

Screen Date \_\_\_\_\_

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  
Concerns and questions:

Follow up on previous concerns:

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

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

Social/Family:  Check those that apply  
 Family situation change  No change

Has your child lived anywhere but with parent(s)/caretaker(s)?  
 Yes  No \_\_\_\_\_  
Parent(s)/Caretaker(s) working outside home?  Yes  No  
Child care?  Yes  No \_\_\_\_\_  
Ability to separate from parent(s)/caretaker(s)?  Yes  No  
Sibling(s) in the home?  Yes  No \_\_\_\_\_

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:  Walks well, stoops, climbs stairs

Fine Motor:  Feeds self with fingers, drinks from cup  
 Scribbles  Stacks 2 blocks

Communication:  Uses 1 word\*  Uses 3-10 words  
 Indicates what he/she wants by pulling, pointing or grunting  
 Understands simple commands  Points to pictures in book

Social:  Gives and takes food or toys  Throws objects in play  
 Listens to a story

\*Absence of these milestones=Autism Screen

**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

Date of last dental visit \_\_\_\_\_  
Water source:  Public  Well  Tested  
Fluoride  Yes  No  
 Current oral health problems? \_\_\_\_\_

Nutrition:  Check those that apply

Breast feeding; Frequency \_\_\_\_\_  
 Bottle feeding; Amount \_\_\_\_\_ Frequency \_\_\_\_\_  
 Formula \_\_\_\_\_  
 Milk  Juice  Water  Normal eating habits  
 Vitamins \_\_\_\_\_  
 Normal elimination \_\_\_\_\_  
 Normal sleep patterns \_\_\_\_\_

See Periodicity Schedule for risk indicators

Hemoglobin/Hematocrit Risk:  Low risk  High risk

Tuberculosis Risk:  Low risk  High risk

Lead Risk:  Low risk  High risk

Lives in or regularly visits a house/child care facility built before 1970 or that has been recently remodeled?  
 Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?

Has a sibling or playmate who has or did have lead poisoning?

Physical Examination:  = Normal limits

General Appearance  Skin  
 Neurological  Reflexes  
 Head  Fontanelles  Neck  
 Eyes  Red Reflex  Ocular Alignment  
 Ears  Nose  
 Oral Cavity/Throat  Lung  
 Heart  Pulses  Abdomen  
 Genitalia  Back  Hips  
 Extremities

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, social competence, 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:  Blood lead, if high risk

Referrals:  Developmental  Dentist  Blood lead 10<sub>≥</sub>ug/dl  
 Other  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:  18 months of age  Other

\_\_\_\_\_  
Please Print Name of Facility or Clinician

\_\_\_\_\_  
Signature of Clinician/Title

<sup>1</sup> 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).