West Virginia
HealthCheck Program
**PREVENTIVE HEALTH SCREEN**

**18 mos**

**NAME**_____**DOB**_____**AGE**_____**SEX**____**WGT**_____**HGT**_____**HEAD CIRC**_____**SCREEN DATE**_____

**ALLERGIES**_____**CURRENT MEDS**_____

***HISTORY***
Concerns and questions_____
_____
Follow up on previous concerns_____
_____
□ See Initial History □ No change_____
□ Interval History Change_____

***SOCIAL/FAMILY HISTORY***
□ See Initial History □ No change_____
□ Interval History Change_____
Family Situation □ No change_____
Parents working outside home □ Mother □ Father
Child care □ Yes □ No □ Type_____
Changes since last visit □ Yes □ No _____
_____

***CURRENT HEALTH INDICATORS***
□ See Initial History □ No change
□ Interval History Change_____
Nutrition □ Breast □ Bottle □ Cup
□ Milk □ Ounces/day_____
Ounces/day_____
Table/Safe foods_____
Juice_____
Vitamins/Fluoride_____
Source of Water_____
Elimination □ NL_____
Sleep □ NL_____
Behavior □ NL_____
Toxic Exposure
Passive Smoking □ Yes □ No
Lead Risk □ High Risk □ Low 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 sibling or playmate who has or did have lead poisoning?
Tuberculosis Risk □ High Risk □ Low Risk
□ Exposure to TB
□ Radiographic or clinical findings
□ Immigrant from areas with high prevalence
□ Residence/travel in area with high prevalence
□ Homelessness
□ HIV infection or living with person who has HIV
□ Other medical risk factors

***CURRENT HEALTH INDICATORS (CONTINUED)***
Development
□ Growth □ Plotted on growth chart
Gross Motor:
□ Walks quickly or runs stiffly
□ Walks up stairs with 1 hand held
□ Walks backwards
Fine Motor:
□ Uses spoon and cup
□ Scribbles
□ Stacks 2 or 3 blocks
□ Throws a ball
□ Pulls a toy
□ Dumps an object from a bottle without being shown
Communication:
□ Imitates words
□ Uses 15-20 words; two-word phrases
□ Points to body parts
□ Understands commands, follows simple directions
Cognitive:
□ Hides and finds objects
□ Pretend play
Social:
□ Likes to be with other children
□ Shows affection, kisses
□ Listens to a story

***PHYSICAL EXAMINATION***
✓=NL
□ General Appearance □ Skin
□ Head □ Fontanelle
□ Eyes □ Red Reflex □ Strabismus □ 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
□ Discontinue bottle □ Maximum amount
□ Cup □ Juice
□ Table/safe foods □ Feeds self □ Variable appetite

***ANTICIPATORY GUIDANCE/HEALTH EDUCATION (CONT)***
□ Dental/oral care
□ Elimination
□ Sleep
Development/Behavior:
□ Social □ Motor skills
□ Communication □ Set limits
□ Physical □ Discipline/time out
□ Cognitive skills □ Family relationship
Injury Prevention:
□ Auto/car seat □ No shaking
□ Poisons □ Burns
□ Falls □ Smoke detector
□ Hanging cords □ Water heater
□ Electrical outlets □ Fire retardant clothes
□ Choking
□ Sharp objects □ Sun
□ Water
□ Guns

***PLAN***
Immunizations (see Vaccine Administration Record) □ UTD
Labs □ Hgb/Hct □ Blood Lead Level if 1 or more risk factors
□ PPD if 1 or more risk factors □ Other_____

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

□ Blood lead level 10>
□ Further Medical Treatment/Diagnosis - **Referred to:**

***FOLLOW UP /NEXT VISIT:***

_____
***Please Print Facility or Clinician Name***

_____
***Signature of Clinician***

**WVDHHR/BPH/OMCFH/HC/HC-18M 3-04**