MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
8-9 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/CHILD'S CONCERNS:

____
____
____
____

COMMENTS

Menstrual Hx: Menarche age __________ years LMP: ______________________

COMMENTS

Chronic Illnesses:__________________ ☐ ER/Hospital utilization since last visit
☐ Triggers reviewed: ______________________
☐ Medications changed/refilled: ______________________

☐ Education ☐ Consult/Referral

Fatigue/Sleep:*______________________
School:*______________________
Peers:*______________________
Accidents:*______________________
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)

- ☐ Values
- ☐ Peer relations*
- ☐ Need for privacy
- ☐ School performance*
- ☐ Sexual education
- ☐ Discipline*
- ☐ Exercise/Physical activity
- ☐ Supervision
- ☐ Parental smoking
- ☐ Pedestrian safety
- ☐ Swimming/diving
- ☐ Firearms/homicide
- ☐ Fire safety
- ☐ Bicycle safety/helmet
- ☐ Seatbelts/Airbags
- ☐ Tool safety
- ☐ Smoke detector
- ☐ Medicines
- ☐ Chores
- ☐ Money responsibility
- ☐ Puberty
- ☐ Television

Feeding:
- ☐ 3 meals with snacks
- ☐ Variety of food
- ☐ Proper amounts
- ☐ Obesity

COMMENTS

IV: LAB/IMMUNIZATIONS: Labs: ☐ Hct (if high risk) ☐ UA (if high risk) ☐ Cholesterol/Lipid profile (if high risk) ☐ 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 N/A for this age.

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

- ☐ School performance
- ☐ Sexual development
- ☐ Attends school easily
- ☐ Appropriate emotional expression
- ☐ Follows rules at school
- ☐ Follows rules at home
- ☐ Attentive ≥ 60 min.

COMMENTS

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

- ☐ Handwriting
- ☐ Sports

COMMENTS

VIII. HEARING: This screening should be performed annually.

- ☐ Parental perception of hearing
- ☐ Child's perception of hearing
- ☐ Ear exam with pneumatic otoscope
- ☐ Family history of hearing disorders

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

- ☐ Tympanometry upon indication
- ☐ Pure tone audiometry (sweep screen) upon indication

COMMENTS

IX. VISION: This screening should be performed annually.

- ☐ Parental/child's 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
- ☐ School performance
- ☐ 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
- ☐ 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

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ORDERS

SIGNATURE

DATE