



West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)  
HealthCheck Program Preventive Health Screen

4 Year Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ BP \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Screen Date \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent/organization  Other \_\_\_\_\_

Health conditions that may require care at school: \_\_\_\_\_

**Vision Acuity Screen (obj)** R \_\_\_\_\_ L \_\_\_\_\_  
 Unable to obtain, re-screen in 4-6 month  
Wears glasses  Yes  No

**Hearing Screen (obj)**  
25 db@ \_\_\_\_\_ 20 db@ \_\_\_\_\_  
R ear: \_\_\_\_\_ 500HZ R ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
L ear: \_\_\_\_\_ 500HZ L ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
 Unable to obtain, re-screen in 4-6 months  
Wears hearing aids  Yes  No

**Oral Health Screen**  
Date of last dental visit \_\_\_\_\_  
Water source:  Public  Well  Tested  
Fluoride  Yes  No  
 Current dental problems: \_\_\_\_\_

**Developmental Surveillance: Check those that apply**  
**Gross Motor:**  
 Walks, climbs, runs  Hops, jumps on 1 foot  
 Up/down stairs alternating feet, without support  
 Throws overhand  Rides bicycle with training wheels  
**Fine Motor:**  
 Builds 10 block tower  Uses utensils  Has manual dexterity  
 Draws 3 part person  Puts on/removes clothes  
**Communication:**  
 Uses past tense  Talks about daily experiences  
 Speaks intelligibly  Uses 4-5 word sentences  
 Short paragraphs  May show some lack of fluency  
**Cognitive:**  Names 4 colors  Aware of gender (self and others)  
 Knows difference between fantasy and reality  
**Social:**  Listens to stories  Can sing a song  
 Plays interactive games with peers  Elaborate fantasy play

**Immunizations: Attach current immunization record**  
 **UTD**  Given, see vaccine record  
**Referrals:**  Developmental  Dentist  Vision  
 Hearing  Blood lead  $10 \geq \mu\text{g}/\text{dl}$   CSHCN 1-800-642-9704  
 Other: \_\_\_\_\_

Provider signature required for validation  
 Risk indicators reviewed/screen complete

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Please Print Name of Facility or Clinic

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Signature of Clinician/Title

*The information above this line is intended to be released to meet school entry requirements.*

School Entry Requirements

**History:**  No change  
Concerns and questions: \_\_\_\_\_

Follow up on previous concerns: \_\_\_\_\_

Recent injuries, illnesses, or visits to other providers: \_\_\_\_\_

**Social/Family History:**  Check those that apply  
 No change  
 Family situation change

Caretaker(s) working outside home?  Yes  No  
Child care?  No  Yes \_\_\_\_\_  
Other changes since last visit: \_\_\_\_\_

**Current Health Indicators:**  Check those that apply  
 No change  
Changes since last visit: \_\_\_\_\_

School: Grade \_\_\_\_\_  Attends school regularly  N/A  
 Ability to separate from parents \_\_\_\_\_  
 Gets along with other family members

**GROWTH PLOTTED ON GROWTH CHART**  
 **BMI CALCULATED AND PLOTTED ON BMI CHART**

Normal elimination  
 Normal sleep patterns  
 Appropriate behavior

**Nutrition:**  Normal eating habits  
 Vitamins \_\_\_\_\_  
 Passive smoking risk  Yes  No

Check those that apply  
**Hemoglobin/Hematocrit Risk:**  Low risk  High risk  
*See Periodicity Schedule for risk indicators*

**Dyslipidemia Risk:**  Low risk  High risk  
*See Periodicity Schedule for risk indicators*

**Tuberculosis Risk:**  Low risk  High risk  
*See Periodicity Schedule for risk indicators*

**Lead Risk:**  Low risk  High risk  
Lives in or regularly visits a house/child care facility built before 1970 or that has been recently remodeled?  
 Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?  
 Has a sibling or playmate who has or did have lead poisoning?

**Physical Examination:**  Check those that apply  
 General Appearance  Skin  
 Neurological  Reflexes  
 Head  Neck  
 Eyes  Red Reflex  Ocular Alignment  
 Nose  Ears  Oral Cavity/Throat  
 Lungs  Heart  Pulses  
 Abdomen  Genitalia

**Abnormal Findings and Comments:**  
Possible signs of abuse  Yes  No

**Health Education:**  
 Discussed  Handout(s) given  
Healthy and safe habits: nutrition, sleep, oral/dental care, sexuality, injury and violence prevention, social competence, school entry, family relationships, and community interaction  
Other: \_\_\_\_\_

**Assessment:**  Well Child  Other diagnosis

**Plan/Referrals:**  
For treatment plans requiring authorization, please complete page 2 on the reverse.

Labs:  Blood lead, if needed or high risk

Referrals: see manual for automatic referrals  
 Other referral(s)

Follow Up/Next Visit:  5 years of age  Other