MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
14-15 YEARS

DATE	NAME		DATE OF BIRTH		
MO HEALTHNET NUMBER			MEDICAL RECORD NUMBER		
TEMP	RR	HEIGHT	%	BMI	ALLERGIES ☐ NKDA
PULSE	BP	WEIGHT	%		MEDICATIONS ☐ NONE

I. INTERVAL HISTORY/PARENT'S CONCERNS/CHILD'S CONCERNS:

_____

_____

_____

_____

COMMENTS

Menstrual Hx: Menarche age _____ years LMP: _____

COMMENTS

Chronic Illnesses: _____ ☐ ER/Hospital utilization since last visit

☐ Triggers reviewed: _____

☐ Medications changed/refilled: _____

_____

☐ Education ☐ Consult/Referral

Sleep/Fatigue:* _____

School:* _____

Peers:* _____

Family High Risk Factors:* _____

Self Injury:* _____

High Risk Behaviors:* ☐ None ☐ Cigarettes ☐ Alcohol ☐ Illicit Drugs

☐ Weapons ☐ Sexual activity ☐ Accidents ☐ Other _____

Nutrition: ☐ Encourage all food groups: _____

Output: Urine: _____ Stools: _____

II. UNCLOTHED PHYSICAL EXAM: ☐ **Check Growth Chart**

SYSTEM	NL	ABN	NE	COMMENTS
General				
Skin				
Head				
Eyes				
Ears				
Nose				
Oropharynx				
Neck				
Lungs				
Heart				
Pulses				
Abdomen				
Back				
GU				
Skeletal				
Neuro				

SIGNATURE	DATE

FULL SCREEN (I-X)	☐	WITH REFERRAL ☐	HEARING SCREEN	☐	WITH REFERRAL ☐
PARTIAL SCREEN (I-V)	☐	WITH REFERRAL ☐	VISION SCREEN	☐	WITH REFERRAL ☐
DEVELOPMENTAL AND MENTAL HEALTH SCREEN	☐	WITH REFERRAL ☐	DENTAL SCREEN	☐	WITH REFERRAL ☐

III. ANTICIPATORY GUIDANCE (Check all that apply)

☐ Peer relations*	☐ Firearms/Homicide*	☐ Alcohol, drugs, smoking and driving*	COMMENTS
☐ Hobbies	☐ Suicide*	☐ Violent behavior*	
☐ Need for privacy	☐ Vehicular accidents	Feeding:	
☐ School performance*	☐ Sports injuries	☐ 3 balanced meals	
☐ Body image/dieting*	☐ Bicycle safety/helmet	☐ Fat content	
☐ Discipline*	☐ Seatbelts/Airbags	☐ Iron	
☐ Exercise/Physical activity	☐ Pool/Water safety	☐ Calcium	
☐ Sex education/STD's	☐ Chores	☐ Obesity	
☐ Television	☐ Contraception/Family planning		

IV: LAB/IMMUNIZATIONS: Labs (if high risk): ☐ Hct ☐ UA ☐ Lipid profile ☐ Other: _____

If sexually active: ☐ PAP ☐ Rubella titer ☐ VDRL ☐ Chlamydia ☐ Gonorrhea ☐ HIV counseling ☐ HIV testing

Immunizations given today: _____ _____ _____ _____ _____ _____ _____

☐ UTD ☐ Written information given ☐ Consent signed (Follow the recommended immunization schedule approved by the ACIP, AAP, and AAFP)

V. LEAD SCREEN N/A for this age.

VI. DEVELOPMENTAL AND MENTAL HEALTH: (Check all that apply)

☐ School performance	☐ Stable mood	☐ Stable sleep/appetite	COMMENTS
☐ Follows rules/discipline at school	☐ Stable behavior	☐ Sexual development	
☐ Follows rules/discipline at home	☐ Engages in age appropriate social activities		

VII. FINE MOTOR/GROSS MOTOR: (Check all that apply)

☐ Handwriting ☐ Sports	COMMENTS

VIII. HEARING: This screening should be performed annually.

- ☐ Parental perception of hearing
- ☐ Child's perception of hearing
- ☐ Ear exam with pneumatic otoscope
- ☐ Family history of hearing disorders

PMHx: ☐ NICU admission/ ☐ recurrent ear infections/ ☐ head injury/ ☐ congenital anomalies/ ☐ meningitis/ ☐ mumps/ ☐ cerebral palsy

- ☐ Tympanometry upon indication
- ☐ Pure tone audiometry (sweep screen) upon indication

COMMENTS

IX. VISION: This screening should be performed annually.

- ☐ Parental/child's perception of vision

Observation for ☐ blinking ☐ pupillary response ☐ tracking ☐ ocular movement

- ☐ Objective testing including Snellen E, acuity (near and far), and color discrimination
- ☐ Exam of external eye, funduscopic exam
- ☐ School performance
- ☐ Family history of visual disorders
- ☐ Eye injuries, foreign substances

PMHx: ☐ NICU admission/ ☐ prolonged oxygen administration

COMMENTS

X. DENTAL ☐ Dental referral for complete diagnostic workup and orthodontic evaluation, if not done

- ☐ Teeth brushing/flossing
- ☐ Referral for routine preventative dental care q 6 months
- ☐ Assess teeth development and oral hygiene - Teeth cleaning

☐ Flouride supplements if water flouridation less than 0.7 ppm (until all permanent teeth have erupted.)

COMMENTS

ASSESSMENT/EDUCATION/PLAN

ORDERS

SIGNATURE	DATE