

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

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

3 Year Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex:  M  F

Weight \_\_\_\_\_ Height \_\_\_\_\_ BMI \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ Pulse Ox (optional) \_\_\_\_\_

Allergies  NKDA \_\_\_\_\_

Current meds  None \_\_\_\_\_

Foster Child \_\_\_\_\_  Child with special health care needs \_\_\_\_\_  IEP/section 504 in place \_\_\_\_\_

Accompanied by  Parent  Grandparent  Foster parent  Foster organization \_\_\_\_\_  Other \_\_\_\_\_

**Oral Health**

Date of last dental visit \_\_\_\_\_

Current oral health problems \_\_\_\_\_

Water source  Public  Well  Tested

Fluoride supplementation  Yes  No

Fluoride varnish applied (apply every 3 to 6 months)

Yes  No \_\_\_\_\_

**Vision Acuity Screen:**

R \_\_\_\_\_ L \_\_\_\_\_  UTO (retest in 6 months)

Wears glasses?  Yes  No

**Hearing Screen (Subjective screen required)**

Do you think your child hears okay?  Yes  No

Wears hearing aids?  Yes  No

**Developmental**

**Developmental Surveillance** (✓ Check those that apply)

- Child can enter bathroom and urinate by himself/herself
- Child can put on coat, jacket or shirt by themselves
- Child can eat independently
- Child can engage in imaginative play
- Child can play in cooperation and share
- Child can use 3 word sentences
- Child can speak in words that are 75% understandable to strangers
- Child can tell you a story from a book or TV
- Child can compare things using words like bigger or shorter
- Child can understand simple prepositions, such as on or under
- Child can pedal a tricycle
- Child can climb on and off couch or chair
- Child can jump forward
- Child can draw a single circle
- Child can draw a person with head and 1 other body part
- Child can cut with child scissors

Concerns about child's behavior, speech, learning, social or motor skills \_\_\_\_\_

**Immunizations:** Attach current immunization record

UTD  Given, see immunization record  Entered into WVSIIS

**Referrals:**  Developmental

Mental/behavioral health/trauma- [Help4WV.com/1-844-435-7498](http://Help4WV.com/1-844-435-7498)

Dental  Vision  Hearing

Other \_\_\_\_\_

Children with Special HealthCare Needs (CSHCN)

**1-800-642-9704**

Women, Infants and Children (WIC) **1-304-558-0030**

**Please Print Name of Facility or Clinician**

**Signature of Clinician/Title**

School Entry Requirements



The information above this line is intended to be released to meet school entry requirements

**Medical History**

Initial Screen  Periodic Screen

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

Family health history reviewed \_\_\_\_\_

Concerns and/or questions \_\_\_\_\_

**Social/Psychosocial History**

What is your family living situation \_\_\_\_\_

Family relationships  Good  Okay  Poor

Do you have concerns about meeting basic family needs daily and/or monthly (food, housing, heat, etc.)?  Yes  No \_\_\_\_\_

Are you and/or your partner working outside home?  Yes  No

Child care/after school care \_\_\_\_\_

How much **stress** are you and your family under **now**?

None  Slight  Moderate  Severe

**What kind of stress?** (✓ Check those that apply)

- Relationships (partner, family and/or friends)
- School/work
- Child care
- Drugs
- Alcohol
- Violence/abuse (physical, emotional and/or sexual)
- Family member incarcerated
- Lack of support/help
- Financial/money
- Emotional loss
- Health insurance
- Other \_\_\_\_\_

Is your child in school?  Yes  No \_\_\_\_\_

Favorite thing about school \_\_\_\_\_

Any problems? \_\_\_\_\_

Activities outside school \_\_\_\_\_

Peer relationships/friends  Good  Okay  Poor

**Risk Indicators** (✓ Check those that apply)

**Child exposed to**  Cigarettes  E-Cigarettes  Alcohol

Drugs (prescription or otherwise) \_\_\_\_\_

Access to firearm(s)/weapon(s)  Has a firearm(s)/weapon(s)

Are the firearm(s)/weapon(s) secured?  Yes  No  NA

Witnessed violence/abuse  Threatened with violence/abuse

Scary experience that your child cannot forget \_\_\_\_\_

Do you utilize a car/booster seat for your child?  Yes  No

Excessive television/video game/internet/cell phone use

**General Health**

Growth plotted on growth chart

BMI calculated and plotted on BMI chart

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