Screen Date____________________

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

1 Day-4 Week Month Form

Name________________________ DOB__________ Age_______ Sex: M F Wt______ Ht______ HC______ Pulse________ Temp______

Allergies: ☐ NKDA ____________________ Current Meds: ☐ None____________________

Accompanied by: ☐ Parent ☐ Grandparent ☐ Foster parent ☐ Foster organization ☐ Other ____________________

History: ☐ No change ☐ Initial screen
Birth weight______________ Discharge weight________________
Newborn metabolic screen ☐ NL
Newborn critical congenital heart disease pulse oximetry _________
Newborn hearing screen ☐ Pass ☐ Fail
Concerns and questions:

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

Social Emotional Health/Interpersonal Trauma[1]

Social/Family: ✓ ***Check those that apply***
Adjustment to new child ____________________
____
Parent(s)/Caretaker(s) working outside home? ☐ Yes ☐ No
Child care plans? ____________________
Sibling(s) in the home? ☐ Yes ☐ No ____________________
Reaction of sibling(s) to new child? ☐ NA
____

Social Emotional/Stress Indicators: ✓ ***Check those that apply***
Is there stress in the home? ☐ Yes ☐ No
____
Who do you call for help? ____________________
____

Risk Indicators: ✓ ***Check those that apply***
Exposure to: ☐ Passive Smoke ☐ Cigarettes ☐ E-Cigs
☐ Chew ☐ Alcohol ☐ Other drugs____________________
Are there weapon(s) in the home? ☐ Yes ☐ No
Are the weapon(s) secured? ☐ Yes ☐ No ☐ NA
Do you utilize a car seat for your child? ☐ Yes ☐ No

Developmental

Developmental Surveillance: ✓***Check those that apply***
Gross Motor: ☐ Raises head slightly in prone position
☐ Flexed posture ☐ Moves all extremities
Sensory: ☐ Blinks in reaction to bright light
☐ Follows with eyes, fixates on human face
☐ Responds to sound ☐ Can be consoled when crying

Physical Health

Current Health Indicators: ✓ ***Check those that apply***
☐ No change
Changes since last visit:

Do you think your child sees okay? ☐ Yes ☐ No

Do you think your child hears okay? ☐ Yes ☐ No

Oral Health Screen: ✓ ***Check those that apply***
Water source: ☐ Public ☐ Well ☐ Tested
☐ Current oral health problems ____________________

Nutrition: ✓ ***Check those that apply***
☐ Breast feeding; Frequency ____________________
☐ Bottle feeding; Amount____________ Frequency____________
☐ Formula ____________________

☐ Normal elimination____________________

☐ Normal sleep patterns____________________
☐ Sleeps 3-4 hours at a time ____________________
☐ Can stay awake for 1 hour or longer____________________
Concerns:____________________

See Periodicity Schedule for risk indicators
Tuberculosis Risk *(at 4 weeks)*: ☐ Low risk ☐ High risk

Physical Examination: ✓ ***= Normal limits***
☐ General Appearance ☐ Skin
☐ Neurological ☐ Reflexes
☐ Head ☐ Fontanelles ☐ Neck
☐ Eyes ☐ Red Reflex ☐ Ears
☐ Nose ☐ Oral Cavity/Throat
☐ Lung ☐ Heart ☐ Pulses
☐ Abdomen ☐ Genitalia ☐ Back
☐ Hips ☐ Extremities

Jaundice ☐ Yes ☐ No
Possible Signs of Abuse ☐ **Yes** ☐ **No**

Health Education:
☐ Discussed ☐ Handout(s) given
Healthy and safe habits: nutrition, sleep, oral/dental care, injury and violence prevention, infant care, illness prevention, promotion of parent-infant interaction, family relationships, and community interaction

☐ **Risk indicators reviewed/screen complete**

Assessment: ☐ **Well Child** ☐ **Other Diagnosis**

Immunizations: Attach current immunization record
☐ **UTD** ☐ Given, see vaccine record

Labs:

Referrals: ☐ Developmental ☐ Other
☐ RFTS ☐ BTT ☐ CSHCN **1-800-642-9704**

Prior Authorizations:
For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit: ☐ ____________________

____
Please Print Name of Facility or Clinician

____
Signature of Clinician/Title

[1] Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian.
For assistance phone 844-HELP4WV (844-435-7498).

WVDHHR/BPH/OMCFH/HC 10-2015

West Virginia Department of Health & Human Resources BUREAU FOR PUBLIC HEALTH