

Screen Date _____

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 _____ 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 _____
 Unable to obtain, re-screen in 4-6 month
Wears glasses Yes No
 Hearing Screen (Subjective screen required at 3)
Do you think your child hears okay? Yes No
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: 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 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: _____

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/booster seat for your child? Yes No
 Excessive television/video game/internet/cell phone use
Hours per day: _____ Who supervises usage? _____
Pre-school Yes No
 Attends school regularly _____ NA
 Special classes _____ NA
 Participates in extracurricular activities _____

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

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

Physical Health

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

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: 4 years of age Other

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).