MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION
HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
3 YEARS

I. INTERVAL HISTORY/ PARENT'S CONCERNS:

Sleep:
Activity:
Child Care:
Peer Involvement:
Family High Risk Factors:
Nutrition:
  WIC Referral
Nutrition: Encourage all food groups:
Output: Urine: __________________________
  Stools: _________________________
Chronic Illnesses: __________________________
  ER/Hospital utilization since last visit
  □ □ Triggers reviewed:
  □ □ Medications changed/refilled:
  □ □ Education  □ □ Consult/Referral
  Sleep: __________________________
  Activity: __________________________
  Child Care: __________________________
  Peer Involvement:* __________________________
  Family High Risk Factors:* __________________________
Nutrition: □ WIC Referral
  □ Encourage all food groups: __________________________
Output: Urine: __________________________
  Stools: __________________________

II. UNCLOTHED PHYSICAL EXAM: □ Check Growth Chart

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>NL</th>
<th>ABN</th>
<th>NE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oropharynx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GU</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skeletal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE DATE

DATE NAME DATE OF BIRTH

MO HEALTHNET NUMBER MEDICAL RECORD NUMBER

TEMP RR HEIGHT % BMI

PULSE HEAD CIRC % WEIGHT %

ALLERGIES

□ NKDA

MEDICATIONS

□ NONE

COMMENTS

MO 886-3997 (11-07)
### III. Anticipatory Guidance (Check all that apply)

- Sleeping problems
- Bed wetting
- Cursing
- Stuttering
- Discipline/Time out
- Hyperactivity
- Television/Exercise
- Reading to child

### IV. Lab/Immunizations:

- Labs: Blood lead level (if not done previously at 24 months)
- Other

### V. Lead Screen

- Lead Assessment Guide complete
- Negative screen
- Positive screen - draw blood lead level

### VI. Developmental and Mental Health:

#### Minimal Skills
- Names four pictures
- Puts on clothes - R
- Feed doll
- Brush teeth with help - R
- Speech mostly understandable

#### Emerging Skills
- Attentive ≥ 5 min.
- Appropriate emotional expression
- Seeks out interactions

### VII. Fine Motor/Gross Motor:

#### Minimal Skills
- Jumps up
- Stacks 6 cubes
- Throws ball overhand
- Kicks ball forward

#### Emerging Skills
- Stacks 10 blocks
- Jumps in place
- Dress without help
- Balances on 1 foot for 3-5 seconds
- Picks longer line
- Copies circle/cross
- Draws person - 3 parts
- Rides tricycle

### VIII. Hearing:

- Parental perception of hearing
- Ear exam with pneumatic otoscope
- Observational screening with noisemaker
- ERA/ABR screen for infant in tertiary care > 5 days
- Family history of hearing disorders
- NICU admission/ ear infection/ head injury/
- congenital anomalies/ meningitis/ mumps/ cerebral palsy
- Tympanometry
- Identifies familiar pictures
- Names desired objects (candy, juice)

### IX. Vision:

- Parental perception of vision
- Observation for blinking
- Ocular movements
- Pupillary response
- Tracking
- Objective testing including Snellen E, distance acuity, and light reflex/cover test
- Exam of external eye, funduscopic exam
- Family history of visual disorders
- Eye injuries, foreign substances
- NICU admission
- Prolonged oxygen administration

### X. Dental

- Dental referral for complete diagnostic work-up
- Teeth brushing by parents
- Normal tooth eruption times
- Assess teeth development and oral hygiene - Teeth cleaning
- Fluoride supplements if water fluoridation less than 0.7 ppm

### Orders

- Assessment/Education/Plan

### Comments

- Sun Exposure
- Parental smoking
- Smoke detector