



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

3 Year Form

Name _____ DOB _____ Age _____ Sex: M F Wt _____ Ht _____ BP _____ Temp _____ Pulse _____ Screen Date _____

Allergies: NKDA _____ Current Meds: None _____

Accompanied by: Parent Grandparent Foster parent/organization Other _____

Health conditions that may require care at school: _____

Vision Acuity Screen (obj) R _____ L _____
 Unable to obtain, re-screen in 4-6 month

Wears glasses Yes No

Hearing Screen (Subjective screen required at 3 years)
Do you think your child hears OK? Yes No

Wears hearing aids Yes No

Oral Health Screen

Date of last dental visit _____
Water source: Public Well Tested
Fluoride Yes No
 Current dental problems:

Developmental Surveillance: Check those that apply

- Gross Motor:
 Jumps in place Kicks ball Rides tricycle
 Up/down stairs alternating feet
- Fine Motor:
 Uses cup, spoon and fork Has manual dexterity
 Builds a tower with 6 or 8 cubes Copies a circle
- Communication:
 Speaks intelligibly Uses 3-4 word sentences
 Short paragraphs Uses plurals and pronouns
- Cognitive:
 Follows 2 step instructions Aware of gender (of self and others)
 Knows name, age and sex Names most common objects
- Social:
 Listens to stories Shows early imaginative behavior
 Plays interactive games with peers (able to take turns)

Immunizations: Attach current immunization record

- UTD Given, see vaccine record
Referrals: Developmental Dentist Vision
 Hearing Blood lead 10_{ug}/dl CSHCN 1-800-642-9704
 Other:

Provider signature required for validation
 Risk indicators reviewed/screen complete

Please Print Name of Facility or Clinic

Signature of Clinician/Title

School Entry Requirements

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

History: No change
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, or visits to other providers:

Social/Family History: Check those that apply

- No change
 Family situation change

Caretaker(s) working outside home? Yes No

Child care? No Yes _____
Other changes since last visit:

Current Health Indicators: Check those that apply

- No change
Changes since last visit:

School: Grade _____ Attends school regularly N/A
 Ability to separate from parents _____
 Gets along with other family members

- GROWTH PLOTTED ON GROWTH CHART
 BMI CALCULATED AND PLOTTED ON BMI CHART

- Normal elimination
 Normal sleep patterns
 Appropriate behavior

Nutrition: Normal eating habits
 Vitamins _____
 Passive smoking risk Yes No

Check those that apply

Hemoglobin/Hematocrit Risk: Low risk High risk
See Periodicity Schedule for risk indicators

Tuberculosis Risk: Low risk High risk
 Increased risk of exposure d/t Contacts/Travel/Immigration
 Radiographic or clinical findings suggestive of TB

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?

Physical Examination: Check those that apply

- General Appearance Skin
 Neurological Reflexes
 Head Neck
 Eyes Red Reflex Ocular Alignment
 Nose Ears Oral Cavity/Throat
 Lungs Heart Pulses
 Abdomen Genitalia
 Back Extremities

Abnormal Findings and Comments:
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
Other:

Assessment: Well Child Other diagnosis

Plan/Referrals:

For treatment plans requiring authorization, please complete page 2 on the reverse.

Labs: Blood lead, if needed or high risk

Referrals: see manual for automatic referrals
 Other referral(s)

Follow Up/Next Visit: 4 years of age Other