

Screen Date _____

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

11, 12, 13 and 14 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 _____ Kinship Placement _____ Child with special health care needs _____ IEP/section 504 in place _____

Accompanied by Parent Grandparent Foster parent Foster organization _____ Other _____

Immunizations: Attach current immunization record

UTD Given, see immunization record Entered into WVSIIS

Oral Health

Date of last dental visit _____

Current oral health problems _____

Water source Public Well Tested

Fluoride supplementation Yes No

Vision Acuity Screen: (Objective 12 years)

R _____ L _____

Wears glasses? Yes No

Hearing Screen (Objective, once between 11 and 14 years)

20db@

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

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

R ear: _____ 6000HZ _____ 8000HZ

L ear: _____ 6000HZ _____ 8000HZ

Wears hearing aids? Yes No

Developmental Surveillance

Concerns about speech, learning, social and/or motor skills

Referrals:

Mental/behavioral health/trauma - Help4WV.com/1-844-435-7498

Substance abuse - Help4WV.com/1-844-435-7498

Dental Vision Hearing

Other _____

Family Planning Program (FPP) **1-800-642-9704**

Children with Special HealthCare Needs (CSHCN)

1-800-642-9704

Please Print Name of Facility or Clinician

Signature of Clinician/Title

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

Medical History

Initial Screen Periodic screen

Family health history reviewed _____

Currently receiving mental/behavioral health services? Yes No

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

Psychosocial/Behavioral

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 parents/caregivers working outside home? Yes No

Child care/after school care _____

Grade in school _____

Favorite subject _____

Any problems _____

Activities outside school _____

Peer relationships/friends Good Okay Poor

*Tobacco use Cigarettes # per day _____

E-Cigarettes/Vaping *Chew Passive Smoke Risk

*Alcohol use _____

*Drug use (prescription or otherwise) _____

***If positive see Periodicity Schedule for links to CRAFFT**

and/or SBIRT screening tools

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

Do you wear protective gear, including seat belts? Yes No

Excessive television/video game/internet/cell phone use

(13 and 14 years)

Are you in a relationship? Yes (Male Female) No

Are you sexually active? Yes No

Method of contraception _____

Do you have children? Yes No _____

Traumatic Stress Reactions/PCL-C

***Positive screen = numbered responses 4 or greater**

Feelings over the past 2 weeks: (✓ Check one for each question)

Repeated, disturbing memories, thoughts, or images of a stressful experience from the **past**? Not at all (0) 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 (0) A little bit (1)

Moderately (2) Quite a bit (3) Extremely (4)

Depression Screen/Patient Health Questionnaire (PHQ-2)

***Positive screen = numbered responses 3 or greater**

***If Positive see Periodicity Schedule for link to PHQ-9**

Feelings over the past 2 weeks: (✓ Check one for each question)

Little interest or pleasure in doing things: Not at all (0)

Several days (1) More than ½ the days (2) Nearly every day (3)

Feeling down, depressed, or hopeless: Not at all (0)

Several days (1) More than ½ the days (2) Nearly every day (3)

Continue on page 2

School Entry Requirements



Name _____ DOB _____ Age _____ Sex: M F

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
- Drugs Alcohol Violence/abuse (physical, emotional and/or sexual) Family member incarcerated Lack of support/help Financial Emotional loss Health insurance
- Other _____

Indicators of Serious Emotional or Behavioral Disturbance (✓ *Check those that apply*)

If any indicator is selected, referral to the Children's Crisis and Referral Line is recommended (<https://hipaa.iotform.com/PGHN/help4wv-PCP-referral>).

- Talks or repeatedly thinks about harming self, killing self, or wanting to die
- Frequently mean to other people or animals
- Family conflict is pervasive and continual (characterized by hostility, tension, and/or scapegoating, etc.)
- Behavior frequently typically inappropriate and causes problems for self or others (i.e., fighting, belligerency, promiscuity)
- Frequent use of profane, vulgar, or curse words to household members
- Deliberate damage to home
- Frequently truant (i.e., approximately once every 2 weeks or for several consecutive days)
- Marked changes in moods that are generally intense and abrupt
- Friendships change to mostly substance users
- Preoccupying cognitions or fantasies with bizarre, odd, or gross themes
- Currently at risk of confinement because of frequent or serious violations of law
- Youth's developmental needs cannot be adequately met because youth's needs/developmental demands exceed family resources

General Health

- Growth plotted on growth chart
- BMI calculated and plotted on BMI chart

Nutrition/Physical Activity/Sleep

Normal eating habits? Yes No

Fruits/vegetables/lean protein per day _____

- Vitamins _____
- Normal elimination _____
- Physical activity/exercise an hour most days
- Type of physical activity/exercise _____
- Normal sleeping patterns? Yes No
- Hours of sleep each night? _____

***Anemia Risk (Hemoglobin/Hematocrit)**

- Low risk High risk

***Tuberculosis Risk**

- Low risk High risk

***Dyslipidemia Risk**

- Low risk High risk

Fasting lipoprotein required once between 9 and 11 years

***STI Risk**

- Low risk High risk

***HIV Risk**

- Low risk High risk

***See Periodicity Schedule for Risk Factors**

Physical Examination (N=Normal, Abn=Abnormal)

- General Appearance N Abn _____
- Skin N Abn _____
- Neurological N Abn _____
- Reflexes N Abn _____
- Head N Abn _____
- Neck N Abn _____
- Eyes N Abn _____
- Ears N Abn _____
- Nose N Abn _____
- Oral Cavity/Throat N Abn _____
- Lung N Abn _____
- Heart N Abn _____
- Pulses N Abn _____
- Abdomen N Abn _____
- Genitalia N Abn _____
- Back N Abn _____
- Hips N Abn _____
- Extremities N Abn _____

If female:

- LMP _____ Regular Irregular
- Bleeding Normal Heavy
- Cramping No Slight Severe

Possible Signs of Abuse/Neglect Yes No

Age Appropriate Health Education/Anticipatory

Guidance (*Consult Bright Futures, Fourth Edition. For further information: <https://brightfutures.aap.org>*)

Social Determinants of Health, Physical Health and Health Promotion, Emotional Well-Being, Risk Reduction and Safety
 Discussed Handouts Given

Plan of Care

Assessment

- Well Child Visit Other Diagnosis

Labs

- Hemoglobin/hematocrit (*if high risk*)
- TB skin test (*if high risk*)
- Fasting lipoprotein (once between 9 and 11 years and/or high risk)**
- STI test (*if sexually active and/or high risk*)
- HIV test (*if sexually active and/or high risk*)
- Other _____

Referrals

See page 1, school requirements

Medical Necessity:

For treatment plans requiring authorization, please complete page 3. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or dhr.wv.gov/healthcheck.

Follow Up/Next Visit 12 years of age 13 years of age

14 years of age 15 years of age

Other _____

Screen has been reviewed and is complete

See page 1, school requirements for required signature