MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
6-7 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/performance*	☐ Gun safety	☐ Parental smoking	
☐ Reaction to strangers*	☐ Fire safety	Feeding:	
☐ Discipline*	☐ Bicycle helmet	☐ 3 meals with snacks	
☐ Exercise/Physical Activity	☐ Booster Seats/Seatbelts/Airbags	☐ Variety of food	
☐ Reading to child	☐ Sun exposure	☐ Proper amounts	
☐ Gender awareness	☐ Smoke detector	☐ Obesity	

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 (at 6 years): ☐ Negative screen ☐ Positive screen - draw blood lead level.

VI. DEVELOPMENTAL AND MENTAL HEALTH: (Check all that apply)

Minimal Skills			Emerging Skills	COMMENTS
☐ Names four colors	☐ Opposites -2 (6)	☐ Count 5 blocks (6)	☐ Reads simple words (6)	
☐ Dresses without supervision - R	☐ Comprehends 4 prepositions			
☐ Plays boards and card games - R	☐ Speech all understandable			
☐ Defines 7 words (6)	☐ Prepares cereal (6)	☐ Brush teeth - no help (6)		
☐ Appropriate emotional expression	☐ Attentive ≥ 30 min.			

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

Minimal Skills			Emerging Skills	COMMENTS
☐ Picks longer line	☐ Copies cross		☐ Prints some letters	
☐ Draws person in 3 parts	☐ Copies circle		☐ Ties shoes	
☐ Balances on each foot for 6 seconds (6)	☐ Copies square (6)		☐ Skips	
☐ Heel to toe walk (6) ☐ Hops	☐ Draws person in 6 parts (6)		☐ Jumps over low obstacles	
	☐ Handwriting			

VIII. HEARING: This screening should be performed annually.

- ☐ Parental perception of hearing
- ☐ Ear exam with pneumatic otoscope
- ☐ Observational screening with noisemaker
- ☐ Family history of hearing disorders

PMHx: ☐ NICU admission/ ☐ recurrent ear infections/ ☐ 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: This screening should be performed annually.

- ☐ Parental perception of vision

Observation for ☐ blinking ☐ pupillary response ☐ tracking ☐ ocular movement

- ☐ Objective testing including Snellen E, distance acuity, 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 than 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