

Screen Date _____

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

9 and 10 Year Form

Name _____ DOB _____ Age _____ Sex: M F

Weight _____ Height _____ BMI _____ Pulse _____ BP _____ Resp _____ Temp _____ Pulse Ox (optional) _____

Allergies NKDA _____

Current meds None _____

Foster Child Child with special health care needs IEP/section 504 in place _____

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 counselors and/or hospitalizations: _____

Family health history reviewed _____

Concerns and/or questions _____

Social/Psychosocial History

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

Concerns about behavior, speech, learning, social or motor skills _____

Concerns about moodiness or depression _____

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

Drugs Alcohol Violence/abuse (physical, emotional and/or sexual) Family member incarcerated Lack of support/help

Financial Emotional loss Health Insurance

Other _____

Traumatic Stress Reactions/PCL-C¹

***Positive screen = numbered responses 4 or greater**

Feelings over the past 2 weeks: (✓ Check one for each question)

Repeated, disturbing memories, thoughts, or images of a stressful experience from the **past**? Not at all A little bit(1)

Moderately(2) Quite a bit(3) Extremely(4)

Feeling very upset when something reminded you of a stressful experience from the **past**? Not at all A little bit(1)

Moderately(2) Quite a bit(3) Extremely(4)

Risk Indicators (✓ Check those that apply)

Exposure to Cigarettes E-Cigarettes 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

Thoughts/plans to harm Self Others Animals NA

Do you wear protective gear, including seat belts? Yes No

Excessive television/video game/internet/cell phone use

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? _____

Oral Health

Date of last dental visit _____

Current oral health problems _____

Water source Public Well Tested

Fluoride supplementation Yes No

Vision Acuity Screen: (Objective 10 years)

R _____ L _____

Wears glasses? Yes No

Hearing Screen (Objective 10 years)

20db@

R ear: _____ 500HZ _____ 1000HZ _____ 2000HZ _____ 4000HZ

L ear: _____ 500HZ _____ 1000HZ _____ 2000HZ _____ 4000HZ

Wears hearing aids? Yes No

***See Periodicity Schedule for Risk Factors**

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

Low risk High risk

***Tuberculosis Risk**

Low risk High risk

***Dyslipidemia Risk**

Low risk High risk

Fasting lipoprotein required once between 9 and 11 years

Continue on page 2

¹Lang, AG., Stein, M.B. (2005) An abbreviated PTSD checklist for use as a screening instrument in primary care. *Behaviour Research and Therapy*, 43, 585-594. Lang, A. J., Wilkins, K., Roy-Byrne, P. P., Golinelli, D., Chavira, D., Sherbourne, C., Rose, R. D., Bysritsky, A., Sullivan, G., Craske, M. G., & Stein, M. B. (2012). Abbreviated PTSD Checklist (PCL) as a Guide to Clinical Response. *General Hospital Psychiatry*, 34, 332-338. Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T. (October 1993). The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility. Paper presented at Annual Convention of the International Society for Traumatic Stress Studies, San Antonio, TX.

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 _____
- If female:**
- LMP _____ Regular Irregular
 - Bleeding Normal Heavy
 - Cramping No Slight Severe
 - Genitalia N Abn _____
 - Back N Abn _____
 - Hips N Abn _____
 - Extremities N Abn _____

Possible Signs of Abuse Yes No

Concerns and/or questions _____

Anticipatory Guidance

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

Social Determinants of Health

- Neighborhood and family violence (fighting, bullying)
- Food security
- Family substance use (tobacco, alcohol, drugs)
- Harm from the internet
- Emotional security and self esteem
- Connectedness with family and peers

Development and Mental Health

- Temper problems, setting reasonable limits, friends
- Sexuality (pubertal onset, personal hygiene, initiation of growth spurt, menstruation and ejaculation, loss of baby fat and accretion of muscles, sexual safety)

School

- School attendance, school problems (behavior or learning), school performance and progress, transitions, co-occurrence of middle school and pubertal transactions

Physical and Growth Development

- Oral health (dental visits, brushing and flossing, fluoride, limits on sugar sweetened beverages and snacks)
- Nutrition (healthy weight, disordered eating behaviors, importance of breakfast, limits on saturated fat and added sugars, healthy snacks)
- Physical activity (60 minutes per day, after school activities)

Safety

- Car safety
- Safety during physical activity
- Water safety
- Sun protection
- Knowing child's friends and their families
- Firearm safety

Other

Plan of Care

Assessment Well Child Other Diagnosis

Immunizations

UTD Given, see immunization record Entered into WVSIIS

Labs

- Hemoglobin/hematocrit (if high risk)
- TB skin test (if high risk)
- Fasting lipoprotein (once between 9 and 11 years and/or high risk)
- Other _____

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

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

Follow Up/Next Visit

- 10 years of age 11 years of age
 - Other _____

- Screen has been reviewed and is complete**

Please Print Name of Facility or Clinician

Signature of Clinician/Title