MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
18-23 MONTHS

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

I. INTERVAL HISTORY/PARENT'S CONCERNS:

COMMENTS

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

☐ Triggers reviewed: _____

☐ Medications changed/refilled: _____

☐ Education ☐ Consult/Referral

Naps: _____

Activity: _____

Child Care: _____

Injuries: _____

Family High Risk Factors:* _____

_____

Nutrition: ☐ Milk: _____ , _____ oz/feeding _____ times per day ☐ **WIC Referral**

☐ Solid food (encourage all food groups: _____

Output: Urine: _____ Stools: _____

Diaper Rash: _____

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 & MH SCREEN	☐	WITH REFERRAL ☐	DENTAL SCREEN	☐	WITH REFERRAL ☐

III. ANTICIPATORY GUIDANCE (Check all that apply)

☐ Active playing ☐ Peer play* ☐ Biting* ☐ Consistent limits ☐ General curiosity ☐ Matches, lighters ☐ Knives ☐ Reading to child ☐ Parental smoking	☐ Street safety ☐ Water safety/pools ☐ Balloon/plastic bag safety ☐ Hot/Cold ☐ Water heater temperature (<130 F) ☐ Bathtub safety ☐ Toddler car seats/Airbags ☐ Ingestions/Ipecac ☐ Smoke detector	☐ Television ☐ Exercise ☐ Toilet training Feeding: ☐ 3 meals with snacks ☐ Variety of food ☐ Junk food ☐ Pica* ☐ Variable appetite* ☐ Self feeding	COMMENTS

IV: LAB/IMMUNIZATIONS: Labs: ☐ Blood lead level (if not done previously) ☐ Other _____

Immunizations given today: _____ _____ _____ _____ _____ _____ _____

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

V. LEAD SCREEN ☐ Lead Assessment Guide complete ☐ Negative screen ☐ Positive screen - draw blood lead level

VI. DEVELOPMENTAL AND MENTAL HEALTH: ☐ **Parents As Teachers referral** (Check all that apply)

Minimal Skills ☐ Helps in house - R ☐ Dada/Mama specific - R ☐ One word - R ☐ Engages in reciprocal play ☐ Drinks from cup - R ☐ Imitates activities - R ☐ Two words - R ☐ Appropriate emotional expression	Emerging Skills ☐ Imitates words ☐ Follow directions ☐ Spoon and cup ☐ Name body parts ☐ Look at pictures ☐ 15-20 words ☐ 2-word phrases ☐ Name objects ☐ Listen to story	COMMENTS

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

Minimal Skills ☐ Walks well ☐ Bangs 2 cubes in hands - R ☐ Walks backward - R ☐ Scribbles ☐ Puts block in cup ☐ Stoops and recovers	Emerging Skills ☐ Stacks 3-4 blocks ☐ Imitates scribbles ☐ Walks quickly ☐ Runs ☐ Pulls toy	COMMENTS

VIII. HEARING: (Check all that apply)

- ☐ Parental perception of hearing
- ☐ Awakes to loud noise
- ☐ Head turning with noise
- ☐ Ear exam with pneumatic otoscope
- ☐ Observational screening with noisemaker
- ☐ ERA/ABR screen for infant in tertiary care > 5 days
- ☐ Family history of hearing disorders

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

- ☐ Tympanometry
- ☐ 3-4 words other than "Mama", "Dada" ☐ Repeats sound

COMMENTS

IX. VISION: (Check all that apply)

- ☐ Parental perception of vision

Observation for ☐ blinking ☐ Cover test ☐ pupillary response ☐ Enjoys short books, bright pictures ☐ red reflex/fundus ☐ tracking ☐ ocular movements

- ☐ Family history of visual disorders
- ☐ Attempts to pick up small objects, bits of food

PMHx: ☐ NICU admission/☐ prolonged oxygen administration

COMMENTS

X. DENTAL ☐ Teeth brushing by parents

- ☐ Normal tooth eruption times ☐ Teething behavior
- ☐ Assess teeth development and oral hygiene - Teeth cleaning
- ☐ Fluoride supplements if water fluoridation less that 0.7 ppm

NOTE: It is recommended that assessment preventive dental services and oral treatments for children begin at age 6-12 months and be repeated every 6 months or as medically indicated.

COMMENTS

ASSESSMENT/EDUCATION/PLAN

ORDERS

SIGNATURE	DATE