Screen Date_____

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

2 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
Newborn metabolic screen □ NL
Concerns and questions:

Follow up on previous concerns:

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

Social Emotional Health/Interpersonal Trauma[1]

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: □ Lifts head when prone
□ Holds head erect for periods when held upright
□ Grasps objects
Sensory: □ Responds to sounds, attentive to voices
□ Follows objects with eyes, shows interest
Communication: □ Coos
□ Different cries for different needs
Social: □ Social smile, smiles responsively
□ Shows pleasure in interactions with adults

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 _____
□ Vitamins_____

□ Normal elimination_____

□ Normal Sleep patterns_____

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, 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: □ 4 months of age □ Other

_____
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).