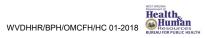
Screen Date Early and Peric		Early and Periodic S	West Virginia Department of Health and Human Resources ic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen					30 Month Form _ Sex: □ M □ F
			DOB				Age	
Weight	Height	BMI	Pulse	BP	Resp	Temp	Pulse Ox (optional)	
Allergies □ NKI	DA							
Current meds E	☐ None							
☐ Foster child _				□ Child with spec	cial health care needs			
Accompanied b	oy □ Parent □ Grandpa	arent □ Foster parent □	Foster organization					
Medical History ☐ Initial screen ☐ Periodic screen Recent injuries, surgeries, illnesses, visits to other providers and/or counselors and/or hospitalizations:			Developmental □ Developmental surveillance and screening completed with Standardized Screening Tool □ ASQ3 □ Other tool Results in child's record □ Yes □ No Concerns and/or questions			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)		
☐ Family health	☐ Family health history reviewed					□ 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 □ Witnessed violence/abuse □ Threatened with violence/abuse □ Scary experience that your child cannot forget Co				its an protein per day	
Social/Psychosocial History What is your family's living situation?						□ Vitamins □ Normal elimination Toilet trained □ Yes □ No □ Normal sleeping patterns Hours of sleep each night? Concerns and/or questions		
Family relationships ☐ Good ☐ Okay ☐ Poor 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?			Do you utilize a car seat for your child? ☐ Yes ☐ No ☐ Excessive television/video game/internet/cell phone use Concerns and/or questions			*Sac Pariodicity So	hadula for Biok Footore	
Are you and/or your partner working outside home? ☐ Yes ☐ No Child care Child has ability to separate from parents/caregivers ☐ Yes ☐ No			*Aner			*Anemia Risk (Hem	*See Periodicity Schedule for Risk Factors *Anemia Risk (Hemoglobin/Hematocrit) □ Low risk □ High risk	
How much stress are you and your family under <u>now</u> ? □ 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			,	growth chart ild sees okay? □ Y ild hears okay? □ Y		*Lead Risk □ Low risk □ High risk *Tuberculosis Risk □ Low risk □ High risk		

support/help ☐ Financial/money ☐ Emotional loss ☐ Health

insurance ☐ Other_

Continue on page 2



Screen	Date		
Screen	Date		

lame		DOB	Age Sex: □ M □ F		
			tar a a		
Physical Exami	nation (N=Normal, Abn=Abnormal)	Anticipatory Guidance	Plan of Care		
General Appearance	e □N □ Abn	(Consult Bright Futures, Fourth Edition for further information	Assessment ☐ Well Child ☐ Other Diagnosis		
Skin	□ N □ Abn	https://brightfutures.aap.org)			
Neurological	□ N □ Abn		Immunizations		
Reflexes	□ N □ Abn	Social Determinants of Health	□ UTD □ Given, see immunization record □ Entered into WVSIIS		
Head	□ N □ Abn	☐ Intimate partner violence			
Neck	□ N □ Abn	☐ Living situation and food security	Labs		
Eyes	□ N □ Abn	☐ Tobacco, alcohol, and drugs	☐ Hemoglobin/hematocrit (if high risk)		
Red Reflex	□ N □ Abn	☐ Parental well-being	☐ Blood lead (if not completed at 12 and/or 24 months or high risk)		
Ocular Alignment	□ N □ Abn	Temperament and Behavior	(enter into WVSIIS)		
Ears	□ N □ Abn	— □ Development	☐ TB skin test (if high risk)		
Nose	□ N □ Abn	☐ Development	□ Other		
Oral Cavity/Throat	□ N □ Abn	☐ Promotion of physical activity and safe play			
Lung	□ N □ Abn	— ☐ Limits on media use	Referrals		
Heart	□ N □ Abn	Elimits on media dec	□ Developmental □ Dental		
Pulses	□ N □ Abn	Assessment of Language Development	☐ Mental/behavioral health/trauma- Help4WV.com/1-844-435-7498		
Abdomen	□ N □ Abn	How child communicates and expectations for	□ Other		
Genitalia	□ N □ Abn	language			
Back	□ N □ Abn				
Hips	□ N □ Abn		☐ Children with Special HealthCare Needs (CSHCN)		
Extremities	□ N □ Abn	Toilet Training	1-800-642-9704		
		☐ Techniques	☐ Women, Infants and Children (WIC) 1-304-558-0030		
Signs of Abuse	☐ Yes ☐ No	☐ Personal hygiene	☐ Birth to Three (BTT) transition planning		
Concerns and/or que	estions				
		Safety			
		☐ Car safety seats	Dulan Authorizations		
		—— □ Outdoor safety	Prior Authorizations		
		—— □ Firearm safety	For treatment plans requiring authorization, please complete page 3. Contact a HealthCheck Regional Program Specialist for		
		— □ Other	assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck		
			assistance at 1-000-042-3704 of www.diffil.wv.gov/ficalthcheck		
			Follow Up/Next Visit		
			☐ Other		
			☐ Screen has been reviewed and is complete		
			— Octeen has been reviewed and is complete		
			—		
			—		
			Please Print Name of Facility or Clinician		
			_		
			Signature of Clinician/Title		