I. INTERVAL HISTORY/PARENT'S CONCERNS/CHILD'S CONCERNS:

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

☐ Education  ☐ Consult/Referral

Fatigue/Sleep:* _________________________________
School:* ____________________________
Peers:* ____________________________
Accidents:* ____________________________
Family High Risk Factors:* ____________________________

Nutrition: ☐ 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>
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<td>General</td>
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<td>Neuro</td>
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SIGNATURE

DATE

MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION
HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
8-9 YEARS

MO 886-3982 (11-07)
III. ANTICIPATORY GUIDANCE (Check all that apply)

- Values
- Peer relations
- Need for privacy
- School performance
- Sexual education
- Discipline
- Exercise/Physical activity
- Supervision
- Parental smoking
- Pedestrian safety
- Firearms/homicide
- Fire safety
- Bicycle safety/helmet
- Seatbelts/Airbags
- Tool safety
- Smoke detector
- Medicines

COMMENTS

IV: LAB/IMMUNIZATIONS:

- Labs: Hct (if high risk)
- UA (if high risk)
- Cholesterol/Lipid profile (if high risk)
- 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: N/A for this age.

VI. DEVELOPMENTAL AND MENTAL HEALTH: (Check all that apply)

- School performance
- Sexual development
- Attends school easily
- Appropriate emotional expression
- Follows rules at school
- Follows rules at home
- Attentive ≥ 60 min.

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
  - pupillary response
  - tracking
  - ocular movement
- Objective testing including Snellen E, distance acuity, light reflex/cover test, 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: Referral for routine preventative dental care q 6 months

- Teeth brushing/flossing
- Normal tooth eruption times
- Assess teeth development and oral hygiene - Teeth cleaning
- Fluoride supplements if water fluoridation less than 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

MO 886-3982 (11-07)