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 Wt_____ Ht_____ BMI_____ BP_____ 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, 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
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 Reactions[1]**:** ✓ ***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)

Psychosocial/Behavior Screen: ✓ ***Check those that apply***
Friend(s): □ Yes □ No
Fun activities: _____
Feelings: □ Okay/content
□ Sad □ Less than a week □ More than a week
□ Angry □ Less than a week □ More than a week
□ Down/depressed □ Less than a week □ More than a week
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
□ Trouble with the law
□ Peer pressure to do things you don't want to do:
_____
Has anyone ever hit, choked, kicked or hurt you? □ Yes □ No
Do you wear protective gear, including seat belts? □ Yes □ No
□ Excessive television/video game/internet/cell phone use
School/Grade_____
□ Attends school regularly
How are you doing in school?_____
□ Math at grade level □ Reads at grade level
□ Special classes_____
□ Trouble at school _____
□ Participates in extracurricular activities_____

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
□ Sex education/questions

Physical Health

Current Health Indicators: ✓ ***Check those that apply***
□ No change □ LMP_____ □ NA

Changes since last visit:

Nutrition: ✓ ***Check those that apply***
□ 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 @ 10 yrs)* R _____ L _____

Hearing Screen *(Obj @ 10 yrs)*
as indicated by risk screen: 25db @
R ear: _____ 500HZ ____ 1000HZ ____ 2000HZ ____ 4000HZ
L ear: _____ 500HZ ____ 1000HZ ____ 2000HZ ____ 4000HZ

Oral Health Screen: ✓ ***Check those that apply***
Date of last dental visit_____
Water source: □ Public □ Well □ Tested
Fluoride □ Yes □ No
□ Current oral health problems:

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, social competence, family relationships, and community interaction

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

Immunizations: □ UTD □ Given, see vaccine record

Labs:

Referrals*: □ Behavioral/Mental Health □ Dentist □ Vision
□ Hearing □ Other
□ CSHCN **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: □ 10 years of age □ 11 years of age
□ Other

_____
Please Print Name of Facility or Clinician

_____
Signature of Clinician/Title

[1]Lang, 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 PTSDT Checklist (PLC): 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).