



West Virginia Department of Health and Human Resources
HealthCheck Program
Preventive Health Screen

6 Year Old Form

Name _____ DOB _____ Age _____ Sex M F WT _____ HT _____ BP _____ Temp _____ Pulse _____ Screen Date _____

Allergies: NKDA _____ Current Meds: None _____

Health condition(s) that may require care at school: _____

Vision Acuity Screen (obj) R _____ L _____

Wears glasses Yes No

Hearing Screen (obj)

20 db@ _____ 25 db@ _____

R ear: _____ 500HZ R ear: _____ 1000HZ _____ 2000HZ _____ 4000HZ

L ear: _____ 500HZ L ear: _____ 1000HZ _____ 2000HZ _____ 4000HZ

Wears hearing aids Yes No

Dental Screen

Date of last dental visit _____

Water source _____

Fluoride Yes No

Current dental problems:

Developmental: Check those that apply

Gross Motor:

Backwards tandem walk

Balances on each foot with eyes closed-smooth transition

Fine Motor:

Ties shoes Draws picture of family

Communication: Uses complete sentences

Fluent speech

Cognitive:

Knows name and address Knows emergency phone number

Prints name Prints alphabet

Social:

Anger control Follows rules

Referrals: Developmental Dentist Vision

Hearing Blood lead 10> Other:

Provider signature required for validation.

Please Print Name of Facility or Clinician

Signature of Clinician/Title See Progress Notes

The information above the line is intended to be released to meet the requirements of kindergarten screening.

Immunizations: UTD If not UTD, see attached record

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

Parents working outside home? Mother Father

Child care? No Yes _____

Other changes since last visit:

Current Health Indicators: Check those that apply

No change

Changes since last visit:

GROWTH PLOTTED ON GROWTH CHART

Normal elimination Normal sleep patterns

Nutrition: Normal eating habits

Vitamins _____

Passive smoking risk Yes No

Tuberculosis Risk: Low risk High risk

Exposure to TB Radiographic or clinical findings

Immigrant from areas with high prevalence

Residence/Travel in area with high prevalence

HIV infection or living with person(s) who are HIV+

Homelessness Other risk factors

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 with a history of elevated lead level?

Behavior: Check those that apply

Appropriate behavior

Fun activities:

Friends:

Concerns:

Feelings: Content Sad Angry Down/depressed

Thoughts/plans to harm self others animals

Trouble at school Trouble with the law

Behavior concerns/comments:

Risk Indicators: Check those that apply

Poor self image Lack of physical activity

Weight or height concerns? _____

Peer pressure to do things you don't want to do: _____

Does not wear protective gear, including seats belts

Access to firearms Has a firearm

Witnessed violence Threatened with violence

Excessive television/video game use

School: Grade _____ Attends school regularly N/A

Ability to separate from parents _____

Likes most about school _____

Likes least about school _____

Family: Gets along with other family members

If you could, how would you change your family/home?

Physical Examination: =Normal limits

General appearance

Skin

Neurological

Reflexes

Head

Neck

Eyes

Strabismus

Nose

Ears

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:

Labs: Blood lead, if needed or high risk

Referrals: see manual for automatic referrals

Other referral(s)

Follow up/Next visit:

