MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
9-11 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)

- ☐ Loss of appetite*
- ☐ Discipline
- ☐ Separation anxiety
- ☐ Strangers
- ☐ Child-proofing cords, electrical sockets, plants, stairs
- ☐ Reading to child
- ☐ Stimulation
- ☐ Parental smoking
- ☐ Choking hazards - nuts, popcorn, hotdogs
- ☐ Safe walkers ☐ Stair guards
- ☐ Crib safety ☐ Co-sleeping
- ☐ Water heater temperature (<130 F)
- ☐ Bathtub safety
- ☐ Car seats/Airbags
- ☐ Poisons
- ☐ Smoke detector
- ☐ Acetaminophen dose
- ☐ Ipecac

Feeding:
- ☐ Iron/Vitamins
- ☐ Breast-feeding support
- ☐ Weaning to cup
- ☐ Intro to new foods, cereals, vegetables, fruits, meats
- ☐ Mashed table food

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
- ☐ Single syllables - R
- ☐ Turns toward voice
- ☐ Feeds self - R
- ☐ Regards own hand - R
- ☐ Imitates speech sounds
- ☐ Expresses/responds to emotions

Emerging Skills
- ☐ Responds to name
- ☐ Interactive games
- ☐ Stranger anxiety/leave
- ☐ Mama/dada, specific
- ☐ Waves bye-bye
- ☐ Indicates wants
- ☐ Drinks from cup
- ☐ 1-2 additional words

COMMENTS

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

Minimal Skills
- ☐ Looks for yarn/object
- ☐ Rakes raisin
- ☐ Passes cube
- ☐ Stands, holding on
- ☐ Pulls to sit, no head lag
- ☐ Sits without support

Emerging Skills
- ☐ Inferior pincer grasp
- ☐ Bangs two blocks
- ☐ Holds bottle
- ☐ Gets to sitting position
- ☐ Stands 2 seconds
- ☐ Probes with fingers
- ☐ Puts block in cup
- ☐ Crawls
- ☐ Pulls to stand/cruises

COMMENTS

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
- ☐ ocular movements
- ☐ focuses on objects and people, not lights
- ☐ Regards hands
- ☐ Likes faces
- ☐ Smiles at mirror image - R
- ☐ Responds to bright colors
- ☐ Reaches for objects
- ☐ Cover test

- ☐ Family history of visual disorders
- ☐ Attempts to pick up small objects, bits of food

PMHx: ☐ NICU admission/ ☐ prolonged oxygen administration

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