MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
12-14 MONTHS

DATE	NAME			DATE OF BIRTH		
MO HEALTHNET NUMBER				MEDICAL RECORD NUMBER		
TEMP	RR		HEIGHT	%	BMI	ALLERGIES ☐ NKDA
PULSE	HEAD CIRC	%	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

Sleeping: _____
Activity: _____
Child Care: _____
Crossing Eyes: _____
Family High Risk Factors:* _____

Nutrition: ☐ Breast _____ min/feeding _____ times per day ☐ **WIC Referral**
☐ Formula: _____ , _____ oz/feeding _____ times per day
☐ Solid food (encourage all food groups: _____
Output: Urine: _____ Stools: _____
Diaper Rash: _____

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 & MH SCREEN	☐	WITH REFERRAL ☐	DENTAL SCREEN	☐	WITH REFERRAL ☐

III. ANTICIPATORY GUIDANCE (Check all that apply)

☐ Getting into things ☐ Discipline vs. Spoiling ☐ Negatives ☐ Expresses independence ☐ Child-proofing cords, electrical sockets, plants, stairs ☐ Reading to child ☐ Parental smoking ☐ Smoke detector	☐ Choking hazards - nuts, popcorn, hotdogs ☐ Fences/gates ☐ Firearms ☐ Water heater temperature (<130 F) ☐ Bathtub safety ☐ Toddler car seats/Airbags ☐ Poisons/medicines ☐ Ipecac	Feeding: ☐ Change to milk ☐ Table food ☐ Finger food ☐ Weaning to cup ☐ Vitamins ☐ Proper serving sizes ☐ Feeds self ☐ Sweets	COMMENTS

IV: LAB/IMMUNIZATIONS: LABS: ☐ HbG ☐ Hct ☐ UA (optional) ☐ Blood lead level (at 12 months) ☐ 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 ☐ Lead Assessment Guide complete ☐ **Mandatory blood lead level testing is required at 12 months.**

VI. DEVELOPMENTAL AND MENTAL HEALTH: ☐ **Parents As Teachers referral** (Check all that apply)

Minimal Skills		Emerging Skills		COMMENTS
☐ Feeds self - R	☐ Works for toy	☐ Comes when called	☐ Imitates activities	
☐ Plays pat-a-cake - R	☐ Dada, Mama, non-specific - R	☐ Begins using spoon/fork	☐ Drinks from cup	
☐ Exhibits range of emotions		☐ Helps with dressing	☐ Plays ball	
☐ Imitates speech sounds	☐ Combines syllables - R	☐ 2-5 words	☐ Immature jargoning	
☐ Explores familiar environment	☐ Stranger anxiety	☐ 1 step commands		

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

Minimal Skills		Emerging Skills		COMMENTS
☐ Takes two cubes	☐ Thumb-finger grasp	☐ Spontaneous scribble	☐ Stoops & recovers	
☐ Bangs 2 cubes in hands - R	☐ Stands 2 seconds	☐ Stacks 2 blocks	☐ Walks well	
☐ Pulls to stand	☐ Gets to sitting - R	☐ Mature pincer grasp	☐ Walks backward	
		☐ Block in cup/dumps	☐ Runs stiffly	

VIII. HEARING: (Check all that apply)

☐ Parental perception of hearing
☐ Awakes to loud noise
☐ Head turning with noise
☐ Ear exam with pneumatic otoscope
☐ Observational screening with noisemaker
☐ ERA/ABR screen for infant in tertiary care > 5 days
☐ Family history of hearing disorders
PMHx: ☐ NICU admission/ ☐ ear infection/ ☐ head injury/
☐ congenital anomalies/ ☐ meningitis/ ☐ mumps/ ☐ cerebral palsy
☐ Tympanometry

COMMENTS

IX. VISION: (Check all that apply)

☐ Parental perception of vision
Observation for
☐ blinking ☐ pupillary response ☐ red reflex/fundus ☐ tracking ☐ ocular movements ☐ focuses on objects and people, not lights
☐ Regards hands ☐ Likes faces ☐ Smiles at mirror image - R ☐ Responds to bright colors ☐ Reaches for objects ☐ Cover test
☐ Family history of visual disorders
☐ Attempts to pick up small objects, bits of food
PMHx: ☐ NICU admission/ ☐ prolonged oxygen administration

COMMENTS

X. DENTAL ☐ Baby bottle tooth decay syndrome
☐ Normal tooth eruption times ☐ Teething behavior
☐ 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