MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
3 YEARS

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

Sleep: _____

Activity: _____

Child Care: _____

Peer Involvement:* _____

Family High Risk Factors:* _____

Nutrition: ☐ **WIC Referral**

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

III. ANTICIPATORY GUIDANCE (Check all that apply)

☐ Sleeping problems*	☐ Traffic hazards	☐ Pre-kindergarten	COMMENTS
☐ Bed wetting	☐ Water safety/pools	☐ Sun Exposure	
☐ Cursing	☐ Gun safety	☐ Parental smoking	
☐ Stuttering	☐ Fire safety	☐ Smoke detector	
☐ Discipline/Time out*	☐ Matches, lighter safety	Feeding:	
☐ Hyperactivity*	☐ Bicycle helmet	☐ 3 meals with snacks	
☐ Television/Exercise	☐ Car seat/Airbags	☐ Variety of food	
☐ Reading to child	☐ Ingestions/poisons	☐ Proper amounts	

IV: LAB/IMMUNIZATIONS: Labs: ☐ Blood lead level (if not done previously at 24 months) ☐ 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		Emerging Skills		COMMENTS
☐ Names four pictures	☐ Attentive ≥ 5 min.	☐ Name, age, sex	☐ 3 adjectives	
☐ Puts on clothes -R	☐ Appropriate emotional	☐ Awareness of gender	☐ ≥ 4 colors	
☐ Feed doll	expression	☐ Discuss activities	☐ Pronouns/plurals	
☐ Brush teeth with help - R	☐ Seeks out interactions	☐ Past tense	☐ 3 word sentences	
☐ Speech mostly understandable		☐ Brush teeth without help		

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

Minimal Skills	Emerging Skills		COMMENTS
☐ Jumps up	☐ Stacks 10 blocks	☐ Picks longer line	
☐ Stacks 6 cubes	☐ Jumps in place	☐ Copies circle/cross	
☐ Throws ball overhand	☐ Dress without help	☐ Draw person - 3 parts	
☐ Kicks ball forward	☐ Balances on 1 foot for 3-5 seconds	☐ Rides tricycle	

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 ☐ ocular movements ☐ pupillary response ☐ tracking

- ☐ Objective testing including Snellen E, distance acuity, and light reflex/cover test
- ☐ Exam of external eye, funduscopic exam
- ☐ Family history of visual disorders
- ☐ Eye injuries, foreign substances

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