

Screen Date _____

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

18, 19 and 20 Year Form

Name _____ DOB _____ Age _____ Sex: M F Wt _____ Ht _____ BMI _____ BP _____ Pulse _____ Temp _____

Allergies: NKDA _____ Current Meds: None _____

Accompanied by: Parent Grandparent Foster parent Foster organization Self Other _____

History: No change
Concerns and questions:

Follow up on previous concerns:

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

Social Emotional Health/Interpersonal Trauma

Social/Family: Check those that apply

Family situation: No change
Parent(s)/Caretaker(s) working outside home? Yes No
Child care? Yes No NA
Have you lived anywhere but with your parents/caregivers?
 Yes No _____
Sibling(s) in the home? Yes No _____
Do you get along with other family members? Yes No
If you could, how would you change your life?
home? _____
family? _____

Traumatic Stress Reactions¹: Check one for each question

Feelings over the past 2 weeks:
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)

Depression Screen: Check one for each question

If Positive see Periodicity Schedule
Feelings over the past 2 weeks:
Little interest or pleasure in doing things: Not at all
 Several days More than 1/2 the days Nearly every day
Feeling down, depressed, or hopeless: Not at all
 Several days More than 1/2 the days Nearly every day

Psychosocial/Behavior Screen: Check those that apply

Fun activities: _____
Friend(s): Yes No
 Thoughts/plans to harm Self Others Animals NA
 Experienced an emotional loss

Risk indicators: Check those that apply

None identified Poor self image
 Lack of physical activity Weight or height concerns
 Tobacco use: Cigarettes/# per day _____
 E-Cigs Chew Passive Smoking Risk
 *Alcohol use _____ *Other drugs _____
***If positive see Periodicity Schedule**
 Access to weapon(s) Has a weapon(s)
 Witnessed violence Threatened with violence
Has anyone ever hit, choked, kicked or hurt you? Yes No
Have you ever been in jail? Yes No
Do you wear protective gear, including seat belts? Yes No
 Excessive television/video game/internet/cell phone use
School/Vocational Grade _____ NA
 Attends school regularly Trouble at school
How are you doing in school? _____
 Special classes _____
 Participates in extracurricular activities _____
Career goals _____
 Working Satisfied with job

Relationship/Sex education: Check those that apply

Has anyone ever touched you in a sexual way or made you touch them when you did not want to? Yes No
Are you in a relationship? _____ Male _____ Female
Do you feel safe in your relationship? Yes No
Pressure to have sex Yes No
Sexually active? Yes No
Method of contraception _____ NA
Do you have any children? Yes No _____
*STI/HIV screening _____ NA
***If positive see Periodicity Schedule**

Physical Health

Current Health Indicators: Check those that apply

No change LMP _____ NA

Changes since last visit:

Nutrition: Normal eating habits
 Vitamins: _____

Normal elimination Normal sleep patterns

See Periodicity Schedule for risk indicators

Hemoglobin/Hematocrit Risk: Low risk High risk

Dyslipidemia Risk: Low risk High risk

Tuberculosis Risk: Low risk High risk

Vision Acuity Screen: (Obj @ 18 yrs) R _____ L _____

Hearing Screen: as indicated by risk screen: 20db@

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

Oral Health Screen:

Date of last dental visit _____

Physical Examination: = Normal limits

General Appearance Skin Neurological
 Reflexes Head Neck
 Eyes Ears Nose
 Oral Cavity/Throat Lungs Heart
 Pulses Abdomen Genitalia
 Back Extremities
Possible Signs of Abuse Yes No

Health Education/Anticipatory Guidance:

Discussed Handout(s) given
Healthy and safe habits: nutrition, sleep, oral/dental care, risk behaviors, sexuality, injury and violence prevention, mental health, substance use/abuse, social competence, responsibility, school vocational achievement, family relationships, community interaction, and health care transition from adolescence to adulthood in the medical home

Risk indicators reviewed/screen complete
Assessment: Well Child Other Diagnosis

Immunizations: UTD Given, see vaccine record

Labs: Fasting Lipoprotein Profile (once in late adolescence)

Referrals*: Behavioral/Mental Health Dentist Vision
 Hearing Other
 CSHCN FP 1-800-642-9704

*See Provider Manual for automatic referrals

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: 19 years of age 20 years of age
 Other

Please Print Name of Facility or Clinician

Signature of Clinician/Title

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., Bystritsky, 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.
An individual is considered to have screened positive if the sum of the numbered responses is 4 or greater. For assistance phone 844-HELP4WV (844-435-7498).