

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

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

15 Month Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex:  M  F

Weight \_\_\_\_\_ Length \_\_\_\_\_ Weight for Length \_\_\_\_\_ HC \_\_\_\_\_ Pulse \_\_\_\_\_ BP (optional) \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ Pulse Ox (optional) \_\_\_\_\_

Allergies  NKDA \_\_\_\_\_

Current meds  None \_\_\_\_\_

Foster child \_\_\_\_\_  Child with special health care needs \_\_\_\_\_

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

**Medical History**

Initial screen  Periodic screen

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

Family health history reviewed \_\_\_\_\_

Concerns and/or questions \_\_\_\_\_  
\_\_\_\_\_

**Social/Psychosocial History**

What is your family's living situation? \_\_\_\_\_  
\_\_\_\_\_

Family relationships  Good  Okay  Poor

Do you have the things you need to take care of your baby (crib, car seat, diapers, etc.)?  Yes  No \_\_\_\_\_

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

Who do you contact for help and/or support? \_\_\_\_\_  
\_\_\_\_\_

Are you and/or your partner working outside home?  Yes  No

Child care \_\_\_\_\_

Child has ability to separate from parents/caregivers  Yes  No

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

**Developmental**

**Developmental Surveillance** (✓ Check those that apply)

**Social Language and Self-help**  \*Child can prodeclarative point (point to comment on an interesting object/event-will look alternatively between object/event and parent)  Child can point to ask for something to get help  Child can look around when you say things like "Where's your ball?" or "Where's your blanket?"  Child can imitate scribbling  Child can drink from a cup with little spilling

**Verbal Language** (Expressive and Receptive)  Child can use 3 words other than names  Child can speak in sounds like an unknown language  Child can follow directions that do not include a gesture

**Gross Motor**  Child can squat to pick up objects  Child can crawl up a few steps  Child can run

**Fine Motor**  Child can make marks with a crayon  Child can drop an object in and take object out of a container

**\*Absence of these milestones=Autism Screen**

Concerns and/or questions \_\_\_\_\_  
\_\_\_\_\_

**Risk Indicators** (✓ Check those that apply)

**Child exposed to**  Cigarettes  E-Cigarettes  Alcohol

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

Access to firearm(s)/weapon(s)

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

Concerns and/or questions \_\_\_\_\_  
\_\_\_\_\_

**General Health**

Growth plotted on growth chart

Do you think your child sees okay?  Yes  No

Do you think your child hears okay?  Yes  No

**Oral Health**

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

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

Water source  Public  Well  Tested

Fluoride supplementation  Yes  No

Fluoride varnish applied (apply every 3 to 6 months)

Yes  No \_\_\_\_\_

**Nutrition/Sleep**

Breast feeding; Frequency \_\_\_\_\_

Bottle feeding; Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Formula \_\_\_\_\_

Plans for weaning \_\_\_\_\_

Milk  Juice  Water

Normal eating habits

Vitamins

Normal elimination \_\_\_\_\_

Normal sleeping patterns \_\_\_\_\_

Concerns and/or questions \_\_\_\_\_  
\_\_\_\_\_

**\*See Periodicity Schedule for Risk Factors**

**\*Anemia Risk (Hemoglobin/Hematocrit)**

Low risk  High risk

**\*Lead Risk**

Low risk  High risk

Continue on page 2

**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 \_\_\_\_\_
- Red Reflex  N  Abn \_\_\_\_\_
- Ocular Alignment  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 \_\_\_\_\_

**Signs of Abuse**  Yes  No  
Concerns and/or questions \_\_\_\_\_

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

- Communication and Social Development**
- Individuation
  - Separation
  - Finding support
  - Attention to how child communicates wants and interests

- Sleep Routines and Issues**
- Regular bedtime routine, night waking, no bottle in bed

- Temperament, Development, Behavior, and Discipline**
- Conflict predictors and distraction
  - Discipline and behavior management

- Healthy Teeth**
- Brushing teeth
  - Reducing caries

- Safety**
- Car safety seats and parental use of seat belts
  - Safe home environment: poisoning, falls, and fire safety

Other \_\_\_\_\_

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**Plan of Care**  
**Assessment**  Well Child  Other Diagnosis

**Immunizations**  
 UTD  Given, see immunization record  Entered into WVSIIS

**Labs**  
 Hemoglobin/hematocrit *(if high risk)*  
 Blood lead *(if high risk)* *(enter into WVSIIS)*  
 Other \_\_\_\_\_

**Referrals**  
 Developmental  Dental  
 Other \_\_\_\_\_

- Birth to Three (BTT) **1-800-642-9704**
- Children with Special HealthCare Needs (CSHCN) **1-800-642-9704**
- Women, Infants and Children (WIC) **1-304-558-0030**

**Prior Authorizations**  
For treatment plans requiring authorization, please complete page 3. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or [www.dhhr.wv.gov/healthcheck](http://www.dhhr.wv.gov/healthcheck)

**Follow Up/Next Visit**  18 months of age  
 Other \_\_\_\_\_

Screen has been reviewed and is complete

\_\_\_\_\_  
**Please Print Name of Facility or Clinician**  
  
\_\_\_\_\_  
**Signature of Clinician/Title**