MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
18-19 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

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Menstrual/Reproductive Hx: Menarche age __________ years LMP: ______________
Gravida: Para: Term Preterm Abortions Living Children

Chronic Illnesses: ______________________ ☐ ER/Hospital utilization since last visit
☐ Triggers reviewed: ______________________
☐ Medications changed/refilled: ______________________

☐ Education ☐ Consult/Referral

Sleep/Fatigue:* ______________________
School:* ______________________
Peers:* ______________________
Work:* ______________________
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*
- ☐ Hobbies
- ☐ Need for privacy
- ☐ School performance*
- ☐ Body image/dieting*
- ☐ Discipline*
- ☐ Exercise/Physical activity
- ☐ Sex education/STD's
- ☐ Television
- ☐ Firearms/Homicide*
- ☐ Suicide*
- ☐ Vehicular accidents
- ☐ Sports injuries
- ☐ Bicycle safety/helmet
- ☐ Seatbelts/Airbags
- ☐ Pool/Water safety
- ☐ Chores
- ☐ Contraception/Family planning
- ☐ Alcohol, drugs, smoking and driving*
- ☐ Violent behavior*

Feeding:
- ☐ 3 balanced meals
- ☐ Fat content
- ☐ Iron
- ☐ Calcium
- ☐ Obesity

COMMENTS

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/vocational performance
- ☐ Sexual development
- ☐ Stable sleep/appetite
- ☐ Changes in mood
- ☐ Changes in behavior
- ☐ Career planning
- ☐ Follows rules/accepts discipline at school/work
- ☐ Follows rules/accepts discipline at home
- ☐ Engages in age appropriate social activities

COMMENTS

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 ☐ 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

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ORDERS

SIGNATURE

DATE