



West Virginia
HealthCheck Program
PREVENTIVE HEALTH SCREEN

2 to 4 weeks

NAME _____ DOB _____ AGE _____ SEX _____ WGT _____ HGT _____ HEAD CIRC _____ SCREEN DATE _____
 ALLERGIES _____ CURRENT MEDS _____

HISTORY

Birth weight _____ Discharge weight _____
 Newborn lab screen NL Hearing newborn screen NL
 Concerns and questions _____
 Follow up on previous concerns _____

Interval history None

SOCIAL/FAMILY HISTORY

Family Situation:
 Adjustment to new child _____
 Reaction of sibling(s) to new child _____
 Work plans _____
 Child care plans _____

CURRENT HEALTH INDICATORS

See Initial History
 Nutrition Breast Bottle
 Formula _____
 Ounces/fed _____
 Hours between feeding _____
 Feeding/24 hours _____
 Vitamins _____
 Elimination NL _____
 Sleep NL _____
 Behavior NL _____

Toxic Exposure
 Passive Smoking Yes No

Development
 Growth Plotted on growth chart

Motor Skills
 Raises head slightly in prone position
 Flexed Posture
 Moves all extremities

Sensory Skills
 Blinks in reaction to bright light
 Follows with eyes, fixates on human face
 Responds to sound

CURRENT HEALTH INDICATORS (CONTINUED)

Other
 Can sleep 3 or 4 hours at a time; can stay awake for 1 hour or longer
 Can be consoled when crying

PHYSICAL EXAMINATION

=NL
 General Appearance Skin
 Head Fontanelle
 Eyes Red Reflex Appears to see
 Ears External Internal Appears to hear
 Mouth Throat Nose
 Lungs
 Heart
 Abdomen
 Genitalia Male - testes down Female
 Extremities Hips Back
 Femoral pulses Right _____ Left _____
 Neurological

Abnormal findings/comments:

ANTICIPATORY GUIDANCE/HEALTH EDUCATION

Discussed Handouts given
 Nutrition: Milk
 Breast feeding
 Formula (supplement or if not breast fed)
 Wait 4-6 months for solid foods
 No honey
 Elimination
 Sleep: Back to sleep
 Blankets/pillows
 Own crib
 Development/Behavior:
 Social
 Communication
 Physical
 Injury Prevention:
 Auto/car seat
 Falls
 No strings around neck
 No shaking
 Burns
 Smoke detector

ANTICIPATORY GUIDANCE/HEALTH EDUCATION (CONT'D)

Water heater
 Fire retardant clothes
 Guns
 Sun
 Toxic Exposure Prevention
 If "yes" to Passive Smoking, Parental Smoking Cessation

PLAN

Immunizations (see Vaccine Administration Record) UTD
 Labs Hgb/Hct Other _____

REFERRALS

Development
 One delay - rescreen at next visit
 Two or more delays - **Referred to:**

Further Medical Treatment/Diagnosis - **Referred to:**

FOLLOW UP /NEXT VISIT:

 Please Print Name of Facility or Clinician

 Signature of Clinician



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