MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
12-13 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:* _____
Family High Risk Factors:* _____

High Risk Behaviors:* ☐ None ☐ Cigarettes ☐ Alcohol ☐ Illicit Drugs
☐ Weapons ☐ Sexual activity ☐ Accidents ☐ Other _____
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)

☐ Peer relations*	☐ Firearms/Homicide*	☐ Alcohol*	COMMENTS
☐ Hobbies	☐ Suicide*	☐ Drugs*	
☐ Need for privacy	☐ Vehicular accidents	☐ Smoking	
☐ School performance*	☐ Sports injuries	Feeding:	
☐ Body image*	☐ Bicycle safety/helmet	☐ 3 balanced meals	
☐ Discipline*	☐ Seatbelts/Airbags	☐ Fat content	
☐ Exercise/Physical activity	☐ Pool/Water safety	☐ Iron	
☐ Sex education	☐ Chores	☐ Calcium	
☐ Television	☐ Contraception/Family planning	☐ Obesity	

IV: LAB/IMMUNIZATIONS: Labs: If high risk: ☐ Hct ☐ UA ☐ Lipid profile If sexually active: ☐ PAP ☐ 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	☐ Stable mood	☐ Stable sleep/appetite	COMMENTS
☐ Follows rules at school/accepts discipline	☐ Stable behavior	☐ Sexual development	
☐ Follows rules at home/accepts discipline	☐ Engages in social activities		

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 ☐ tracking ☐ pupillary response ☐ ocular movement
☐ Objective testing including Snellen E, acuity (near and far), 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 ☐ At 12 years, dental referral for complete diagnostic workup and orthodontic evaluation
☐ Teeth brushing/flossing
☐ Referral for routine preventative dental care q 6 months
☐ Assess teeth development and oral hygiene - Teeth cleaning

☐ Flouride supplements if water flouridation less than 0.7 ppm (until all permanent teeth have erupted.

COMMENTS

ASSESSMENT/EDUCATION/PLAN

ORDERS

SIGNATURE	DATE