### 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

### Maternal Depression/Patient Health Questionnaire (PHQ-2)
- **Positive screen = numbered responses 3 or greater**
- **If Positive see Periodicity Schedule for link to Edinburgh Postnatal Depression Scale (EPDS)**

#### Feelings over the past 2 weeks:
- Check one for each question
  - Little interest or pleasure in doing things
    - Not at all
    - Several days(1)
    - More than ½ the days(2)
    - Nearly every day(3)
  - Feeling down, depressed, or hopeless
    - Not at all
    - Several days(1)
    - More than ½ the days(2)
    - Nearly every day(3)

Concerns and/or questions:

### Developmental Surveillance
- **Check those that apply**

#### Social Language and Self-help
- Child can pat or smile at his/her reflection
- Child can look when you call his/her name

#### Verbal Language (Expressive and Receptive)
- Child can babble
- Child can make sounds like "ga", "ma", or "ba"

#### Gross Motor
- Child can roll over from back to stomach
- Child can sit briefly without support

#### Fine Motor
- Child can pass a toy from one hand to another
- Child can rake small objects with 4 fingers
- Child can bang small objects on surface

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

### 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
- Tooth eruption: Yes, No
- Current oral health problems
- Water source: Public, Well, Tested
- Fluoride supplementation: Yes, No
- Fluoride varnish applied: Every 3 to 6 months
- Yes, No

### Nutrition/Sleep
- Breast feeding: Frequency
- Bottle feeding: Amount, Frequency
- Formula
- Juice, Water
- Has started solid foods
- Normal eating habits
- Vitamins
- Normal elimination
- Normal sleeping patterns
- Place on back to sleep

Concerns and/or questions:

### Continue on page 2
**Screen Date**

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Sex:</th>
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### Physical Examination *(N=Normal, Abn=Abnormal)*

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<th>Abn</th>
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### Anticipatory Guidance

(Consult Bright Futures, Fourth Edition for further information [https://brightfutures.aap.org](https://brightfutures.aap.org))

**Social Determinants of Health**

- Living situation and food security
- Tobacco, alcohol, and drugs
- Parental depression
- Family relationships and support
- Child care

**Infant Behavior and Development**

- Parents as teachers
- Community and early literacy
- Media
- Emerging infant independence
- Putting self to sleep
- Self-calming

**Oral Health**

- Fluoride, oral hygiene/soft toothbrush, avoidance of bottle in bed

**Nutrition and Feeding**

- General guidance on feeding
- Solid foods
- Pesticides in vegetables and fruits
- Fluids and juice
- Breastfeeding guidance
- Formula-feeding guidance

**Safety**

- Car safety seats
- Safe sleep
- Safe home environment (burns, sun exposure, choking, poisoning, drowning, falls)

### Plan of Care

**Assessment**

- □ Well Child
- □ Other Diagnosis

**Immunizations**

- □ UTD
- □ Given, see immunization record
- □ Entered into WVSIS

**Labs**

- □ Blood lead *(if high risk)* *(enter into WVSIS)*
- □ TB skin test *(if high risk)*
- □ Other

**Referrals**

- □ Maternal depression-[Help4WV.com/1-844-435-7498](http://Help4WV.com/1-844-435-7498)
- □ Developmental
- □ Other

**Prior Authorizations**

- □ Right from the Start *(RFTS)* 1-800-642-9704
- □ 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

**Follow Up/Next Visit**

- □ 9 months of age
- □ Other

- □ Screen has been reviewed and is complete

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**Please Print Name of Facility or Clinician**

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**Signature of Clinician/Title**

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