Screen Date E	West Virginia Department of Health and Human Resources Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen							
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	☐ Kinsh	ip placement_			_ □ Child with specia	al health care needs		
Accompanied by ☐ Parent ☐ Grandparent	□ Foster parent □ F	oster organiza	ation		□	Other		
Medical History ☐ Initial screen ☐ Periodic screen ☐ Family health history reviewed		How much stress are you and □ None □ Slight □ Moderat What kind of stress ? (✓ Chec		☐ Severe those that apply)	☐ M-CH Results	□ Autism screening completed with an Autism Specific To □ M-CHAT-R/F □ Other tool Results in child's record □ Yes □ No		
Parental history of postpartum depression ☐ Yes ☐ No		☐ Child care ☐ Drugs ☐ Alcohol ☐ Violence/abuse (physical, emotional and/or sexual) ☐ Family member incarcerated ☐ Lack			General Health Growth plotted on growth chart			
In utero substance exposure ☐ Yes ☐ No Maternal Hep C exposure ☐ Yes ☐ No	support/help ☐ Financial/moinsurance ☐ Other_		☐ Financial/money	ney ☐ Emotional loss ☐ Health	th Do you t	Do you think your child sees okay? ☐ Yes ☐ No Do you think your child hears okay? ☐ Yes ☐ No		
Child recent injuries, surgeries, illnesses, visits to other providers and/ or hospitalizations:		Does your child seem nervous or afraid? ☐ Not at all ☐ Somewhat ☐ Very much		Date of I Current Water so	Oral Health Date of last dental visit Current oral health problems Water source □ Public □ Well □ Tested Fluoride supplementation □ Yes □ No			
Psychosocial/Behavioral What is your family's living situation?		□ Not at all □ Somewhat □ Ver □ Does your child have a hard time or □ Not at all □ Somewhat □ Ver □ Does your child break things on property of the property		Very much n things are not done a certain way? Very much me with change? Very much on purpose? Very much me calming down? Very much Very much Very much	Fluoride O Yes [Nutrition	varnish applied <i>(apply e</i> ⊒ No	ly every 3 to 6 months)	
Family relationships ☐ Good ☐ Okay ☐ Poor Do you have the things you need to take care of seat, diapers, etc.)? ☐ Yes ☐ No					☐ Bottle☐ Formu ☐ Formu Plans fo	ula weaning	Frequency	
Do you have concerns about meeting basic farm monthly (food, housing, heat, etc.)? ☐ Yes ☐ N					□ Norma □ Vitam	☐ Milk ☐ Juice ☐ Water ☐ Normal eating habits ☐ Vitamins ☐ Normal elimination		
Who do you contact for help and/or support?			Somewhat DV	•	□ Norma	al sleeping patterns		
Are you and/or your partner working outside hor Child care	ne? □ Yes □ No				Hours of	sleep each night?		

☐ Developmental surveillance and screening completed with

Developmental

Standardized Screening Tool

Results in child's record ☐ Yes ☐ No

□ ASQ3 □ Other tool_

Child exposed to ☐ Cigarettes ☐ E-Cigarettes/Vaping ☐ Alcohol

☐ Threatened with violence/abuse

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

☐ Scary experience that your child cannot forget_

☐ Drugs (prescription or otherwise)_

☐ Access to firearm(s)/weapon(s)

☐ Witnessed violence/abuse

Continue on page 2



Screen	Data			
ocreen	Date			

18 Month Form, Page 2

lame		DOB	Age Sex: □ M □ F		
*Anemia Risk (Hem □ Low risk □ High	oglobin/Hematocrit) risk	Age Appropriate Health Education/Anticipatory	Plan of Care Assessment		
*Lead Risk □ Low risk □ High	risk	Guidance (Consult Bright Futures, Fourth Edition. For further information: https://brightfutures.aap.org) Temperament, Development, Toilet Training, Behavior and	□ Well Child □ Other Diagnosis		
*See Periodicity Schedule for Risk Factors		Discipline, Communication and Social Development, Television Viewing and Digital Media, Healthy Nutrition, and Safety ☐ Discussed ☐ Handouts Given	Immunizations ☐ UTD ☐ Given, see immunization record ☐ Entered into WVSIIS		
-	nation (N=Normal, Abn=Abnormal)	Questions/Concerns/Notes	Labs ☐ Hemoglobin/hematocrit (if high risk) ☐ Rhood load (if high risk) (notes into MA/SUS)		
General Appearance Skin Neurological	□ N □ Abn □ N □ Abn □ N □ Abn		□ Blood lead (if high risk) (enter into WVSIIS) □ Other		
Reflexes Head Neck Eyes	□ N □ Abn		Referrals Developmental Dental Other		
Red Reflex Ocular Alignment Ears Nose Oral Cavity/Throat	□ N □ Abn		□ 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		
Lung Heart Pulses Abdomen Genitalia Back	□ N □ Abn		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.		
Hips Extremities	□ N □ Abn				
Signs of Abuse/Neg	glect □ Yes □ No		□ Other		
			□ Screen has been reviewed and is complete		
			Please Print Name of Facility or Clinician		
			Signature of Clinician/Title		
			_		