MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
18-19 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/Reproductive Hx: Menarche age _____ years LMP: _____
Gravida: Para: Term Preterm Abortions Living Children

Chronic Illnesses: _____ ☐ ER/Hospital utilization since last visit
☐ Triggers reviewed: _____
☐ Medications changed/refilled: _____

☐ Education ☐ Consult/Referral

Sleep/Fatigue:* _____
School:* _____
Peers:* _____
Work:* _____
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/vocational performance	☐ Changes in mood	☐ Follows rules/accepts discipline at school/work	COMMENTS
☐ Sexual development	☐ Changes in behavior	☐ Follows rules/accepts discipline at home	
☐ Stable sleep/appetite	☐ Career planning	☐ 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 ☐ tracking ☐ pupillary response ☐ 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