MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
15-17 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

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

Nutrition: ☐ Milk: _____ , _____ oz/feeding _____ times per day ☐ **WIC Referral**
☐ 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)

☐ Temper tantrums* ☐ Rule setting ☐ Simple games ☐ Naps ☐ Lower crib mattress ☐ Matches, lighters ☐ Knives ☐ Reading to child ☐ Parental smoking	☐ Choking hazards - nuts, popcorn, hotdog ☐ Window guards ☐ Hot/Cold ☐ Water heater temperature (<130 F) ☐ Bathtub safety ☐ Toddler car seats/airbags ☐ Poisons/medicines ☐ Smoke Detector	Speech development Feeding: ☐ 3 meals with snacks ☐ Soft drink warning ☐ Self feeding ☐ Using a cup ☐ Variable appetite* ☐ Proper serving sizes ☐ Sweets	COMMENTS

IV: LAB/IMMUNIZATIONS: Labs: ☐ Blood lead level (if not done previously) ☐ 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 ☐ Negative screen ☐ Positive screen - draw blood lead level

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

Minimal Skills ☐ Plays pat-a-cake - R ☐ Waves bye-bye - R ☐ Combines syllables - R ☐ Jabbers - R ☐ Dada/Mama specific - R ☐ Indicates wants - R ☐ Exhibits a range of emotions ☐ Engages in reciptocal play/imitates behavior	Emerging Skills ☐ Simple commands ☐ Listens to story ☐ One body part ☐ Feeds self ☐ 3-6 words ☐ Indicates wants without crying ☐ Drinks from cup independently (no spout)	COMMENTS

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

Minimal Skills ☐ Bangs 2 cubes in hands - R ☐ Stoops and recovers ☐ Walks well ☐ Thumb-finger grasp ☐ Stands alone ☐ Puts block in cup	Emerging Skills ☐ Stacks 2 blocks ☐ Kicks ball ☐ Walks backward ☐ Climbs stairs ☐ Runs ☐ Uses spoon	COMMENTS

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
- ☐ 3-4 words other than "Mama", "Dada" ☐ Repeats sound

COMMENTS

IX. VISION: (Check all that apply)

- ☐ Parental perception of vision

Observation for

- ☐ blinking ☐ Cover test
- ☐ pupillary response ☐ Enjoys short books, bright pictures
- ☐ red reflex/fundus
- ☐ tracking
- ☐ ocular movements

- ☐ Family history of visual disorders
- ☐ Attempts to pick up small objects, bits of food

PMHx: ☐ NICU admission/☐ prolonged oxygen administration

COMMENTS

X. DENTAL ☐ Teeth brushing by parents

- ☐ 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