



West Virginia  
HealthCheck Program  
PREVENTIVE HEALTH SCREEN

**15, 16 and 17**

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

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

**HISTORY**  
Concerns and questions \_\_\_\_\_  
Follow up on previous concerns \_\_\_\_\_  
Interval 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 Screen:  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  Self-mutilation

**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 \_\_\_\_\_  
 Use of inhalants  Amount/type \_\_\_\_\_  
 Drive car while drinking or using drugs  
 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  
 Positive remarks by teachers  
 Proud of achievements  
 Attends school regularly  
Involved in school activities  Yes  No  
 Plans after graduation \_\_\_\_\_

Relationships and Sexuality:  
Family:  
 Gets along with other family members \_\_\_\_\_  
 Family rules clear and fair \_\_\_\_\_  
 Things to change about the family if possible \_\_\_\_\_

Sexuality:  
 Dating  
 Has had sex  Sexually active now  Condom  
 Been pregnant  Birth Control  
 Responsible for someone becoming pregnant  
 Touched in a way you didn't like \_\_\_\_\_  
 Forced to have sex \_\_\_\_\_  
 Sexually transmitted disease (s) \_\_\_\_\_

**Age 15 only:**  
 Vision Acuity Screen (objective) Right \_\_\_\_\_ Left \_\_\_\_\_  
 Hearing Screen (objective) Right \_\_\_\_\_ Left \_\_\_\_\_

**PHYSICAL EXAMINATION**  
✓=NL  
 General Appearance  Abdomen  
 Head  
 Eyes - internal/external  Genitalia  
 Ears - internal/external  Male  Female - pelvic exam if sexually active annually  
 Nose  Extremities  
 Mouth/Throat  Femoral pulses  
 Lungs  Heart  
 Back  Skin  
 Neurologic

Abnormal findings/comments:

**ANTICIPATORY GUIDANCE/HEALTH EDUCATION**  
 Discussed  Handout(s) given  
Promotion of Healthy and Safe Habits:  Nutrition  
 Elimination  Sleep  Oral/Dental care  
 Development  Risky Behaviors  School  
 Mental Health  Relationships  Sexuality  
 Prevention of Substance use/abuse  
 Injury/violence prevention  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**

