Screen Date____________________

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

9 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 ____________________ ☐ Child with special health care needs____________________

Accompanied by ☐ Parent ☐ Grandparent ☐ Foster parent ☐ Foster organization____________________ ☐ Other ____________________

Medical History

☐ Initial screen ☐ Periodic screen

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

____

☐ Family health history reviewed ____________________

____

Concerns and/or questions____________________

____

Social/Psychosocial History

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 has ability to separate from parents/caregivers ☐ Yes ☐ No

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____________________

____

____

____

Developmental

☐ Developmental surveillance and screening completed with Standardized Screening Tool

☐ ASQ3 ☐ Other tool____________________

Results in child's record ☐ Yes ☐ No

Concerns and/or questions____________________

____

____

____

Risk Indicators (*✓ Check those that apply)*

Child exposed to ☐ Cigarettes ☐ E-Cigarettes ☐ Alcohol

☐ Drugs (prescription or otherwise)____________________

☐ Access to firearm(s)/weapon(s)

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

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

Oral Health

Tooth eruption ☐ Yes ☐ No

Current oral health problems ____________________

Water source ☐ Public ☐ Well ☐ Tested

Fluoride supplementation ☐ Yes ☐ No

Fluoride varnish applied *(apply every 3 to 6 months)*

☐ Yes ☐ No ____________________

Nutrition/Sleep

☐ Breast feeding; Frequency ____________________

☐ Bottle feeding; Amount____________ Frequency____________

☐ Formula ____________________

☐ Juice ☐ Water

☐ Has started solid foods ☐ Table foods ☐ Normal eating habits

☐ Vitamins

☐ Normal elimination____________________

☐ Normal sleeping patterns____________________

☐ Place on back to sleep____________________

Concerns and/or questions____________________

____

____

____

See Periodicity Schedule for Risk Factors

***Lead Risk**

☐ Low risk ☐ High risk

Physical Examination *(N=Normal, Abn=Abnormal)*

General Appearance	☐ N	☐ Abn	____________
Skin	☐ N	☐ Abn	____________
Neurological	☐ N	☐ Abn	____________
Reflexes	☐ N	☐ Abn	____________
Head	☐ N	☐ Abn	____________
Fontanelles	☐ 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	____________

Signs of Abuse ☐ Yes ☐ No

Concerns and/or questions____________________

____

____

____

Continue on page 2

Name____ DOB__________________ Age__________ Sex: ☐ M ☐ F

Anticipatory Guidance

(Consult Bright Futures, Fourth Edition for further information https://brightfutures.aap.org)

Social Determinants of Health

- ☐ Intimate partner violence
- ☐ Family relationships and support

Infant Behavior and Development

- ☐ Changing sleep pattern (sleep schedule)
- ☐ Developmental mobility and cognitive development
- ☐ Interactive learning and communication
- ☐ Media

Discipline

- ☐ Parent expectations of child's behavior

Nutrition and Feeding

- ☐ Self-feeding, mealtime routines, transition to solid foods (table food introduction), cup drinking
- ☐ Plans for weaning

Safety

- ☐ Car safety seats
- ☐ Heatstroke prevention
- ☐ Firearm safety
- ☐ Safe home environment (burns, poisoning, drowning, falls)

☐ Other

____

Questions/Concerns/Notes

____

Plan of Care

Assessment ☐ Well Child ☐ Other Diagnosis

Immunizations

☐ **UTD** ☐ Given, see immunization record ☐ Entered into WVSIIS

Labs

☐ Blood lead *(if high risk) (enter into WVSIIS)*

☐ Other

____

Referrals

☐ Developmental

☐ Other ____

☐ Right from the Start (RFTS) **1-800-642-9704**

☐ Birth to Three (BTT) **1-800-642-9704**

☐ Children with Special HealthCare Needs (CSHCN) **1-800-642-9704**

☐ Women, Infants and Children (WIC) **1-304-558-0030**

Prior Authorizations

For treatment plans requiring authorization, please complete page 3. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit ☐ 12 months of age

☐ Other____

☐ Screen has been reviewed and is complete

____

Please Print Name of Facility or Clinician

____

Signature of Clinician/Title

West Virginia Department of Health & Human Resources Bureau for Public Health