### West Virginia Department of Health and Human Resources

#### Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program

**Preventive Health Screen**

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<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Sex:</th>
<th>M</th>
<th>F</th>
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- **Weight**
- **Height**
- **BMI**
- **Pulse**
- **BP**
- **Resp**
- **Temp**
- **Pulse Ox (optional)**

#### Allergies
- **NKDA**

#### Current meds
- **None**

#### Child with special health care needs
- **IEP/section 504 in place**

- **Accompanied by**
  - **N/A**
  - **Parent**
  - **Grandparent**
  - **Other**

#### Medical History
- **Initial Screen**
- **Periodic screen**
- **Family health history reviewed**

#### Psychosocial/Behavioral

**What is your living situation**

- **Are you in school?**
  - **No**
  - **High school**
  - **College/vocational**

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

- **Are you sexually active?**
  - **Yes**
  - **No**

- **Method of contraception**

- **Do you have children?**
  - **Yes**
  - **No**

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

#### Traumatic Stress Reactions/PCL-C

*Positive screen = numbered responses 4 or greater*

**Feelings over the past 2 weeks:**
- **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:**
- **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)**

**How much stress are you and your family under now?**
- **None**
- **Slight**
- **Moderate**
- **Severe**

**What kind of stress?**
- **Relationships (partner, family and/or friends)**
- **School/work**
- **Drugs**
- **Alcohol**
- **Violence (physical, emotional and/or sexual)**
- **Family member incarcerated**
- **Lack of support/help**
- **Financial/monetary**
- **Emotional loss**
- **Health insurance**
- **Other**

#### Indicators of Serious Emotional or Behavioral Disturbance

*Check those that apply*

- **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**

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**Continue on page 2**
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
- High risk

Dyslipidemia Risk
- Low risk □ High risk

HIV/test required once between 15 and 18 years
- HIV Risk
- High risk

STI Risk
- Low risk □ High risk

Tuberculosis Risk
- Low risk □ High risk

Fasting lipoprotein required once between 17 and 20 years
- Dyslipidemia Risk
- Low risk □ High risk

Wears hearing aids?
- □ Yes □ No

Hearing Screen (Objective once between 18 and 20 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

*Anemia Risk (Hemoglobin/Hematocrit)
- Low risk □ High risk

*Tuberculosis Risk
- Low risk □ High risk

Dyslipidemia Risk
- Low risk □ High risk

*STI Risk
- Low risk □ High risk

HIV Risk
- Low risk □ High risk

HIV test required once between 15 and 18 years
- HIV test

*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

Plan of Care
- Assessment
  - Well Child □ Other Diagnosis

- Immunizations
  - UTD □ Given, see immunization record □ Entered into WVSIS

- Labs
  - Hemoglobin/hematocrit (if high risk)
  - TB skin test (if high risk)
  - Fasting lipoprotein (once between 17 and 20 years and/or high risk)
  - STI test (if sexually active and/or high risk)
  - HIV test (once between 15 and 18 years, if sexually active and/or high risk)
  - Hepatitis C Virus Test (once between 18 and 79 years)
  - Other

- 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 (PPP) 1-800-642-9704
  - Children with Special HealthCare Needs (CShCN) 1-800-642-9704
  - Transition to adult-oriented health care/home

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 dhhr.wv.gov/healthcheck.

- Follow Up/Next Visit □ 19 years of age □ 20 years of age □ Other

- Screen has been reviewed and is complete

Please Print Name of Facility or Clinician

Signature of Clinician/Title