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   Wt________Ht________BP________Temp________Pulse___________Screen Date_________________

Allergies: □ None _________________________________________________________________________ □ Other ______________________________________________________________________________________________

Developmental Surveillance: ✓ Check those that apply

Gross Motor: □ Walks, climbs, runs □ Hops, jumps on 1 foot □ Up/down stairs alternating feet, without support □ Throws overhand □ Rides bicycle with training wheels

Fine Motor: □ Draws 10 block tower □ Uses utensils □ Has manual dexterity □ Draws 3 part person □ Puts on/removes clothes

Communication: □ Uses past tense □ Talks about daily experiences □ Speaks intelligibly □ Uses 4-5 word sentences □ Short paragraphs □ May show some lack of fluency

Cognitive: □ Names 4 colors □ Aware of gender (self and others) □ Knows difference between fantasy and reality □ Social □ Listens to stories □ Can sing a song □ Plays interactive games with peers □ Elaborate fantasy play

Nutrition: □ Normal eating habits □ Vitamins_____________________________________

Passive smoking risk □ Yes □ No

Health Education: □ Discussed □ Handout(s) given

Healthy and safe habits: nutrition, sleep, oral/dental care, sexuality, injury and violence prevention, social competence, school entry, family relationships, and community interaction

Other:

Immunizations: Attach current immunization record

□ UTD □ Given, see vaccine record

Referrals: □ Developmental □ Dentist □ Vision □ Hearing □ Blood lead 10>ug/dl □ CSHCN 1-800-642-9704 □ Other:

Provider signature required for validation

□ Risk indicators given/screen complete

Please Print Name of Facility or Clinic

Signature of Clinician/Title

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

Abnormal Findings and Comments:

Possible signs of abuse □ Yes □ No

History: □ No change

Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, or visits to other providers:

Social/Family History: ✓ Check those that apply

No change

Family situation change

Caregiver(s) working outside home? □ Yes □ No

Child care? □ No □ Yes

Other changes since last visit:

Current Health Indicators: ✓ Check those that apply

No change

Changes since last visit:

School: Grade_______ □ Attends school regularly □ N/A □ Ability to separate from parents □ Gets along with other family members

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