## Medical History

- **Initial Screen**
- **Periodic Screen**
- **Family health history reviewed**

In utero substance exposure:  Yes  No
Child 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

## 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 understand simple prepositions, such as on or under
- Child can pedal a tricycle
- Child can enter bathroom and urinate by himself/herself
- 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 speech, learning, or motor skills:

## Immunizations

Attach current immunization record

- **UTD**
- **Given, see immunization record**
- **Entered into WVSIS**

## School Entry Requirements

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

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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
Is your child in school?  Yes  No
Favorite thing about school
Any problems?
Activities outside school
Peer relationships/friends
Good  Okay  Poor

Child exposed to
- Cigarettes
- E-Cigarettes/Vaping
- 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

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Do you utilize a car/booster seat for your child?  Yes  No
- Excessive television/video game/internet/cell phone use

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

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Continue on page 2
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.jotform.com/PGHN/help-4w-PCP-referral).

- Inappropriate behavior resulting in disruption to others or becoming known to supervisory staff
- Persistently uncooperative or disobedient with doing routine care tasks for the child (e.g., getting dressed, taking a bath, brushing teeth, age-appropriate bowel and urine habits)
- Has been sexually inappropriate such that adults have concern about welfare of other children who may be around the child unsupervised
- Often mean and nasty to other people and animals
- Persistently antagonizes other children (e.g., grabs others’ toys, purposely knocks over or damages others’ toys, bullies, teases, shoves)
- Often plays alone even when there are opportunities for peer play, would rather be alone
- Has emotional flare-ups frequently, but not most of the time (e.g., sobbing uncontrollably, outbursts that are difficult to control or deflect)
- Notable emotional restriction (e.g., has difficulty expressing strong emotions such as fear, hate, love)
- Non-accidental self-harm, mutilation, or injury which is not life-threatening but not trivial (e.g., suicidal gestures or behavior without intent to die, cuts self)
- Frequent or strange or odd behavior (e.g., eats non-food items, smears feces)
- Child’s developmental needs cannot be adequately met because child’s needs/developmental demands exceed family resources

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

*Lead Risk
- Low risk  ☐ High risk

*Tuberculosis Risk
- Low risk  ☐ High risk

*See Periodicity Schedule for Risk Factors

Physical Examination (N=Normal, Abn=Abnormal)

- General Appearance
- Skin
- Neurological
- Reflexes
- Head
- Neck
- Eyes
- Red Reflex
- Ocular Alignment
- Ears
- Nose
- Oral Cavity/Throat
- Lung
- Heart
- Pulses
- Abdomen
- Genitalia
- Back
- Hips
- Extremities

Possible Signs of Abuse/Neglect  ☐ Yes ☐ No

Concerns and/or questions

Age Appropriate Health Education/Anticipatory Guidance (Consult Bright Futures, Fourth Edition. For further information: https://brightfutures.aap.org)

Social Determinants of Health, Playing with Siblings and Peers, Encouraging Literacy Activities, Promoting Healthy Nutrition and Physical Activity, and Safety
- Discussed  ☐ Handouts Given

Plan of Care

Assessment
- Well Child  ☐ Other Diagnosis

Labs
- Hemoglobin/hematocrit (if high risk)
- Blood lead (if not completed at 12 and/or 24 months or high risk) (enter into WVSIS)
- TB skin test (if 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 dhhr.wv.gov/healthcheck.

Follow Up/Next Visit  ☐ 4 years of age
- Other

☐ Screen has been reviewed and is complete

See page 1, school requirements for required signature