

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources

5 Year Form

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

Health conditions that may require care at school \_\_\_\_\_

Vision Acuity Screen (obj) R \_\_\_\_\_ L \_\_\_\_\_  
Wears glasses  Yes  No

Hearing Screen (obj)  
25 db@ \_\_\_\_\_ 20 db@ \_\_\_\_\_  
R ear: \_\_\_\_\_ 500HZ R ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
L ear: \_\_\_\_\_ 500HZ L ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
Wears hearing aids  Yes  No

**Oral Health Screen**  
Date of last dental visit \_\_\_\_\_  
Water source:  Public  Well  Tested  
Fluoride  Yes  No  
 Current oral health problems: \_\_\_\_\_

**Developmental**

**Developmental Surveillance:**  *Check those that apply*  
**Gross Motor:**  Walks, climbs, runs  May be able to skip  
 Up/down stairs alternating feet, without support  
**Fine Motor:**  Copies ▲ or ■  Prints some letters  
 Draws figure w/head, arms and legs  Dresses self  
 Has manual dexterity  
**Communication:**  Able to recall parts of story  Fluent speech  
 Uses complete sentences  Speaks in short sentences  
 Uses future tense  Second language spoken at home  
**Cognitive:**  Knows address and phone #  Can count on fingers  
 Follows 2-3 step instructions  
 Recognizes many letters of the alphabet  
**Social:**  Listens to stories  Follows rules  
 Plays interactive games with peers  
 Elaborate fantasy play/make believe/dress up

**Immunizations:** Attach current immunization record  
 UTD  Given, see vaccine record

**Referrals:**  Developmental  Emotional  Dentist  Vision  
 Hearing  Blood lead 10 ≥ ug/dl  CSHCN 1-800-642-9704

Provider signature required for validation  
 Risk indicators reviewed/screen complete

\_\_\_\_\_  
Please Print Name of Facility or Clinic

\_\_\_\_\_  
Signature of Clinician/Title

*The information above this line is intended to be released to meet school entry requirements.*

School Entry Requirements

**History:**  No change  
Concerns and questions:  
Follow up on previous concerns:

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

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

**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

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 \_\_\_\_\_  
 Access to weapon(s)  Has a weapon(s)  
Do you wear protective gear, including seat belts?  Yes  No  
 Excessive television/video game/internet/cell phone use  
Hours per day: \_\_\_\_\_ Who supervises usage? \_\_\_\_\_  
 Pre-school  School/Grade \_\_\_\_\_  
 Attends school regularly \_\_\_\_\_  
 Special classes \_\_\_\_\_  
 Participates in extracurricular activities \_\_\_\_\_

**Physical Health**

**Current Health Indicators:**  *Check those that apply*  
 No change  
Changes since last visit:

**Nutrition:**  Normal eating habits  Vitamins \_\_\_\_\_  
 Normal elimination  Normal sleep patterns

**Lead Risk:**  Low risk  High risk  
 Lives in or regularly visits a house/child care facility built before 1970 or that has been recently remodeled?  
 Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?  
 Has a sibling or playmate who has or did have lead poisoning?

**See Periodicity Schedule for risk indicators**  
**Hemoglobin/Hematocrit 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  
 Nose  Ears  Oral Cavity/Throat  
 Lungs  Heart  Pulses  
 Abdomen  Genitalia  
 Back  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, school entry, family relationships, and community interaction

**Assessment:**  Well Child  Other Diagnosis

**Labs:**  Blood lead, if needed or high risk

**Referrals:** (see above)  Other

**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:**  6 years of age  Other

<sup>1</sup> 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).