

Screen Date _____

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

24 Month Form

Name _____ DOB _____ Age _____ Sex: M F Wt _____ Ht _____ BMI _____ HC _____ Pulse _____ Temp _____

Allergies: NKDA _____ Current Meds: None _____

Accompanied by: Parent Grandparent Foster parent Foster organization Other _____

History: No change
Concerns and questions:

Follow up on previous concerns:

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

Social Emotional Health/Interpersonal Trauma¹

Social/Family: Check those that apply

Family situation change No change

Has your child lived anywhere but with parent(s)/caretaker(s)?

Yes No _____

Parent(s)/Caretaker(s) working outside home? Yes No

Child care? Yes No _____

Ability to separate from parent(s)/caretaker(s)? Yes No

Sibling(s) in the home? Yes No _____

Gets along with other family members? Yes No

Social Emotional/Stress Indicators: Check those that apply

Is there stress in the home? Yes No

Who do you call for help? _____

Has your child ever had a really scary or bad experience that they cannot forget? Yes No

Does your child have bad dreams or nightmares? Yes No

Has your child experienced an emotional loss? Yes No

Risk Indicators: Check those that apply

Exposure to: Passive Smoke Cigarettes E-Cigs

Chew Alcohol Other drugs _____

Are there weapon(s) in the home? Yes No

Are the weapon(s) secured? Yes No NA

Do you utilize a car seat for your child? Yes No

Excessive television/video game/internet/cell phone use

Hours per day: _____ Who supervises usage? _____

Developmental

Developmental Surveillance: Check those that apply

Gross Motor: Runs Walk up and down stairs

Kicks ball Throws ball

Fine Motor: Uses spoon and fork Opens a door

Makes horizontal and circular strokes with crayon

Stacks 5-6 blocks

Communication: Uses 2 word phrases ≥20 word vocabulary

Follows two-step commands Uses pronouns

Listens to stories

Cognitive: Hides and finds objects Pretend plays

Problem solves

Social: Parallel play with other children Imitates adults

Autism Screening completed:

Autism Specific Screening Tool:

M-CHAT Other: _____

Results in chart/record Yes No

Physical Health

Current Health Indicators: Check those that apply

No change

Changes since last visit:

Do you think your child sees okay? Yes No

Do you think your child hears okay? Yes No

Oral Health Screen: Check those that apply

Date of last dental visit: _____

Water source: Public Well Tested

Fluoride Yes No

Current oral health issues _____

Nutrition: Check those that apply

Normal eating habits _____

Vitamins _____

Normal elimination Normal sleep patterns

Lead Risk: Blood lead required at 24 months

See Periodicity Schedule for risk indicators

Hemoglobin/Hematocrit Risk: Low risk High risk

Dyslipidemia Risk: Low risk High risk

Tuberculosis Risk: Low risk High risk

Physical Examination: = Normal limits

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 Yes No

Health Education:

Discussed

Handout(s) given

Healthy and safe habits: nutrition, sleep, oral/dental care, sexuality, injury and violence prevention, social competence, family relationships, and community interaction

Risk indicators reviewed/screen complete

Assessment: Well Child Other Diagnosis

Immunizations: Attach current immunization record

UTD Given, see vaccine record

Labs: Blood lead level required at 24 months

Referrals: Developmental Emotional Dentist

Blood lead 10>ug/dl Other

BTT CSHCN 1-800-642-9704

Birth To Three transition planning

Prior Authorizations:

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit: 30 months of age Other

Please Print Name of Facility or Clinician

Signature of Clinician/Title

¹ Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).