



West Virginia  
HealthCheck Program  
PREVENTIVE HEALTH SCREEN

**9 and 10 yrs**

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ WGT \_\_\_\_\_ HGT \_\_\_\_\_ BP \_\_\_\_\_ SCREEN DATE \_\_\_\_\_

ALLERGIES \_\_\_\_\_ CURRENT MEDS \_\_\_\_\_

**HISTORY**

Concerns and questions \_\_\_\_\_  
 \_\_\_\_\_  
 Follow up on previous concerns \_\_\_\_\_  
 \_\_\_\_\_  
 Internal history  None \_\_\_\_\_  
 \_\_\_\_\_

**SOCIAL/FAMILY HISTORY**

See Initial History  No interval change  
 Family Situation  No interval change  
 Parents working outside home:  Mother  Father  
 Child care  Yes  No  Type \_\_\_\_\_  
 Changes since last visit \_\_\_\_\_  
 \_\_\_\_\_

**CURRENT HEALTH INDICATORS**

See Initial History  No interval change  
 Changes since last visit \_\_\_\_\_  
 \_\_\_\_\_  
 Nutrition Eating Habits \_\_\_\_\_  
 \_\_\_\_\_

- Normal growth  Plotted on growth chart
- Normal elimination  Normal sleep patterns
- Appropriate behavior
- 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
  - Incarcerated adolescent
  - Injection drug use
  - Homelessness
  - HIV infection or living with person who has HIV
  - Other medical risk factors
- Development/Behaviors/School/Relationships and Sexuality Social/Emotional Development:
  - Fun activities \_\_\_\_\_
  - Friend (s) \_\_\_\_\_
  - Worry (ies) \_\_\_\_\_
  - Sad less than a week
  - Angry less than a week
  - Down/depressed less than a week
  - No thoughts or plan to hurt self
  - No thoughts or plan to hurt other persons or animals
  - Trouble at school
  - Trouble with the law

**CURRENT HEALTH INDICATORS (CONTINUED)**

- Risky Behaviors:
- Does not feel good about self-image
  - Fast  Purge  Laxatives  Diet pills  Binge
  - Has lack of physical activities
  - Smoke  Cigarettes  Amount \_\_\_\_\_
  - Chew tobacco
    - Drink Alcohol:  Amount \_\_\_\_\_
    - Other drugs  Amount/type \_\_\_\_\_
    - Use of inhalants  Amount/type \_\_\_\_\_
  - Driving in car while driver drinking or using drugs
  - Peer pressure to do things you don't want to do
  - Does not wear  seat belt  helmet  other protective equipment
  - Owns a gun  Access to gun
  - Witnessed violence  Threatened with violence
  - Victim of violence
- School:
- Likes most about school \_\_\_\_\_
  - Likes least about school \_\_\_\_\_
  - Follows rules of school  Reading/math at grade level
  - Positive remarks by teachers  Proud of achievements
  - Attends school regularly
  - Difficulty in homework  Special classes
  - Involved in school activities \_\_\_\_\_

**Relationships and Sexuality:**

- Family:
- Gets along with other family members \_\_\_\_\_
  - Family rules clear and fair \_\_\_\_\_
  - Things to change about the family if possible \_\_\_\_\_
- Sexuality:
- Has had sex  Sexually active now
    - Condom  Birth Control  Gyn exam (may refer)
  - Touched in a way you didn't like \_\_\_\_\_
  - Forced to have sex \_\_\_\_\_
  - Sexually transmitted disease (s) \_\_\_\_\_
- Vision Acuity Screen (objective) Right \_\_\_\_\_ Left \_\_\_\_\_  
 Hearing Screen (objective) Right \_\_\_\_\_ Left \_\_\_\_\_

**PHYSICAL EXAMINATION**

- ✓=NL
- General Appearance  Abdomen
  - Head  Genitalia
  - Eyes - internal/external  Male
  - Ears - internal/external  Female - pelvic exam if sexually active, annually
  - Nose
  - Mouth/Throat  Extremities

**PHYSICAL EXAMINATION (CONTINUED)**

- Lungs  Femoral pulses
  - Heart  Skin
  - Back  Neurologic
- Abnormal findings/comments:

**ANTICIPATORY GUIDANCE/HEALTH EDUCATION**

- Discussed  Handout (s) given
- Healthy and Safe Habits:  Nutrition  Elimination
- Sleep  Oral/Dental care  Development
- Risk Behaviors  School  Relationships
- Sexuality  Injury/violence prevention  Mental Health
- Substance use/abuse  Social competence
- Responsibility  Community interactions

**PLAN**

Immunizations  UTD  Given \_\_\_\_\_  
 Laboratory needed  Hgb/Hct  Other \_\_\_\_\_

**REFERRALS**

- TB Protocol  PPD  Results \_\_\_\_\_
- Vision 20/40>  Hearing <20 dB @ each frequency
- Development/Behavior
  - Multiple stressors
  - Recurrent/severe depression or other risk factors for suicide
  - History of emotional, physical or sexual abuse
  - Learning disabilities  School problems
  - Cruelty to other persons or to animals
- Dentist  Further medical treatment/diagnosis

**Referred to:**

**FOLLOW UP /NEXT VISIT:**

**Please Print Name of Facility or Clinician**

**Signature of Clinician**

