MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

# HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
## 14-15 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

Sleep/Fatigue:* _____

School:* _____

Peers:* _____

Family High Risk Factors:* _____

Self Injury:* _____

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, drugs, smoking and driving* | COMMENTS |
| ☐ Hobbies | ☐ Suicide* | ☐ Violent behavior* | |
| ☐ Need for privacy | ☐ Vehicular accidents | Feeding: | |
| ☐ School performance* | ☐ Sports injuries | ☐ 3 balanced meals | |
| ☐ Body image/dieting* | ☐ Bicycle safety/helmet | ☐ Fat content | |
| ☐ Discipline* | ☐ Seatbelts/Airbags | ☐ Iron | |
| ☐ Exercise/Physical activity | ☐ Pool/Water safety | ☐ Calcium | |
| ☐ Sex education/STD's | ☐ Chores | ☐ Obesity | |
| ☐ Television | ☐ Contraception/Family planning | | |

**IV: LAB/IMMUNIZATIONS:** Labs (if high risk): ☐ Hct ☐ UA ☐ Lipid profile ☐ Other: _____

If sexually active: ☐ PAP ☐ Rubella titer ☐ VDRL ☐ Chlamydia ☐ Gonorrhea ☐ HIV counseling ☐ HIV testing

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/discipline at school | ☐ Stable behavior | ☐ Sexual development | |
| ☐ Follows rules/discipline at home | ☐ Engages in age appropriate social activities | | |

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

| | |
|---|---|
| ☐ Handwriting<br>☐ 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, 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** ☐ Dental referral for complete diagnostic workup and orthodontic evaluation, if not done

- ☐ 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 |
|---|---|
| | |