MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
24-35 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)

- ☐ Sharing with others
- ☐ Peer play is parallel
- ☐ Tantrums*
- ☐ Autonomy/Choices
- ☐ Discipline/Time out*
- ☐ Matches, lighters
- ☐ Television/Exercise
- ☐ Reading to child
- ☐ Parental smoking
- ☐ Outdoor hazards
- ☐ Water safety/pools
- ☐ Balloon/plastic bag safety
- ☐ Hot/Cold
- ☐ Water heater temperature (< 130 F)
- ☐ Bathtub safety
- ☐ Toddler car seats/Airbags
- ☐ Ingestions/Ipecac
- ☐ Smoke detector
- ☐ Nursery School
- ☐ Toilet training readiness
- ☐ Masturbation

Feeding:
- ☐ 3 meals with snacks
- ☐ Variety of food
- ☐ Pica*
- ☐ Self feeding
- ☐ Poor appetite*

COMMENTS

IV: LAB/IMMUNIZATIONS: Labs: ☐ Blood lead level (if not done previously at 24 months) ☐ Hct (if high risk) ☐ UA (if high risk)

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
- ☐ Removes garments - R
- ☐ Three words - R
- ☐ Uses spoon, fork - R
- ☐ Points to 2 pictures
- ☐ Six words - R
- ☐ Plays with other children
- ☐ Appropriate emotional expression

Emerging Skills
- ☐ Imitates adults
- ☐ Asks for specific food
- ☐ Uses pronouns
- ☐ 2-word phrases
- ☐ Toilet training
- ☐ 2 step commands
- ☐ Tells first and last name
- ☐ ≥ 50 words
- ☐ Unbuttons clothes
- ☐ Attentive ≥ 2 minutes

COMMENTS

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

Minimal Skills
- ☐ Walks up steps - R
- ☐ Runs
- ☐ Dumps raisins from bottle - demonstrate
- ☐ Stacks 2-4 cubes
- ☐ Kicks ball forward

Emerging Skills
- ☐ Stacks 5-6 blocks
- ☐ Climbs up/down stairs
- ☐ Imitates horizontal & vertical line
- ☐ Squats and recovers well
- ☐ Circular strokes
- ☐ Jumps well

COMMENTS

VIII. HEARING: (Check all that apply)
- ☐ Parental perception of hearing
- ☐ 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
- ☐ Identifies familiar pictures
- ☐ Names desired objects (candy, juice)

COMMENTS

IX. VISION: (Check all that apply)
- ☐ Parental perception of vision

Observation for ☐ blinking ☐ pupillary response ☐ red reflex/fundus ☐ tracking
- ☐ Cover test
- ☐ Handles spoon well
- ☐ Scribbles on paper
- ☐ ocular movements
- ☐ Enjoys short books, bright pictures
- ☐ Family history of visual disorders
- ☐ Attempts to pick up small objects, bits of food

PMHx: ☐ NICU admission/ ☐ prolonged oxygen administration

COMMENTS

X. DENTAL ☐ Dental referral for complete diagnostic work-up
- ☐ Teeth brushing by parents
- ☐ Normal tooth eruption times
- ☐ 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