MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
4-5 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: _____
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)

☐ Thumb-sucking/Pacifier ☐ Teething ☐ Stimulation - safe toys ☐ Parent-child interaction* ☐ Father's/Mother's role ☐ Siblings ☐ Travel ☐ Reading to child	☐ Foreign bodies ☐ Rolling over and falls ☐ Sleeping on back ☐ Crib safety ☐ Co-sleeping ☐ Water heater temperature (<130 F) ☐ Sun/Cold Exposure ☐ Car seats/Airbags ☐ Smoke detector ☐ Poisons	☐ Acetaminophen dose ☐ Ipecac ☐ Respiratory infections ☐ Parental smoking Feeding: ☐ Iron/Vitamins ☐ Breast-feeding support ☐ Bottle-propping ☐ Intro to new foods, cereals	COMMENTS

IV: LAB/IMMUNIZATIONS: ☐ Labs: _____

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: ☐ **Parents As Teachers referral** (Check all that apply)

Minimal Skills		Emerging Skills		
☐ Regards face	☐ Responds to touch & being held	☐ Babbles/Coos	☐ Imitates speech sounds	COMMENTS
☐ Responsive smile	☐ Vocalizes - R	☐ Turns to voice/sound	☐ Single syllables	
☐ Laughs/Squeals - R	☐ "OOO/AAH" - R	☐ Recognizes parent	☐ Comforts self	
☐ Uses voice to show emotions				

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

Minimal Skills	Emerging Skills		
☐ Follows to midline	☐ Works for toy	☐ Sits with support	COMMENTS
☐ Follows past midline	☐ Plays with hands	☐ Rolls front to back	
☐ Grasps rattle/toy	☐ Hands to midline	☐ Rolls back to front	
☐ Head up 90 degrees	☐ Hands open	☐ Transfers objects	
☐ Pulls to sitting position, head steady	☐ Reach and grasp	☐ Pushes up on hands	
		☐ Pulls to sit no head lag	

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
☐ Language development

COMMENTS

IX. VISION: (Check all that apply)

☐ Parental perception of vision
Observation for
☐ blinking
☐ pupillary response
☐ red reflex
☐ tracking
☐ ocular movement
☐ Tear glands begin to function
☐ Follows objects across midline
☐ Smiles responsively
☐ Responds to bright colors
☐ Reaches for objects
☐ Cover test
☐ Likes faces
☐ Family history of visual disorders
PMHx: ☐ NICU admission/ ☐ prolonged oxygen administration
Note: Misalignment normal in first six months

COMMENTS

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

COMMENTS

ASSESSMENT/EDUCATION/PLAN

_____

_____

_____

ORDERS

SIGNATURE

DATE