

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

Child care  Drugs  Alcohol  Violence/abuse (physical,

emotional and/or sexual)  Family member incarcerated  Lack of

support/help  Financial/money  Emotional loss  Health

insurance  Other \_\_\_\_\_

Continue on page 2



**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>).

- Does not achieve satisfactorily due to poor attention or high activity level; special accommodations are needed or implemented
- Inappropriate behavior resulting in disruption to others
- Deliberate damage to home
- On more than one occasion, committed acts that would be considered delinquent if child were older (e.g., vandalism, defacing property, threatening aggression, shoplifting other than minor items such as candy)
- Repeatedly and intentionally plays with fire such that damage to property or person could result
- Often mean or nasty to other people and animals
- Persistently antagonizes other children (e.g., grabs others' toys, purposefully knocks over or damages others' toys, bullies, teases, shoves)
- Often plays alone even when there are opportunities for peer play; would rather be alone
- Extremely tense or fearful (e.g., overreacts to sounds or noises)
- Persistent self-criticism or feeling of worthlessness
- Talks or repeatedly thinks about harming self, killing self, or wanting to die
- Pre-occupying cognitions or fantasies with bizarre, odd, or gross themes
- Youth's developmental needs cannot be adequately met because youth's needs/developmental demands exceed family resources.

**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? \_\_\_\_\_

- \*Anemia Risk** (Hemoglobin/Hematocrit)  Low risk  High risk
- \*Tuberculosis Risk**  Low risk  High risk
- \*Dyslipidemia Risk**  Low risk  High risk
- \*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 \_\_\_\_\_

**Possible Signs of Abuse/Neglect**  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Age Appropriate Health Education/Anticipatory**

**Guidance** (Consult Bright Futures, Fourth Edition. For further information: <https://brightfutures.aap.org>)

- Social Determinants of Health, Developmental and Mental Health, School, Physical Growth and Development, and Safety
- Discussed  Handouts Given

**Plan of Care**

**Assessment**

- Well Child  Other Diagnosis

**Labs**

- Hemoglobin/hematocrit (if high risk)
- TB skin test (if high risk)
- Lipid profile (if high risk)
- Hepatitis B Screen (HBsAG) (if high risk)
- Other \_\_\_\_\_

**Referrals**

See page 1, school requirements

**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 [dhr.wv.gov/healthcheck](http://dhr.wv.gov/healthcheck).**

**Follow Up/Next Visit**  8 years of age  9 years of age

Other \_\_\_\_\_

**Screen has been reviewed and is complete**

**See page 1, school requirements for required signature**

