

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

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

15 Month Form

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

Weight \_\_\_\_\_ Length \_\_\_\_\_ Weight for Length \_\_\_\_\_ HC \_\_\_\_\_ Pulse \_\_\_\_\_ BP (optional) \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ Pulse Ox (optional) \_\_\_\_\_

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

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

Foster child \_\_\_\_\_  Kinship placement \_\_\_\_\_  Child with special health care needs \_\_\_\_\_

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

**Medical History**

Initial screen  Periodic screen

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

Parental history of postpartum depression  Yes  No

In utero substance exposure  Yes  No \_\_\_\_\_

Maternal Hep C exposure  Yes  No \_\_\_\_\_

Child recent injuries, surgeries, illnesses, visits to other providers and/or hospitalizations: \_\_\_\_\_

**Psychosocial/Behavioral**

What is your family's living situation? \_\_\_\_\_

Family relationships  Good  Okay  Poor

Do you have the things you need to take care of your baby (crib, car seat, diapers, etc.)?  Yes  No \_\_\_\_\_

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

Who do you contact for help and/or support? \_\_\_\_\_

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

Child care \_\_\_\_\_

Child exposed to  Cigarettes  E-Cigarettes/Vaping  Alcohol  Drugs (prescription or otherwise) \_\_\_\_\_

Access to firearm(s)/weapon(s)

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

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 \_\_\_\_\_

**Baby Pediatric Symptom Checklist (BPSC)**

**\*Positive screen = numbered responses 3 or greater in any of the 3 subscales. Further evaluation and/or investigation may be needed.**

**Subscale 1** (✓ Check one for each question)

Does your child have a hard time being with people?

Not at all (0)  Somewhat (1)  Very much (2)

Does your child have a hard time in new places?

Not at all (0)  Somewhat (1)  Very much (2)

Does your child have a hard time with change?

Not at all (0)  Somewhat (1)  Very much (2)

Does your child mind being held by other people?

Not at all (0)  Somewhat (1)  Very much (2)

Subscale 1 score \_\_\_\_\_

**Subscale 2** (✓ Check one for each question)

Does your child cry a lot?

Not at all (0)  Somewhat (1)  Very much (2)

Does your child have a hard time calming down?

Not at all (0)  Somewhat (1)  Very much (2)

Is your child fussy or irritable?

Not at all (0)  Somewhat (1)  Very much (2)

Is it hard to comfort your child?

Not at all (0)  Somewhat (1)  Very much (2)

Subscale 2 score \_\_\_\_\_

**Subscale 3** (✓ Check one for each question)

Is it hard to keep your child on a schedule or routine?

Not at all (0)  Somewhat (1)  Very much (2)

Is it hard to put your child to sleep?

Not at all (0)  Somewhat (1)  Very much (2)

Is it hard to get enough sleep because of your child?

Not at all (0)  Somewhat (1)  Very much (2)

Does your child have trouble staying asleep?

Not at all (0)  Somewhat (1)  Very much (2)

Subscale 3 score \_\_\_\_\_

**Developmental**

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

**Social Language and Self-help**  \*Child can declarative point (point to comment on an interesting object/event-will look alternatively between object/event and parent)  Child can point to ask for something to get help  Child can look around when you say things like "Where's your ball?" or "Where's your blanket?"  Child can imitate scribbling  Child can drink from a cup with little spilling

**Verbal Language** (Expressive and Receptive)  Child can use 3 words other than names  Child can speak in sounds like an unknown language  Child can follow directions that do not include a gesture

**Gross Motor**  Child can squat to pick up objects  Child can crawl up a few steps  Child can run

**Fine Motor**  Child can make marks with a crayon  Child can drop an object in and take object out of a container

**\*Absence of these milestones = Autism Screen**

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

**General Health**

Growth plotted on growth chart

Do you think your child sees okay?  Yes  No

Do you think your child hears okay?  Yes  No

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