

Orders should be submitted via email to your Regional HealthCheck Specialist or to the program’s general email at dhomcfhhc@wv.gov for processing. Street address is required. Allow no less than 2-weeks for processing and delivery of your order.

Date: _____

Provider/Clinic Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Contact Person: _____

AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION
	Medical History Form – Birth to 6 Years (100/pad)		PHS Form - 5 and 6 Years (100/pad)
	Medical History Form – 7 to 20 Years (100/pad)		PHS Form - 7 and 8 Years (100/pad)
	Preventive Health Screening (PHS) Form Newborn to 1 Week (100/pad)		PHS Form - 9 and 10 Years (100/pad)
	PHS Form - By 1 Month (100/pad)		PHS Form - 11, 12, 13, and 14 Years (100/pad)
	PHS Form - 2 Months (100/pad)		PHS Form - 15, 16, and 17 Years (100/pad)
	PHS Form - 4 Months (100/pad)		PHS Form - 18, 19, and 20 Years (100/pad)
	PHS Form - 6 Months (100/pad)		PHS Source Page (100/pad)
	PHS Form - 9 Months (100/pad)		Periodicity Schedule Poster 11x17 (each)
	PHS Form - 12 Months (100/pad)		Vaccination Administration Record (100/pad)*
	PHS Form - 15 Months (100/pad)		HealthCheck Program Brochures (100/pkg)*
	PHS Form - 18 Months (100/pad)		WHO Growth Chart Girls Birth – 24 Months (100/pad)*
	PHS Form - 24 Months (100/pad)		WHO Growth Chart Boys Birth – 24 Months (100/pad)*
	PHS Form - 30 Months (100/pad)		Growth/BMI Chart Girls 2-20 Years (100/pad)*
	PHS Form - 3 Years (100/pad)		Growth/BMI Chart Boys 2-20 Years (100/pad)*
	PHS Form - 4 Years (100 sheets/pad)		ACEs One Page (100/pkg)*

*These items must be obtained from OSA Materials Management.

WV HealthCheck Program
350 Capitol Street, Room 427
Charleston, WV 25301
1-800-642-9704