MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
6-8 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)

☐ Night crying ☐ Stimulation - safe toys ☐ Separation anxiety ☐ Parent-child interaction* ☐ Child-proofing cords, electrical sockets, plants, stairs ☐ Reading to child ☐ Respiratory infections ☐ Parental smoking	☐ Foreign bodies ☐ Safe high chair ☐ Crib safety ☐ Co-sleeping ☐ Water heater temperature (<130 F) ☐ Bathtub safety ☐ Playpen safety ☐ Car seats/Airbags ☐ Poisons ☐ Smoke detector	☐ Acetaminophen dose ☐ Ipecac Feeding: ☐ Iron/Vitamins ☐ Breast-feeding support ☐ Bottle-propping ☐ Intro to new foods, cereals, vegetables, fruits ☐ Eating with hands	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 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		Emerging Skills		COMMENTS
☐ Attachment to caretaker	☐ Reciprocal emotions	☐ Vocalizes consonants	☐ Stranger anxiety	
☐ Engages in social play	☐ Laughs - R	☐ Imitates razzing		
☐ Works for toy	☐ Squeals - R	☐ Reciprocal babbles		
☐ Recognizes parent		☐ Comforts self		

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

Minimal Skills	Emerging Skills		COMMENTS
☐ Rolls over - R	☐ Unilateral reach	☐ Rakes with fingers	
☐ Reaches	☐ Rolls both ways	☐ Begins self feeding	
☐ Follows object 180 degrees	☐ Bears weight	☐ Transfers objects	
☐ Regards raisin	☐ Sits without support	☐ Grasp and mouthing	
☐ Lifts chest up with arm support	☐ 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/fundus
- ☐ tracking
- ☐ Cover test
- ☐ focuses on objects and people, not lights
- ☐ Regards hands
- ☐ Follows objects across midline
- ☐ Smiles at mirror image - R
- ☐ Responds to bright colors
- ☐ Reaches for objects

- ☐ 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 ☐ 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