

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 \_\_\_\_\_  Kinship Placement \_\_\_\_\_  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 speech, learning, 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

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

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 \_\_\_\_\_

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  Other \_\_\_\_\_

Continue on page 2

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

**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/help4wv-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, purposefully 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

**\*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  N  Abn \_\_\_\_\_

Skin  N  Abn \_\_\_\_\_

Neurological  N  Abn \_\_\_\_\_

Reflexes  N  Abn \_\_\_\_\_

Head  N  Abn \_\_\_\_\_

Neck  N  Abn \_\_\_\_\_

Eyes  N  Abn \_\_\_\_\_

Red Reflex  N  Abn \_\_\_\_\_

Ocular Alignment  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 \_\_\_\_\_

**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 WVSIIIS)
- 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 [dhr.wv.gov/healthcheck](http://dhr.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**