MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
5 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:

COMMENTS

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

☐ Triggers reviewed: _____

☐ Medications changed/refilled: _____

☐ Education ☐ Consult/Referral

Sleep/Fatigue:* _____

Activity: _____

School Readiness: _____

Peer Involvement:* _____

Family High Risk Factors:* _____

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)

☐ Attention span*	☐ Traffic hazards	☐ School readiness	COMMENTS
☐ Peers*	☐ Swimming/diving	☐ Bed wetting*	
☐ School attendance	☐ Gun safety	☐ Parental smoking	
☐ School performance*	☐ Fire safety	Feeding:	
☐ Reaction to strangers	☐ Matches, lighter safety	☐ 3 meals with snacks	
☐ Discipline/Time out*	☐ Bicycle helmet	☐ Variety of food	
☐ Exercise/Physical activity	☐ Booster Seats/Airbags	☐ Proper amounts	
☐ Reading to child	☐ Sun exposure	☐ Obesity	
☐ Gender awareness	☐ Smoke detector		

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

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 colors ☐ Dresses without supervision - R	☐ Dresses without help ☐ Counts on fingers	
☐ Comprehends 4 prepositions	☐ Recognizes alphabet ☐ Plays make believe	
☐ Speech all understandable ☐ Attentive ≥ 15 min.	☐ Address and phone number	
☐ Able to separate from parent		

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

Minimal Skills	Emerging Skills	COMMENTS
☐ Copies circle	☐ Copies triangle/square ☐ Draw person - 6 parts	
☐ Picks longer line ☐ Hops	☐ Jumps over low obstacles ☐ Prints some letters	
☐ Draws person in 3 parts ☐ Copies cross	☐ Ties shoes ☐ Skips	
☐ Balances on each foot for 3 seconds		

VIII. HEARING: (Check all that apply)

☐ Parental perception of hearing
☐ Ear exam with pneumatic otoscope
☐ Observational screening with noisemaker
☐ 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)
☐ Says all sounds correctly, except perhaps “s” and “th”
☐ Pure tone audiometry (sweep screen)

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, and color discrimination
☐ Exam of external eye, funduscopic exam
☐ Family history of visual disorders
☐ Eye injuries, foreign substances
PMHx: ☐ NICU admission/☐ prolonged oxygen administration

COMMENTS

X. DENTAL ☐ Referral for routine preventative dental care q 6 months
☐ Teeth brushing/flossing 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