Ohio Department of Medicaid

HEALTHCHEK SCREENING PACKET

ODM 03518 (7/2014)

This packet contains one copy of the following material:

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

Ohio Department of Medicaid

WELL CHILD EXAM - INFANCY: NEWBORN - 1 WEEK VISIT

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History	Chief Complaints

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)
	%		%		%				

Birth History ☐ Vaginal ☐ C-Section
Birth Wt. _____ Gestation _____ Complications ☐ Y ☐ N

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Apnea ☐ Y ☐ N ☐ Monitor

Nutrition
☐ Breast every _____ hours
☐ Formula _____ oz every _____ hours
With iron ☐ Y ☐ N
Type or brand
_____
☐ City water ☐ Well water

Elimination
☐ Normal ☐ Abnormal

Sleep
☐ Normal (2-4 hours) ☐ Abnormal
Additional area for comments on page 2

WIC
☐ Y ☐ N
Maternal Infant Health Managed Care Program (MCP) ☐ Y ☐ N
Name _____

Screening and Procedures:

Neonatal Metabolic Screen in Chart
☐ Y ☐ N Test Date _____
☐ Normal ☐ Pending ☐ Today

Hearing
☐ Responds to Sounds
☐ Neonatal ABR or OAE results in chart

Developmental Surveillance
☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment
☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

If At Risk
☐ Vision -Parental observation/concerns

Immunizations:
HepB Given in Hospital?
☐ Y ☐ N ☐ Today
☐ Immunizations Reviewed
☐ Immunizations Given & Charted - *if not given, document rationale*
☐ IMPACTSIIS checked/updated
Labs Done Today ☐ Y ☐ N

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes Jaundice
☐	☐	☐	☐	Head
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)
Results of visit discussed with parent ☐ Y ☐ N

Plan
☐ History/Problem List/Meds Updated
☐ Referrals ☐ Maternal Infant Health MCP
☐ WIC ☐ Help Me Grow TM ☐ Transportation
☐ Children Special Health Care Needs
☐ Other referral _____
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety
☐ Appropriate car seat placed in back seat
☐ Keep home and car smoke-free
☐ Keep hot liquids away from baby
☐ To protect baby, avoid crowded places
☐ Don't leave baby alone in tub or high places; always keep hand on baby
☐ Water temp. <120 degrees/test with wrist
☐ Never shake baby

Nutrition
☐ Hold baby when feeding/don't prop bottle
☐ Breast on demand or feed iron-fortified formula
☐ Breast milk or formula is only fluid/food infant needs
☐ Amount of diaper changes to expect

Infant Care
☐ Thermometer use; antipyretics
☐ Wash hands often
☐ Avoid direct sun/use children's sunscreen
☐ Emergency procedures

Infant Development
☐ Develop feeding/sleep routines
☐ Put baby to sleep on back/Safe Sleep
☐ Put baby to sleep in own crib
☐ Console, hold, cuddle, rock, play w/baby

Family Adjustment
☐ Take time for self and partner
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention
☐ Rest/sleep when baby sleeps

Parental Well Being
☐ Postpartum Check-up, Family Planning
☐ Baby blues, postpartum depression
☐ Accept help from partner, family & friends

Other Anticipatory Guidance Discussed:
_____
_____
_____

Next Well Check: 1 month of age

Developmental Questions and Observations on Page 2

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - INFANCY: NEWBORN - 1 WEEK VISIT

Date	Patient Name	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the infant:

Yes	No	
☐	☐	Please tell me any concerns about the way your baby is behaving or developing: _____
☐	☐	My baby looks at me and listens to my voice.
☐	☐	My baby calms down when picked up.
☐	☐	My baby is sleeping well.
☐	☐	My baby is eating well, sucking well.
☐	☐	My baby can hear sounds.
☐	☐	My baby looks at my face.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am sad more often than I am happy.
☐	☐	I have more good days with my baby than bad days.
☐	☐	I have people who help me when I get frustrated with my baby.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used; _____).

Infant Development			Parent Development		
Infant responds to soothing	☐ Yes	☐ No	Looks at infant	☐ Yes	☐ No
Infant listens to voices	☐ Yes	☐ No	Picks up and soothes infant	☐ Yes	☐ No
Infant fixates on human face, follows with eyes	☐ Yes	☐ No	Listens to infant	☐ Yes	☐ No
Lifts head momentarily	☐ Yes	☐ No	Talks to infant	☐ Yes	☐ No
Moves arms, legs, and head	☐ Yes	☐ No	Touches infant	☐ Yes	☐ No

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

_____

_____

_____

Staff Signature	Provider Signature

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Your Baby's Health at 1 Week

Milestones

Ways your baby is developing between 1 week and 1 months of age.

- Looks at your face when you hold him, follows you as you move.
- Pays attention to your voice.
- Shows she hears sounds by startling, blinking, or crying.
- Moves arms and legs, tries to lift head when lying on tummy.
- Tells you what he needs by fussing or crying.
- Starts to smile

For Help or More Information

Breast feeding, food and health information:

- Women, Infant, and Children (WIC) Program, call 1-800-755-4769, or visit the website at: www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx
- The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding
- LA LECHE League – 1-800-LALECHE (525-3243), or visit the website at: www.lalecheleague.org

Social Support Services:

Contact the local county Department of Job and Family Services Healthchek Coordinator

For families of children with special health care needs:

Bureau for Children with Medical Handicaps, ODH
1-800-755-4769 (Parents) Visit the Website at:
http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: http://www.safercar.gov/
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

Depression after delivery:

For information on depression after childbirth visit this website: http://postpartum.net/ or call the Postpartum Support International Postpartum Depression helpline at 1.800.944.4PPD

If you're concerned about your child's development:

Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at http://www.ndvh.org/

Safety Tips

Use a rear-facing car seat for your baby on every ride. Buckle your baby up in the back seat, away from the air bag.

NEVER shake your baby. Shaking can cause very serious brain damage. Make sure everyone who cares for your baby knows this.

Health Tips

Learn to know when your baby is hungry, so you can feed her before she cries. Your baby may get fussy or turn her head toward your body when you hold her.

Breast milk is the perfect food for babies for at least the first year. Try to breast-feed as long as possible.

If you are giving your baby a bottle, hold him in your arms during feedings. Your baby needs this special time with you.

Immunizations (Shots) protect your baby from many very serious diseases. Make sure your baby gets all of her shots on time.

To lower the chance of your baby dying from Sudden Infant Death Syndrome (SIDS), *ALWAYS* put your baby to sleep on his back in a crib or bassinet. There should be no soft bedding, blankets, pillows, bumper pads, sheepskins, or stuffed toys in the crib or bassinet.

If you or your baby's caregivers smoke, then STOP smoking. Ask visitors who smoke to go outside away from your baby. No one should smoke in the car or other areas when your baby or other children are present.

Keep your baby away from crowds and people who have colds and coughs. Make sure that people who hold or care for your baby wash their hands often.

Call your baby's doctor or nurse before your next visit if you have any questions or worries about your baby.

Parenting Tips

Help your baby learn by playing and talking with him.

Give your baby the gift of your attention. Take lots of time to hold her, look into her eyes, and talk softly.

Comfort your baby when he cries. Your baby fusses and cries to try to tell you what he wants. Holding will not spoil him.

Your baby needs "tummy time" to strengthen muscles. Place your baby on her tummy when she is awake

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614.688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp)

They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Ohio Department of Medicaid

WELL CHILD EXAM - INFANCY: 4 WEEKS

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History	Chief Complaints

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)
	%		%		%				

Birth History ☐ Vaginal ☐ C-Section
Birth Wt. _____ Gestation _____ Complications ☐ Y ☐ N

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Apnea ☐ Y ☐ N ☐ Monitor

Nutrition
☐ Breast every _____ hours
☐ Formula _____ oz every _____ hours
With iron ☐ Y ☐ N
Type or brand _____
☐ City water ☐ Well water

Elimination
☐ Normal ☐ Abnormal

Sleep
☐ Normal (2-4 hours) ☐ Abnormal
Additional area for comments on page 2

WIC
☐ Y ☐ N
Maternal Infant Health Managed Care Program (MCP) ☐ Y ☐ N
Name _____

Screening and Procedures:

Neonatal Metabolic Screen in Chart
☐ Y ☐ N Test Date _____
☐ Normal ☐ Pending ☐ Today

Hearing
☐ Responds to Sounds
☐ Neonatal ABR or OAE results in chart

Developmental Surveillance
☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment
☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

If At Risk
☐ IPPD _____ (result)
☐ Vision - Parental observation/concerns

Immunizations:
HepB Given in Hospital?
☐ Y ☐ N ☐ Today
☐ Immunizations Reviewed, Given & Charted
☐ IMPACTSIIS checked/updated
Labs Done Today ☐ Y ☐ N

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)

Results of visit discussed with parent ☐ Y ☐ N

Plan
☐ History/Problem List/Meds Updated
☐ Referrals
☐ WIC ☐ Help Me Grow TM ☐ Transportation
☐ Maternal Infant Health MCP
☐ Children Special Health Care Needs
☐ Other referral _____
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety
☐ Appropriate car seat placed in back seat
☐ Keep home and car smoke-free
☐ Keep hot liquids away from baby
☐ Smoke detectors
☐ Don't leave baby alone in tub or high places; always keep hand on baby
☐ Water temp. <120 degrees/test with wrist
☐ Never shake baby

Nutrition
☐ Hold baby when feeding/don't prop bottle
☐ Breast on demand or feed iron-fortified formula
☐ Delay solid foods until 4-6 months

Infant Care
☐ Thermometer use; antipyretics
☐ Wash hands often
☐ Avoid direct sun/use children's sunscreen
☐ Emergency procedures

Infant Development
☐ Consistent feeding/sleep routines
☐ Put baby to sleep on back/Safe Sleep
☐ Tummy time while awake
☐ Console, hold, cuddle, rock, play w/baby

Family Adjustment
☐ Take time for self and partner
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention
☐ Discuss child care, returning to work

Parental Well Being
☐ Postpartum Check-up, Family Planning
☐ Baby blues, postpartum depression
☐ Accept help from partner, family & friends

Other Anticipatory Guidance Discussed:
_____
_____
_____

Next Well Check: 2 months of age

Developmental Questions and Observations on Page 2

Provider Signature

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WELL CHILD EXAM - INFANCY: 4 WEEKS

Date	Patient Name	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the infant:

Yes	No	
☐	☐	Please tell me any concerns about the way your baby is behaving or developing: _____
☐	☐	My baby looks at me and listens to my voice.
☐	☐	My baby calms down when picked up.
☐	☐	My baby is sleeping well.
☐	☐	My baby is eating well, sucking well.
☐	☐	My baby can hear sounds.
☐	☐	My baby looks at my face.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am sad more often than I am happy.
☐	☐	I have more good days with my baby than bad days.
☐	☐	I have people who help me when I get frustrated with my baby.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used: _____).

Infant Development		Parent Development	
Cries, coos, and smiles	☐ Yes ☐ No	Looks at infant	☐ Yes ☐ No
Infant responds to soothing	☐ Yes ☐ No	Picks up and soothes infant	☐ Yes ☐ No
Infant listens to voices	☐ Yes ☐ No	Listens to infant	☐ Yes ☐ No
Infant fixates on human face, follows with eyes	☐ Yes ☐ No	Talks to infant	☐ Yes ☐ No
Lifts head momentarily	☐ Yes ☐ No	Touches infant	☐ Yes ☐ No
Moves arms, legs, and head	☐ Yes ☐ No		

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

Your Baby's Health at 4 Weeks

Milestones

Ways your baby is developing between 4 weeks and 2 months of age.

- Looks at your face when you hold him, follows you as you move
- Pays attention to your voice
- Shows she hears sounds by startling, blinking, or crying
- Moves arms and legs, tries to lift head when lying on tummy
- Tells you what he needs by fussing or crying

For Help or More Information

Breast feeding, food and health information:

- Women, Infant, and Children (WIC) Program, call 1-800-755-4769, or visit the website at: www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx
- The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding
- LA LECHE League - 1-800-LALECHE (525-3243), or visit the website at: www.lalecheleague.org

For families of children with special health care needs:

Bureau for Children with Medical Handicaps, ODH
1-800-755-4769 (Parents) Visit the Website at:
http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

Social Support Services:

Contact the local county Department of Job and Family Services Healthchek Coordinator

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: http://www.safercar.gov/
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

Depression after delivery:

For information on depression after childbirth visit this website: http://postpartum.net/ or call the Postpartum Support International Postpartum Depression helpline at 1.800.944.4PPD

If you're concerned about your child's development:

Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at http://www.ndvh.org/

Safety Tips

Use a rear-facing car seat for your baby on every ride. Buckle your baby up in the back seat, away from the air bag.

NEVER shake your baby. Shaking can cause very serious brain damage. Make sure everyone who cares for your baby knows this.

Health Tips

Learn to know when your baby is hungry, so you can feed her before she cries. Your baby may get fussy or turn her head toward your body when you hold her.

Breast milk is the perfect food for babies for at least the first year. Try to breast-feed as long as possible.

If you are giving your baby a bottle, hold him in your arms during feedings. Your baby needs this special time with you.

Immunizations (Shots) protect your baby from many very serious diseases. Make sure your baby gets all of her shots on time.

To lower the chance of your baby dying from Sudden Infant Death Syndrome (SIDS), *ALWAYS* put your baby to sleep on his back in a crib or bassinet. There should be no soft bedding, blankets, pillows, bumper pads, sheepskins, or stuffed toys in the crib or bassinet.

If you or your baby's caregivers smoke, then STOP smoking. Ask visitors who smoke to go outside away from your baby. No one should smoke in the car or other areas when your baby or other children are present.

Keep your baby away from people who have colds and coughs. Make sure that people who hold or care for your baby wash their hands often.

Call your baby's doctor or nurse before your next visit if you have any questions or worries about your baby.

Parenting Tips

Help your baby learn by playing and talking with him.

Give your baby the gift of your attention. Take lots of time to hold her, look into her eyes, and talk softly.

Comfort your baby when he cries. Your baby fusses and cries to try to tell you what he wants. Holding will not spoil him.

Your baby needs "tummy time" to strengthen muscles. Place your baby on her tummy when she is awake.

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp)

They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Ohio Department of Medicaid

WELL CHILD EXAM - INFANCY: 2 MONTHS

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History	Chief Complaints

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)
	%		%		%				

Birth History ☐ Vaginal ☐ C-Section
Birth Wt: _____ Gestation _____ Complications ☐ Y ☐ N

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Apnea ☐ Y ☐ N ☐ Monitor

Nutrition

☐ Breast every _____ hours
☐ Formula _____ oz every _____ hours
With iron ☐ Y ☐ N
Type or brand _____
☐ City water ☐ Well water

Elimination

☐ Normal ☐ Abnormal

Sleep

☐ Normal (2-4 hours) ☐ Abnormal
Additional area for comments on page 2

WIC ☐ Y ☐ N
Maternal Infant Health Managed Care Program (MCP) ☐ Y ☐ N
Name _____

Screening and Procedures:

Neonatal Metabolic Screen in Chart

☐ Y ☐ N Test Date _____
☐ Normal ☐ Pending ☐ Today
☐ Subjective Hearing -Parental observation/ concerns
☐ Subjective Vision -Parental observation/ concerns

Developmental Surveillance

☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

Immunizations:
Follow AAP/AAFP/CDC guidelines
☐ Immunizations Reviewed
☐ Immunizations Given & Charted - *if not given, document rationale*
☐ IMPACTSIIS checked/updated
☐ Acetaminophen mg. q. 4 hours
Labs Done Today ☐ Y ☐ N

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)

Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated
☐ Referrals
☐ WIC ☐ Help Me Grow TM ☐ Transportation
☐ Maternal Infant Health MCP
☐ Children Special Health Care Needs
☐ Other referral _____
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety

☐ Appropriate car seat placed in back seat
☐ Keep home and car smoke-free
☐ Keep hot liquids away from baby
☐ Don't leave baby alone in tub or high places; always keep hand on baby
☐ Water temp. <120 degrees/test with wrist
☐ Never shake baby

Nutrition

☐ Hold baby when feeding
☐ Breast on demand or feed iron-fortified formula
☐ Delay solid foods until 4-6 months

Infant Development

☐ Put baby to sleep on back/Safe Sleep
☐ Learn baby's temperament/responses
☐ Console, hold, cuddle, rock, play with baby
☐ Talk, sing, play music, and read to baby
☐ Tummy time while awake
☐ Consistent feeding/sleep routines
☐ Strategies to deal with fussy periods

Family Adjustment

☐ Encourage partner and other children (as appropriate) to help care for infant
☐ Keep in contact with friends, family
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention
☐ Discuss child care, returning to work, play group

Parental Well Being

☐ Family Planning
☐ Take time for self and spend time alone with your partner

Other Anticipatory Guidance Discussed:
_____
_____
_____

Next Well Check: 4 months of age

Developmental Questions and Observations on Page 2

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - INFANCY: 2 MONTHS

Date	Patient Name	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the infant:

Yes	No	
☐	☐	Please tell me any concerns about the way your baby is behaving or developing: _____
☐	☐	My baby looks at me and listens to my voice.
☐	☐	My baby quiets when picked up.
☐	☐	My baby is sleeping well.
☐	☐	My baby is eating well, sucking well.
☐	☐	My baby makes cooing sounds.
☐	☐	My baby lifts his/her head while on tummy.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am sad more often than I am happy.
☐	☐	I have more good days with my baby than bad days.
☐	☐	I have people who help me when I get frustrated with my baby.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool used _____).

Infant Development		Parent Development	
Coos and vocalizes reciprocally*	☐ Yes ☐ No	Looks at infant	☐ Yes ☐ No
Smiles responsively	☐ Yes ☐ No	Picks up and soothes infant or comforts baby effectively	☐ Yes ☐ No
Follows to midline	☐ Yes ☐ No	Are parent and baby interested in and responsive to each other?	☐ Yes ☐ No
Is attentive to voices, sounds, visual stimuli	☐ Yes ☐ No	Does parent seem depressed, angry, tired, overwhelmed, or uncomfortable?	☐ Yes ☐ No
Some head control in upright position	☐ Yes ☐ No		
Shows pleasure interacting w/parent	☐ Yes ☐ No		

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

Your Child's Health at 2 Months

Milestones

Ways your baby is developing between 2 and 4 months of age.

- Likes to look at and be with familiar people
- Shows excitement by waving arms and legs and smiles when you speak to her
- Eyes follow people and things
- Lifts head and shoulders up when lying on tummy
- Babbles and coos; smiles/laughs/squeals
- Likes toys that make sounds and tries to hold small toys
- Begins to roll from side to side

For Help or More Information:

Breast feeding, food and health information:

- Women, Infant, and Children (WIC) Program, call 1-800-755-4769, or visit the website at: www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx
- The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding
- LA LECHE League - 1-800-LALECHE (525-3243). Visit the website at: www.lalecheleague.org

Social Support Services:

Contact the local county Department of Job and Family Services Healthchek Coordinator

For families of children with special health care needs:

Bureau for Children with Medical Handicaps, ODH
1-800-755-4769 (Parents) Visit the Website at:
http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: http://www.safercar.gov/
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

Depression after delivery:

For information on depression after childbirth visit this website: http://postpartum.net/ or call the Postpartum Support International Postpartum Depression helpline at 1.800.944.4PPD

If you're concerned about your child's development:

Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at http://www.ndvh.org/

Safety Tips

Preventing burns:

- Check to make sure the bath water is lukewarm, not hot, before you put your baby in the water.
- Avoid drinking hot coffee, hot tea, or other hot drinks while holding your baby.
- Keep your baby out of the sun. Dress your baby in a hat with a rim and clothes that cover the arms and legs.

Safety Tips

Use a rear-facing car seat for your baby on every ride. Buckle your baby up in the back seat, away from the air bag.

NEVER shake your baby. Shaking can cause very serious brain damage. Make sure everyone who cares for your baby knows this.

Health Tips

"Well Child" check-ups help keep your baby healthy. Try not to miss these doctor visits. If you do, call for another appointment.

Keep your baby's immunization (shot) card in a safe place and bring it to every doctor or clinic visit.

Breast milk or formula is all that babies this age need to grow. Avoid giving juice to your baby at this age. Sometimes your baby will need to eat more often than other times. This means he is growing faster.

You can keep breastfeeding when you go back to work. For information on breastfeeding and working, talk to your doctor or nurse or call WIC or the La Leche League.

Keep your baby away from people who are smoking. No one should smoke in the car or other areas when your baby or other children are present. Tobacco smoke may cause your baby to be sick with breathing problems, ear infections, and may increase the chance of Sudden Infant Death Syndrome (SIDS).

Continue putting your baby to sleep on her back to lower the chance of SIDS. Make sure grandparents and other baby sitters also put your baby to sleep on her back.

Call your baby's doctor or nurse before your next visit if you have any questions or concerns about your baby's health, growth, or development.

Parenting Tips

Help your baby learn and grow by playing lovingly with him. Talk, read, and sing to your baby and look into her eyes. This helps your baby know you love her. It also helps her brain grow.

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp)

They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Ohio Department of Medicaid

WELL CHILD EXAM - INFANCY: 4 MONTHS

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History	Chief Complaints

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)
	%		%		%				

Birth History ☐ Vaginal ☐ C-Section
Birth Wt: _____ Gestation _____ Complications ☐ Y ☐ N

Anticipatory Guidance/Health Education
(X if discussed)

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Apnea ☐ Y ☐ N ☐ Monitor

Nutrition

☐ Breast every _____ hours
☐ Formula _____ oz every _____ hours
With iron ☐ Y ☐ N
Type or brand _____
☐ City water ☐ Well water
Solids ☐ Y ☐ N

Elimination

☐ Normal ☐ Abnormal

Sleep

☐ Normal (5-6 hours at night) ☐ Abnormal
Additional area for comments on page 2

WIC ☐ Y ☐ N
Maternal Infant Health Managed Care Program (MCP) ☐ Y ☐ N
Name _____

Screening and Procedures:

☐ Subjective Hearing -Parental observation/ concerns
☐ Subjective Vision -Parental observation/ concerns

Developmental Surveillance

☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N
If At Risk
Labs Done Today ☐ Y ☐ N
☐ Hct or Hgb _____

Immunizations:

Follow AAP/AAFP/CDC guidelines
☐ Immunizations Reviewed
☐ Immunizations Given & Charted - *if not given, document rationale*
☐ IMPACTSIIS checked/updated
☐ Acetaminophen _____ mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)
Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated
☐ Referrals
☐ WIC ☐ Help Me Grow TM ☐ Transportation
☐ Maternal Infant Health MCP
☐ Children Special Health Care Needs
☐ Other referral _____
☐ Other _____

Safety

☐ Appropriate car seat placed in back seat
☐ Use safety belt and don't drive under the influence of alcohol or drugs
☐ Keep home and car smoke-free
☐ Don't leave baby alone in tub or high places; always keep hand on baby
☐ Water temp. <120 degrees/test with wrist
☐ Don't use baby walkers
☐ Check home for sources of lead

Nutrition

☐ Breastfeed or give iron-fortified formula
☐ Avoid foods that contribute to allergies
☐ Introduce solid foods at 4-6 months
☐ Wait one week or more to add new food

Oral Health

☐ Discuss teething
☐ Discuss good family oral health habits
☐ Don't share spoon or put pacifier in your mouth to clean.

Infant Development

☐ Consoling a fussy baby
☐ Put baby to sleep on back/Safe Sleep
☐ Learn baby's temperament
☐ Talk, sing, play music, and read to baby
☐ Establish daily and bedtime routines

Family Adjustment

☐ Encourage partner to help care for infant
☐ Take time for self and spend time alone with your partner
☐ Keep in contact with friends, family
☐ Family Planning
☐ Choose responsible babysitters
☐ Discuss child care, returning to work
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
☐ Baby cannot be spoiled by holding, cuddling or rocking

Other Anticipatory Guidance Discussed:
_____
_____
_____

Next Well Check: 6 months of age

Developmental Questions and Observations on Page 2

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - INFANCY: 4 MONTHS

Date	Patient Name	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the infant:

Yes	No	
☐	☐	Please tell me any concerns about the way your baby is behaving or developing _____
☐	☐	My baby cries when upset and seeks comfort.
☐	☐	My baby smiles and laughs.
☐	☐	My baby is sleeping well.
☐	☐	My baby is eating and growing well.
☐	☐	My baby can see and hear.
☐	☐	My baby likes to look at and be with me.
☐	☐	My baby reaches for objects and can hold them.
☐	☐	My baby rolls or tries to roll over from tummy to back.
☐	☐	My baby lets me know what it wants and needs.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am sad more often than I am happy.
☐	☐	I have more good days with my baby than bad days.
☐	☐	I have people who help me when I get frustrated with my baby.
☐	☐	I am enjoying my baby more days than not.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used _____).

Infant Development		Parent Development	
Holds head upright in prone position	☐ Yes ☐ No	Looks at infant and shares baby's smiles	☐ Yes ☐ No
Laughs responsively	☐ Yes ☐ No	The parent comforts baby effectively	☐ Yes ☐ No
Follows past midline	☐ Yes ☐ No	Parent and baby are interested in and respond to each other	☐ Yes ☐ No
No persistent fist clenching	☐ Yes ☐ No	Parent seems depressed, angry, tired, overwhelmed, or uncomfortable	☐ Yes ☐ No
Raises body on hands	☐ Yes ☐ No	Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)	
Seeks eye contact with parent	☐ Yes ☐ No		

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

Your Baby's Health at 4 Months

Milestones

Ways your baby is developing between 4 and 6 months of age.

- Babbles using single consonants such as "dada" or "baba"
- Smiles, laughs, and squeals responsively
- Rolls over from front to back
- Shows interest in toys
- Tries to pass toys from one hand to the other
- May get upset when separated from familiar person(s)
- Sits with support
- Enjoys a daily routine

For Help or More Information:

Breast feeding, food and health information:

- Women, Infant, and Children (WIC) Program, call 1-800-755-4769, or visit the website at: www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx
- The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding
- LA LECHE League – 1-800-LALECHE (525-3243). Visit the website at: www.lalecheleague.org

For families of children with special health care needs:

Bureau for Children with Medical Handicaps, ODH
1-800-755-4769 (Parents) Visit the Website at:
http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

Social Support Services:

Contact the local county Department of Job and Family Services Healthchek Coordinator

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: http://www.safercar.gov/
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

If you're concerned about your child's development:

Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at http://www.cdc.gov/vaccines.

For help finding childcare:

Bureau of Child Care and Development -800.886.3537
http://www.odjfs.state.oh.us/cdc/query.asp

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at http://www.ndvh.org/

Safety Tips

Always keep one hand on your baby when he is on a bed, sofa, or changing table so he does not roll off.

Never leave your baby alone in your home, car or community.

Safety Tips

Use a rear-facing car seat for your baby on every ride. Buckle her up in the back seat, away from the air bag.

Keep the Poison Control Center phone number by your phone: 1-800-222-1222

Health Tips

Check-ups are a good time to ask the doctor or nurse questions about your baby. Make a list of questions before you go.

Keep your baby's immunization (shot) card in a safe place and bring it to every doctor or clinic visit. Babies can get shots even when they have a slight cold.

Your baby is still getting all the nutrition he needs from breast milk or formula. Try to keep breast-feeding until your baby is at least 12 months old. Talk to your doctor about when to start your baby on cereal or other solid foods. This usually happens when your baby is 5 or 6 months old.

Check how your baby sees and hears. Watch to see if her eyes follow moving objects. Watch to see if she turns toward a loud or sudden sound.

Keep putting your baby to sleep on his back. Keep soft bedding and stuffed toys out of the crib. Make sure your baby sleeps by himself in a crib or portable crib.

Call your baby's doctor or nurse before your next visit if you have any questions or concerns about your baby's health, growth, or development.

Parenting Tips

Sing, talk, read to and play with your baby every day. Look at your baby and repeat the sounds she makes.

Put your baby on his tummy to play on the floor. Put toys close to him so he can reach for them.

Try to make a daily routine for you and your baby.

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp)

They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Ohio Department of Medicaid

WELL CHILD EXAM - INFANCY: 6 MONTHS

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History	Chief Complaints

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)
	%		%		%				

Birth History ☐ Vaginal ☐ C-Section
Birth Wt: _____ Gestation _____ Complications ☐ Y ☐ N

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Apnea ☐ Y ☐ N ☐ Monitor

Nutrition
☐ Breast every _____ hours
☐ Formula _____ oz every _____ hours
With iron ☐ Y ☐ N
Type or brand
☐ City water ☐ Well water
Solids ☐ Y ☐ N

Elimination
☐ Normal ☐ Abnormal

Sleep
☐ Normal (6 - 8 hours at night) ☐ Abnormal
Additional area for comments on page 2

WIC ☐ Y ☐ N
Maternal Infant Health Managed Care Program (MCP) ☐ Y ☐ N
Name _____

Screening and Procedures:
☐ Oral Health Risk Assessment
☐ Subjective Hearing - Parental observation/ concerns
☐ Subjective Vision - Parental observation/ concerns

Developmental Surveillance
☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment
☐ Y ☐ N

Screening for Abuse If At Risk ☐ Y ☐N
☐ IPPD _____ (result)
☐ Lead level _____ mcg/dl
Labs Done Today ☐ Y ☐ N

Immunizations:
Follow AAP/AAFP/CDC guidelines
☐ Immunizations Reviewed
☐ Immunizations Given & Charted - *if not given, document rationale*
☐ IMPACTSIIS checked/updated
☐ Acetaminophen mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate/ teeth
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)
Results of visit discussed with parent ☐ Y ☐ N

Plan
☐ History/Problem List/Meds Updated
☐ Referrals
☐ WIC ☐ Help Me Grow TM ☐ Transportation
☐ Maternal Infant Health MCP
☐ Children Special Health Care Needs
☐ Other referral _____
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety
☐ Appropriate car seat placed in back seat
☐ Keep home and car smoke-free
☐ Avoid burns (stove, etc.); lower water heater temperature
☐ Don't leave baby alone in tub/high places
☐ Childproof home - (hot liquids, alcohol, poisons, medicines, outlets, cords, small- sharp objects, plastic bags, safety locks)
☐ Keep in highchair/playpen when in kitchen
☐ Limit time in sun/use sunscreen on baby
☐ Don't use baby walkers

Nutrition
☐ Breastfeed or give iron-fortified formula
☐ Cup for water/juice - limit juice
☐ Avoid foods that contribute to allergies
☐ Introduce solid foods at 4-6 months
☐ Wait one week or more to add new food

Oral Health
☐ Don't put baby to bed with bottle
☐ Discuss teething
☐ Assess fluoride/clean baby's teeth daily

Infant Development
☐ Use upright seat so baby can see family
☐ Talk, sing, play music, and read to baby
☐ Daily and Bedtime Routine (put baby to bed awake)
☐ Safe Exploration Opportunities
☐ Put baby to sleep on back/Safe Sleep

Family Support and Relationships
☐ Family Planning
☐ Chose responsible babysitters
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
☐ Consider parenting classes/support groups/Playgroups

Other Anticipatory Guidance Discussed:
_____
_____
_____

Next Well Check: 9 months of age

Developmental Questions and Observations on Page 2

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - INFANCY: 6 MONTHS

Date	Patient Name	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the infant:

Yes	No	
☐	☐	Please tell me any concerns about the way your baby is behaving or developing: _____
☐	☐	My baby seeks comfort when upset.
☐	☐	My baby smiles and laughs.
☐	☐	My baby says things like “da da” or “ba ba”.
☐	☐	My baby eats some solid foods.
☐	☐	My baby sits with help/support.
☐	☐	My baby can pick up objects.
☐	☐	My baby likes to look at and be with me.
☐	☐	My baby rolls over.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am sad more often than I am happy.
☐	☐	I have people who help me when I get frustrated.
☐	☐	I am enjoying my baby more days than not.
☐	☐	I have a daily routine that seems to work.
☐	☐	I keep in contact with family and friends.
☐	☐	I feel safe with my partner.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used: _____).

Infant Development		Parent Development	
Turns to sounds/voices	☐ Yes ☐ No	Parent shows confidence with baby	☐ Yes ☐ No
Can be comforted most of the time	☐ Yes ☐ No	Parent comforts baby effectively	☐ Yes ☐ No
Smiles, squeals and laughs responsively	☐ Yes ☐ No	Parent and baby are interested in and respond to each other	☐ Yes ☐ No
Has no head lag when pulled to sit	☐ Yes ☐ No	Parent seems depressed, angry, tired, overwhelmed, or uncomfortable	☐ Yes ☐ No
		Parent notices and responds to baby’s wants and needs	☐ Yes ☐ No

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

Your Baby's Health at 6 Months

Milestones

Ways your baby is developing between 6 and 9 months of age.

- Plays games like "peek-a-boo"
- Babbles, imitates vocalizations
- Responds to own name
- Feeds herself with fingers and starts to drink from cup
- Enjoys a daily routine
- Sits up well and may pull to stand
- Crawls, creeps, moves forward by scooting on bottom
- May be unsure of strangers
- May comfort self by sucking thumb or holding special toy
- May get upset when separated from familiar person

For Help or More Information:

Breast feeding, food and health information:

- Women, Infant, and Children (WIC) Program, call 1-800-755-4769, or visit the website at: www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx
- The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding
- LA LECHE League - 1-800-LALECHE (525-3243). Visit the website at: www.lalecheleague.org

Social Support Services:

Contact the local county Department of Job and Family Services Healthchek Coordinator

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: www.safercar.gov/
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

Toy and Baby Product Safety:

Consumer Product Safety Commission, 1-800-638-2772 or www.cpsc.gov/

Prevention of Unintentional childhood injuries:

National Safe Kids Campaign 1-202-662-0600 or www.usa.safekids.org/

If you're concerned about your child's development:

Bureau for Children with Medical Handicaps, ODH
1-800-755-4769 (Parents).Visit the Website at:
http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at http://www.cdc.gov/vaccines.

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at http://www.ndvh.org/

For help finding childcare:

Bureau of Child Care and Development -800.886.3537
http://www.odjfs.state.oh.us/cdc/query.asp

Safety Tips

Make your home safe before for your baby starts to crawl. You will need to keep doing this for several years.

- Put away small objects and things that break
- Tape electric cords to the wall; put covers on outlets
- Put safety gates at the top and bottom of stairs
- Store poisons and pills in a locked cabinet
- Poison Control Center: 1-800-222-1222

Baby walkers cause more injury than any other baby product. Instead of a walker, use a seat without wheels or put your baby on his tummy on the floor.

Health Tips

Signs that your baby is ready to start solid food:

- She can sit up with little or no support
- She shows you she wants to try your food
- She can use her tongue to push food into her throat

Your baby will let you know when he has had enough to eat. Stop feeding your baby when he spits food out, closes his mouth, or turns his head away.

Let your baby begin to learn to drink from a cup. Put water, breast milk, or formula in it. Don't let your baby take a bottle to bed.

Continue to put your baby to sleep on her back. Keep soft bedding and stuffed toys out of the crib. Make sure your baby sleeps by herself in a crib or portable crib.

Parenting Tips

Show your baby picture books and talk about the pictures. Sing simple songs and say nursery rhymes over and over.

Give your baby plenty of time to play on his tummy on the floor. Put toys just out of reach so he will try to crawl. Start playing simple games together like "Peek-a-Boo", "Pat-a-Cake" and "So Big".

Make regular times for eating, sleeping and playing with your baby.

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp)

They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Ohio Department of Medicaid

WELL CHILD EXAM - INFANCY: 9 MONTHS

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History	Chief Complaints

Weight	Percentile	Length	Percentile	Wt for Length Percentile	HC	Percentile	Temp	Pulse	Resp.	BP (if risk)
	%		%	%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Nutrition
☐ Breast every _____ hours
☐ Formula _____ oz every _____ hours
With iron ☐ Y ☐ N
Type or brand _____
☐ City water ☐ Well water
Solids ☐ Y ☐ N

Elimination
☐ Normal ☐ Abnormal

Sleep
☐ Normal (8-10 hours at night) ☐ Abnormal
Additional area for comments on page 2

WIC
☐ Y ☐ N

Maternal Infant Health Program
☐ Y ☐ N

Screening and Procedures:
☐ Oral Health Risk Assessment
☐ Subjective Hearing -Parental observation/ concerns
☐ Subjective Vision -Parental observation/ concerns
☐ LABS _____

Standardized Developmental Screening
☐ Completed Tool Used _____
RESULTS: ☐ No Risk ☐ At Risk

Psychosocial/Behavioral Assessment
☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

If At Risk
☐ Lead level _____ mcg/dl

Immunizations:
☐ Immunizations Reviewed
☐ Immunizations Given & Charted - *if not given, document rationale*
Refer to AAP Guidelines
☐ IMPACTSIIS checked/updated

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/ palate/ teeth
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)

Results of visit discussed with parent ☐ Y ☐ N

Plan
☐ History/Problem List/Meds Updated
☐ Referrals
☐ WIC ☐ Help Me Grow ☐ Transportation
☐ Maternal Infant Health Program (MIHP)
☐ Children Special Health Care Needs
☐ Other referral _____
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety
☐ Appropriate car seat placed in back seat
☐ Pool/water safety
☐ Poison Control Center: 1-800-222-1222
☐ Childproof home - (hot liquids, cigarettes, alcohol, poisons, medicines, outlets, gun safety, cords, small/sharp objects, plastic bags)
☐ Never shake baby
☐ Limit time in sun/use hat & sunscreen
☐ Check home for lead poisoning hazards

Nutrition
☐ Breastfeed or give iron-fortified formula
☐ Encourage self-feeding, cup use
☐ 3 meals and 2-3 snacks w/variety of foods
☐ Avoid foods that contribute to allergies
☐ Increase soft, moist table foods gradually

Infant Development
☐ Talk, sing, play games and read to baby
☐ Consistent Daily/Bedtime Routine
☐ Changing sleep patterns
☐ Safe Exploration Opportunities
☐ Play Pat a Cake, Peek a Boo, So Big
☐ Crib Safety/lower mattress
☐ Avoid TV, videos, computers

Family Support and Relationships
☐ Make time for self, partner, friends
☐ Set examples and use simple words to discipline - don't yell at, hit or shake baby
☐ Use consistent positive discipline
☐ Discuss baby's explorations w/siblings
☐ Chose responsible caregivers
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

Other Anticipatory Guidance Discussed:
_____
_____
_____

Next Well Check: 12 months of age

A standardized developmental screening tool should be administered (Medicaid required and AAP recommended) at the 9 month visit.

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - INFANCY: 9 MONTHS

Date	Patient Name	DOB

Developmental Questions and Observations

A standardized developmental screening tool should be administered (Medicaid required and AAP recommended) at the 9 month visit.

Ask the parent to respond to the following statements about the infant:

Yes	No	
☐	☐	Please tell me any concerns about the way your baby is behaving or developing _____
☐	☐	My baby understands some words.
☐	☐	My baby shows feelings by smiling, crying and pointing.
☐	☐	My baby says things like “da da” or “ba ba”.
☐	☐	My baby can feed self with fingers.
☐	☐	My baby likes to be with me.
☐	☐	My baby is interested and explores new things.
☐	☐	My baby is able to be happy, mad and sad.
☐	☐	My baby can move around on his/her own.
☐	☐	My baby plays games like “peek-a-boo”, “so big” or “pat-a-cake”.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am sad more often than I am happy.
☐	☐	I have people who help me when I get frustrated.
☐	☐	I am enjoying my baby more days than not.
☐	☐	I have a daily routine that seems to work.
☐	☐	I keep in contact with family and friends.
☐	☐	I feel safe with my partner.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. A standardized developmental screening tool should be administered at the 9 month visit (Medicaid required-Tool Used: _____). In addition, the following should be observed:

Infant Development		Parent Development	
Responds to own name.	☐ Yes ☐ No	Shares baby’s smiles	☐ Yes ☐ No
Seeks parent/caregiver for reassurance	☐ Yes ☐ No	Talks to the baby in positive terms	☐ Yes ☐ No
Uses inferior pincer grasp	☐ Yes ☐ No	Touches the baby gently	☐ Yes ☐ No
Shows interest in things around them	☐ Yes ☐ No	Responsive, gentle and protective of the baby	☐ Yes ☐ No
Sits without support	☐ Yes ☐ No	Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)	

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

Your Baby's Health at 9 Months

Milestones

Ways your baby is developing between 9 and 12 months of age.

- Pulls self up and moves holding onto furniture
- May start walking
- Points at things she wants
- Drinks from a cup and feeds himself
- Plays games such as Pat-a-Cake and Peek-a-Boo
- Says 1-3 words (besides "mama," "dada")
- Enjoys books
- Seeks parent for reassurance
- Picks thing up with thumb and one finger
- Is able to be happy, mad and sad

For Help or More Information:

Breast feeding, food and health information:

- Women, Infant, and Children (WIC) Program, call 1-800-755-4769, or visit the website at: www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx
- The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding
- LA LECHE League – 1-800-LALECHE (525-3243). Visit the website at: www.lalecheleague.org

Social Support Services:

Contact the local county Department of Job and Family Services Healthchek Coordinator

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: www.safercar.gov/
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

For information about lead screening:

Medicaid Consumer Hotline-800.324.8680

Prevention of Unintentional childhood injuries:

National Safe Kids Campaign 1-202-662-0600 or www.usa.safekids.org/

For information if you're concerned about your child's development:

Bureau for Children with Medical Handicaps, ODH 1-800-755-4769 (Parents).Visit the Website at: http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at http://www.cdc.gov/vaccines.

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at http://www.ndvh.org/

Poison Control Center: 1-800-222-1222

Health Tips

Wash your hands often; especially after diaper changes and before you feed your baby. Wash your baby's toys with soap and water.

Slowly add foods that feel different to your baby. Foods that are crushed, blended, mashed, small chopped pieces, and soft lumps – foods like mashed vegetables or cooked pasta.

Let your baby drink some water, breast milk, or formula from a cup.

Keep soft bedding and stuffed toys out of the crib. Make sure your baby sleeps by herself in crib or portable crib.

Call your baby's doctor or nurse before your next visit if you have any questions or concerns about your baby's health, growth, or development.

Keep your baby's new teeth healthy. Clean them after feedings. Use the corner of a clean cloth or a tiny, soft toothbrush. Don't let your baby take a bottle to bed.

Parenting Tips

Read to your baby. Show your baby picture books and talk about the pictures. Sing songs and say nursery rhymes.

Make your home safe and encourage your baby to explore.

Babies develop in their own way. Your baby should keep learning and changing. If you think he is not developing well, talk to your doctor or nurse.

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp)

They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

Always watch your baby in the bathtub. Drowning can happen quickly and silently in only a few inches of water. Take your baby with you if you have to leave the room.

Buckle up your baby in a car seat facing the rear of the car for the first year. Keep your baby in the back seat. It's the safest place for children to ride.

Ohio Department of Medicaid

WELL CHILD EXAM - EARLY CHILDHOOD: 12 MONTHS

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History	Chief Complaints

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)
	%		%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Nutrition
☐ Breast every _____ hours
☐ Formula _____ oz every _____ hours
With iron ☐ Y ☐ N
Type or brand _____
☐ City water ☐ Well water

WIC ☐ Y ☐ N

Elimination
☐ Normal ☐ Abnormal

Sleep
☐ Normal (8 - 12 hours) ☐ Abnormal
Additional area for comments on page 2

Screening and Procedures:
☐ Oral Health Risk Assessment
☐ Subjective Hearing - Parental observation/ concerns
☐ Subjective Vision - Parental observation/ concerns
☐ Hct or Hgb _____
☐ Lead level _____ mcg/dl (required for Medicaid

☐ Labs _____

Developmental Surveillance
☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment
☐ Y ☐ N

Screening for Abuse If At Risk ☐ Y ☐ N
☐ IPPD (result)

Immunizations:
☐ Immunizations Reviewed, Given & Charted - *if not given, document rationale*
(Refer to AAP Guidelines)
☐ Impactsis (OH registry) updated

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate / teeth
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)

Results of visit discussed with parent ☐ Y ☐ N

Plan
☐ History/Problem List/Meds Updated
☐ Fluoride Varnish Applied
☐ Referrals
☐ WIC ☐ Help Me Grow
☐ Children Special Health Care Needs
☐ Transportation ☐ Dentist
☐ Other _____
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety
☐ Keep Poison Control number handy
☐ Appropriate car seat placed in back seat
☐ Pool/tub/water safety
☐ Use gates, safety locks, window guards
☐ Childproof home - (dangling cords, heaters, stairs, poisons, medicines, outlets, guns, smoke detectors)
☐ Supervise near pets, mowers, driveways, streets

Nutrition
☐ Discuss Weaning, use whole milk
☐ Self Feeding (avoid hard small food)
☐ 3 nutritious meals, 2-3 healthy snacks
☐ Don't force child to eat

Oral Health
☐ If using bottle offer only water
☐ Brush toddler's teeth twice a day with a soft toothbrush and water
☐ Schedule first dental exam

Infant Development
☐ Interactive talking, singing, and reading
☐ Daily/Bedtime Routine
☐ Encourage Safe Exploration
☐ Discourage hitting, biting, aggressive behavior
☐ Avoid TV, videos, computers

Family Support and Relationships
☐ Set simple limits (e.g., use distraction)
☐ Praise good behavior
☐ Set examples and use simple words to discipline – don't yell at, hit or shake baby
☐ Special relationships with parents/caregivers
☐ Encourage trusting relationships
☐ Young siblings should not supervise toddler
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
☐ Hold and cuddle child

Next Well Check: 15 months of age

Developmental Questions and Observations on Page 2

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - EARLY CHILDHOOD: 12 MONTHS

Date	Patient Name	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the toddler:

Yes	No	
☐	☐	Please tell me any concerns about the way your toddler is behaving or developing _____
☐	☐	My toddler likes to be with me.
☐	☐	My toddler is interested in people, places and things.
☐	☐	My toddler shows different feelings.
☐	☐	My toddler drinks from a cup.
☐	☐	My toddler eats a variety of foods.
☐	☐	My toddler can make sounds.
☐	☐	My toddler pulls self to standing position.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am sad more often than I am happy.
☐	☐	I have people who help me when I get frustrated with my toddler.
☐	☐	I am enjoying my time with my toddler.
☐	☐	I have time for myself, partner and friends.
☐	☐	I feel safe with my partner.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used: _____).

Toddler Development		Parent Development	
Stands alone 2 seconds or more	☐ Yes ☐ No	Appropriately disciplines toddler	☐ Yes ☐ No
Walks with help	☐ Yes ☐ No		
Says “Dada or Mama” specifically	☐ Yes ☐ No	Positively talks, listens, and responds to toddler	☐ Yes ☐ No
Responds to No	☐ Yes ☐ No		
Precise pincer grasp	☐ Yes ☐ No	Parent is loving toward toddler	☐ Yes ☐ No
Indicates wants by pointing or gestures	☐ Yes ☐ No		
Is able to transition from one activity to another throughout the day	☐ Yes ☐ No	Uses words to tell toddler what is coming next	☐ Yes ☐ No
Appears to have a secure, attached relationship with parent	☐ Yes ☐ No		

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

Your Baby's Health at 12 Months

Milestones

Ways your child is developing between 12 and 15 months of age.

- Speaks more and more words: 3-10 words by 15 months
- Stacks two or three blocks
- Walks well, climbs steps with help
- Follows simple directions
- Is curious and likes to explore people, places, and things
- Protests and says, "NO!"
- Touches, hugs, and kisses

For Help or More Information:

Health and Nutrition program:

- Women, Infant, and Children (WIC) Program, call 1-800-755-4769, or visit the website at: www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx

Social Support Services: Contact the local county Department of Job and Family Services Healthchek Coordinator

For families of children with special health care needs call:

Bureau for Children with Medical Handicaps, ODH
1-800-755-4769 (Parents).Visit the Website at:
http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

For help finding childcare:

For help finding childcare:
Bureau of Child Care and Development -800.886.3537
http://www.odjfs.state.oh.us/cdc/query.asp

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: www.safercar.gov/
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

For information about lead screening:

Medicaid Consumer Hotline-800.324.8680

Prevention of Unintentional childhood injuries:

National Safe Kids Campaign 1-202-662-0600 or
www.usa.safekids.org/

If you're concerned about your child's development:

Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

Poison Prevention:

Call the Poison Control Center at 1-800-222-1222 or online at **www.mitoxic.org/pcc** or www.spectrum-health.org

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at http://www.cdc.gov/vaccines

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at http://www.ndvh.org/

Health Tips

Make sure your child gets her immunizations (shots) on time to protect her from many serious diseases. If your child has missed any shots, make an appointment to catch up.

Your child should be eating different kinds of healthy foods. Eating small pieces of soft table food can give your child the nutrition he needs.

Let your child drink from a cup.

Call your child's doctor or nurse before your next visit if you have any questions or concerns about your child's health, growth, or development.

Parenting Tips

Play, read, and talk with your child every day. Repeat songs and nursery rhymes that she likes.

Name your child's feelings out loud – happy, sad or mad. Use words to tell him what is coming next. Your child can understand more words than he can say.

Calmly, set limits to keep your child safe by giving her something different to do. Praise your child when she does things that you like.

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

Your child should ride in a rear-facing child safety seat in the back seat of the vehicle as long as possible. He should be at least 12 months old AND weigh at least 20 pounds before he is placed in a forward-facing toddler car seat.

As your child learns to walk and climb, make sure your house is safe to explore. Keep the floor clean, lock poisons away, put things that break on a high shelf, and keep gates closed on stairs.

Your child can choke on small objects. Keep small, hard, round objects (coins, small blocks) out of reach. Avoid giving round pieces of food, such as hot dog slices, grapes, or nuts to eat.

Ohio Department of Medicaid

WELL CHILD EXAM - EARLY CHILDHOOD: 15 MONTHS

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History	Chief Complaint

Weight	Percentile	Length	Percentile	Wt. for length Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP
	%		%	%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Nutrition
☐ Whole milk, cup only
☐ Solids _____ servings per day
☐ City water ☐Well water

WIC ☐ Y ☐ N

Elimination ☐ Normal ☐ Abnormal

Sleep
☐ Normal (8 - 12 hours) ☐ Abnormal
Additional area for comments on page 2

Screening and Procedures:
☐ Subjective Hearing -Parental observation/ concerns
☐ Subjective Vision -Parental observation/ concerns

Developmental Surveillance
☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment
☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

Immunizations:
☐ Immunizations Reviewed, Given & Charted - *if not given, document rationale*
Refer to AAP immunization guidelines
☐ Impactsis (OH registry) updated

Labs
☐ _____ ☐ _____
☐ _____ ☐ _____

☐ Acetaminophen _____ mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate/ teeth
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)
Results of visit discussed with parent ☐ Y ☐ N

Plan
☐ History/Problem List/Meds Updated
☐ Fluoride Varnish Applied
☐ Referrals
☐ WIC ☐ Help Me Grow
☐ Children Special Health Care Needs
☐ Transportation□ Dentist
☐ Other _____
☐ Other _____

Anticipatory Guidance/Health Education (X if discussed)

Safety
☐ Keep Poison Control number handy
☐ Appropriate car seat placed in back seat
☐ Test smoke detectors (one on every level)
☐ Use stair gates, safety locks, window guards
☐ Childproof home - (window guards, cleaners, medicines, outlets, guns, dangling cords)
☐ Never leave child alone in home or car
☐ Turn pot handles to back of stove
☐ Limit time in sun-use hat/sunscreen
☐ Keep hot liquids and matches out of reach
☐ Avoid TV viewing

Oral Health
☐ Brush toddler's teeth with soft toothbrush/water twice daily
☐ Make first dental appointment if not done yet
☐ Use good family oral habits
☐ Don't share utensils or cups

Sleep Routines and Issues
☐ Bedtime Routine
☐ Strategies for night waking
☐ Don't put to bed with bottle

Child Development and Behavior
☐ Stranger anxiety & separation anxiety
☐ Promote child's language by using simple clear words and phrases
☐ Allow child choices acceptable to you
☐ Speak to your child reassuringly
☐ Use distraction e.g. an alternative activity
☐ Praise good behavior and activities
☐ Use discipline to teach, not punish

Family Support and Relationships
☐ Keep family outings short and simple
☐ Help child express emotions appropriately
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

Other Anticipatory Guidance Discussed:
_____
_____
_____

Next Well Check: 18 months of age

Developmental Questions and Observations on Page 2

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - EARLY CHILDHOOD: 15 MONTHS

Date	Patient Name	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the toddler:

Yes	No	
☐	☐	Please tell me any concerns about the way your toddler is behaving or developing:
		_____
☐	☐	My toddler likes to be with me.
☐	☐	My toddler is interested in people, places and things.
☐	☐	My toddler shows different feelings.
☐	☐	My toddler feeds self with fingers/spoon and drinks from a cup.
☐	☐	My toddler can stack 2 - 3 blocks.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am sad more often than I am happy.
☐	☐	I have people who help me when I get frustrated with my toddler.
☐	☐	I am enjoying my time with my toddler.
☐	☐	I have time for myself, partner and friends.
☐	☐	I feel safe with my partner.

Developmental Milestones

Always ask parents if they have concerns about development or behavior. A standardized developmental and autism screening tool should be administered at the 18 month visit (Medicaid required-Tool Used _____). If the child is unlikely to return for an 18 month visit, the standardized screens should be completed at the 15 month visit. In addition, the following should be observed:

Toddler Development		Parent Development	
Understands simple commands	☐ Yes ☐ No	Appropriately disciplines toddler	☐ Yes ☐ No
Walks without support	☐ Yes ☐ No		
Says at least 3 - 5 words	☐ Yes ☐ No	Positively talks, listens, and responds to toddler	☐ Yes ☐ No
Indicates wants by pointing or gestures.	☐ Yes ☐ No		
Is able to transition from one activity to another throughout the day	☐ Yes ☐ No	Parent is loving toward toddler	☐ Yes ☐ No
Appears to have a secure and attached relationship with parent	☐ Yes ☐ No	Uses words to tell toddler what is coming next	☐ Yes ☐ No

Please note: Any concerns raised during surveillance should be promptly addressed with standardized developmental screening tests. In addition, screening tests should be administered regularly at the 9-, 18-, and 24- or 30- month visits (*AAP, 2006, Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening*)

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

Your Baby's Health at 15 Months

Milestones

Ways your child is developing between 15 and 18 months of age.

- Says phrases of at least two words
- Walks, may run a bit, climbs up or down one stair
- Likes pull toys and likes being read to
- Is curious and likes to explore people, places and things
- Protests and says, "NO!"
- Imitates others
- Kisses and shows affection
- Makes marks with a crayon

For Help or More Information:

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236 or online at www.nhtsa.dot.gov
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

For information about childhood immunizations:
Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at http://www.cdc.gov/vaccines.

Social Support Services:

Contact the local county Department of Job and Family Services Healthchek Coordinator

For information about lead screening:

Medicaid Consumer Hotline-800.324.8680

Posion Prevention:

Call the Poison Control Center at 1-800-222-1222

If you're concerned about your child's development:

Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

Parenting skills or support:

Call Cooperative Extension for classes-614. 688.5378

For families of children with special health care needs:

Bureau for Children with Medical Handicaps, ODH
1-800-755-4769 (Parents).Visit the Website at:
http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

Prevention of Unintentional childhood injuries:

National Safe Kids Campaign 1-202-662-0600 or www.safekids.org

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

For help finding childcare:

Bureau of Child Care and Development -800.886.3537
http://www.odjfs.state.oh.us/cdc/query.asp

Health Tips

Your child's check-ups will be spaced farther apart as your child gets older. If you have concerns between checkups, be sure to call the doctor or nurse and ask questions.

Check to make sure your child has had all the shots he needs. If your child has missed some shots, make an appointment to get them soon. Your child needs all of the required shots to have the best protection against serious diseases.

Your child's appetite may be less than in the past. Offer a variety of healthy foods. Let her decide how much of each food to eat. Do not force her to finish food.

Your child needs two cups of milk or yogurt, or three slices of cheese each day. Avoid low-fat foods until age 2.

Each child develops in his own way, but you know your child best. If you think he is not developing well, you can get a free screening. Call your child's doctor or nurse if you have questions.

Parenting Tips

Name your child's feelings out loud – happy, sad or mad. Use words to tell her what is coming next. Your child can understand more words than she can say. Give your child simple choices. Example "squash or peas?"

Calmly set limits for your child by giving him something different to do. Praise him when he does things that you like.

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp)

They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

Falls often cause young children to get hurt. Take your child to a safe playground. Find one that has padding, sand, or wood chips under the toys. Look for small toys that fit a toddler. Stay close to your child while he is playing.

Your child may try to get out of her car seat. Avoid letting her get out, because then she will try again and again.

- If she tries, be firm, stop the car, and refuse to move until she stays buckled in.
- Take soft toys, picture books, and music to entertain your child in the car.
- Wear your own seat belt, too.

Ohio Department of Medicaid

WELL CHILD EXAM - EARLY CHILDHOOD: 18 MONTHS

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History	Chief Complaint

Weight	Percentile	Length	Percentile	Wt. for length Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP
	%		%	%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Nutrition
☐ Whole milk, cup only
☐ Solids _____ servings per day
☐ City water ☐ Well water
WIC ☐ Y ☐ N
Elimination ☐ Normal ☐ Abnormal
Sleep
☐ Normal (8 - 12 hours) ☐ Abnormal
Additional area for comments on page 2

Screening and Procedures:
☐ Oral Health Risk Assessment
☐ Subjective Hearing -Parental observation/ concerns
☐ Subjective Vision -Parental observation/ concerns
Standardized Developmental Screening
☐ Completed
Tool Used _____
RESULTS: ☐ No Risk ☐ At Risk
Autism Screening
☐ Completed
RESULTS: ☐ No Risk ☐ At Risk
Psychosocial/Behavioral Assessment
☐ Y ☐ N
Screening for Abuse ☐ Y ☐ N

If Risk:
☐ IPPD _____ (result)
☐ Hct or Hgb _____ (result)
☐ Lead level _____ mcg/dl
☐ Labs _____

Immunizations:
☐ Immunizations Reviewed, Given & Charted - *if not given, document rationale*
(Refer to AAP immunization guidelines)
☐ Impactsis (OH registry) updated
☐ Acetaminophen _____ mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate/ teeth
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)
Results of visit discussed with parent ☐ Y ☐ N

Plan
☐ History/Problem List/Meds Updated
☐ Fluoride Varnish Applied
☐ Referrals
☐ WIC ☐ Help Me Grow ☐ Dentist
☐ Children Special Health Care Needs
☐ Transportation ☐ Other _____
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety
☐ Keep Poison Control number handy
☐ Appropriate car seat placed in back seat
☐ Parents use of seat belts
☐ Use stair gates, safety locks, window guards
☐ Childproof home - (window guards, cleaners, medicines, outlets, guns, dangling cords)
☐ Supervise near mowers, driveways, streets
☐ Smoke detectors, keep matches out of sight
☐ Check home for lead poisoning hazards

Nutrition
☐ Offer child a new food several times
☐ Let toddler decide what/how much to eat
☐ 3 nutritious meals, 2-3 healthy snacks

Oral Health
☐ Don't put toddler to bed with bottle
☐ Brush toddler's teeth w/soft toothbrush

Child Development and Behavior
☐ Set specific limits, be consistent
☐ Delay Toilet Training until child is ready
☐ May be anxious with new people/situations
☐ Interactive talking, playing, singing, reading
☐ Use simple clear phrases with your child
☐ Help child focus on another activity when upset
☐ Praise good behavior and accomplishments
☐ Use discipline to teach, not punish

Family Support and Relationships
☐ Keep family outings short and simple
☐ Allow older children their own space/ toys
☐ Help child express emotions appropriately
☐ Eat meals as a family
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

Other Anticipatory Guidance Discussed:
_____
_____
_____

Next Well Check: 24 months of age

A standardized developmental and autism screening tool should be administered (Medicaid required & AAP recommended) at the 18 month visit.
For M-Chat autism screening tool, go to: http://www.firstsigns.org/downloads/m-chat.PDF

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - EARLY CHILDHOOD: 18 MONTHS

Date	Patient Name	DOB

Developmental Questions and Observations
A standardized developmental and autism screening tool should be administered (Medicaid required and AAP recommended) at the 18 month visit.

Ask the parent to respond to the following statements about the toddler:

Yes	No	
☐	☐	Please tell me any concerns about the way your toddler is behaving or developing: _____
☐	☐	My toddler likes to be with me.
☐	☐	My toddler is interested in people, places and things.
☐	☐	My toddler shows different feelings.
☐	☐	My toddler feeds self with fingers/spoon and drinks from a cup.
☐	☐	My toddler can stack 2 – 3 blocks.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am sad more often than I am happy.
☐	☐	I have people who help me when I get frustrated with my toddler.
☐	☐	I am enjoying my time with my toddler.
☐	☐	I have time for myself, partner and friends.
☐	☐	I feel safe with my partner.

Developmental Milestones

A standardized developmental and autism screening tool should be administered (Medicaid required) at the 18 month visit. (Medicaid required-Tool Used: _____). For M-CHATs Screening Tool go to http://www.firstsigns.org/downloads/m-chat.PDF. Always ask parents if they have concerns about development or behavior. In addition, the following should be observed:

Toddler Development		Parent Development	
Understands simple commands	☐ Yes ☐ No	Appropriately disciplines toddler	☐ Yes ☐ No
Walks well, stoops	☐ Yes ☐ No		
Says 3 - 10 words	☐ Yes ☐ No	Positively talks, listens, and responds to toddler	☐ Yes ☐ No
Indicates wants by pointing or gestures.	☐ Yes ☐ No		
Is able to transition from one activity to another throughout the day	☐ Yes ☐ No	Parent is loving toward toddler	☐ Yes ☐ No
Appears to have a secure and attached relationship with parent	☐ Yes ☐ No	Uses words to tell toddler what is coming next	☐ Yes ☐ No

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

Your Child's Health at 18 Months

Milestones

Ways your child is developing between 18 and 24 months.

- Says phrases of at least two words
- Stacks five or six blocks
- Is curious and likes to explore people, places and things
- Protests and says, "NO!"
- Kicks and throws a ball
- Imitates adults
- Kisses and shows affection
- Follows two-step directions

For Help or More Information:

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236 or online at www.nhtsa.dot.gov
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

For information about childhood immunizations:
Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at http://www.cdc.gov/vaccines.

For information about lead screening:
Medicaid Consumer Hotline-800.324.8680

Poison Prevention:
Call the Poison Control Center at 1-800-222-1222 or online at www.mitoxic.org/pcc or www.spectrum-health.org

Social Support Services: Contact the local county Department of Job and Family Services Healthchek Coordinator

For help finding childcare:
Bureau of Child Care and Development -800.886.3537
http://www.odjfs.state.oh.us/cdc/query.asp

If you're concerned about your child's development:
Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

Parenting skills or support:
Call Cooperative Extension for classes-614. 688.5378

Support for families of children with special health care needs:
Children Special Health Care Services, Family phone line at 1-800-359-3722 Bureau for Children with Medical Handicaps, ODH 1-800-755-4769 (Parents).Visit the Website at:
http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

Prevention of Unintentional childhood injuries:
National Safe Kids Campaign 1-202-662-0600 or www.safekids.org.

Domestic Violence hotline:
National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

Health Tips

Your child's check-ups will be spaced farther apart as your child gets older. If you have concerns between checkups, be sure to call the doctor or nurse and ask questions.

Check to make sure your child has had all the shots he needs. If your child has missed some shots, make an appointment to get them soon. Your child needs all of the required shots to have the best protection against serious diseases.

Your child's appetite may be less than in the past. Offer her a variety of healthy foods. Let her decide how much of each food to eat. Do not force her to finish food.

Your child needs two cups of milk or yogurt, or three slices of cheese each day. Avoid low-fat foods until age 2.

Each child develops in his own way, but you know your child best. If you think he is not developing well, you can get a free screening. Call your child's doctor or nurse if you have questions.

Parenting Tips

Name your child's feelings out loud – happy, sad or mad. Use words to tell her what is coming next. Your child can understand more words than she can say. Give your child simple choices. Example "squash or peas?"

Calmly set limits for your child by giving him something different to do. Praise him when he does things that you like.

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

Falls often cause young children to get hurt. Take your child to a safe playground. Find one that has padding, sand, or wood chips under the toys. Look for small toys that fit a toddler. Stay close to your child while they are playing.

Your child may try to get out of her car seat. Avoid letting her get out, because then she will try again and again.

- If she tries, be firm, stop the car, and refuse to move until she stays buckled in.
- Take soft toys, picture books, and music to entertain your child in the car.
- Wear your own seat belt, too.

Ohio Department of Medicaid

WELL CHILD EXAM - EARLY CHILDHOOD: 24 MONTHS

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications
Prenatal/Family History	Chief Complaints

Weight	Percentile	Length	Percentile	HC	Percentile	BMI	Temp.	Pulse	Resp.	BP
	%		%		%					

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Nutrition

☐ Grains _____ servings per day
☐ Fruit/Vegetable _____ servings per day
☐ Whole Milk _____ servings per day
☐ Meat/Beans _____ servings per day
☐ City water ☐ Well water ☐ Bottled water
WIC ☐ Y ☐ N

Elimination ☐ Normal ☐ Abnormal

Sleep

☐ Normal (8 -12 hours) ☐ Abnormal
Additional area for comments on page 2

Screening and Procedures:

☐ Oral Health Risk Assessment
☐ Lead level _____ mcg/dl (required for Medicaid)
☐ Subjective Hearing -Parental observation/ concerns
☐ Subjective Vision -Parental observation/ concerns

Autism Screening ☐ Completed
RESULTS: ☐ No Risk ☐ At Risk

Developmental Surveillance

☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

If Risk:

☐ IPPD _____ (result)
☐ Hct or Hgb _____ (result)
☐ Dyslipidemia _____ (result)
☐ Labs _____

Immunizations:

☐ Immunizations Reviewed, Given & Charted - *if not given, document rationale*
(Refer to AAP Guidelines)
☐ Impactsis (OH registry) updated

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate/ teeth
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)
Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated
☐ Fluoride Varnish Applied
☐ Referrals
☐ WIC ☐ Help Me Grow
☐ Children Special Health Care Needs
☐ Transportation ☐ Dentist
☐ Other _____
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety

☐ Teach child to wash hands, wipe nose w/tissue
☐ Limit screen time, watch programs together
☐ Appropriate car seat placed in back seat
☐ Pool/tub/water safety
☐ Use bike helmet
☐ Childproof home - (hot liquids/pots, window guards, cleaners, medicines, knives, guns)
☐ Supervise near pets, mowers, streets
☐ Supervise play, ensure playground safety
☐ Parents use of seat belts

Nutrition/physical safety

☐ Eat meals as a family
☐ 3 nutritious meals, 2-3 healthy snacks
☐ Let toddler decide what/how much to eat
☐ Family physical activity
☐ Physical activity in a safe environment

Oral Health

☐ Dental appointment
☐ Brush teeth w/fluoridated toothpaste

Child Development

☐ Listen to and respect your child
☐ Reinforce limits, be consistent
☐ Begin toilet training when child is ready
☐ Hug, talk, read, and play together
☐ Model appropriate language
☐ Encourage self-expression, choices
☐ Praise good behavior and accomplishments
☐ Use positive discipline

Family Support and Relationships

☐ Don't expect toddler to share all toys
☐ Help child express emotions
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
☐ Discuss child care, play groups, preschool, early intervention programs, parenting

Other Anticipatory Guidance Discussed:
_____
_____
_____

Next Well Check: 30 months of age

An autism screening tool should be administered at the 24 month visit.
For M-Chat autism screening tool, go to:
http://www.firstsigns.org/downloads/m-chat.PDF
Developmental Questions and Observations on Page 2

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - EARLY CHILDHOOD: 24 MONTHS

Date	Patient Name	DOB

Developmental Questions and Observations

An autism screening tool should be administered at the 24 month visit. If a standardized developmental screening was not completed at 18 months or the child is unlikely to return for a 30 month visit, the standardized screen should occur at the 24 month visit.

Ask the parent to respond to the following statements about the toddler:

Yes	No	
☐	☐	Please tell me any concerns about the way your toddler is behaving or developing
		_____
☐	☐	My toddler likes to be with me.
☐	☐	My toddler is interested in people, places and things.
☐	☐	My toddler smiles, laughs, protests and says, "No".
☐	☐	My toddler uses 2-3 word phrases.
☐	☐	My toddler eats a variety of foods.
☐	☐	My toddler can stack 5-6 blocks.
☐	☐	My toddler can kick a ball.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I have people who help me when I get frustrated with my toddler.
☐	☐	I am enjoying my time with my toddler.
☐	☐	I have time for myself, partner and friends.
☐	☐	I feel safe with my partner.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. A standardized autism screening tool should be administered at the 24 month visit (Medicaid required-Tool Used: _____). If a standardized developmental screening was not completed at 18 months or the child is unlikely to return for a 30 month visit, the standardized screen should occur at the 24 month visit. For M-Chat autism screening tool, go to: http://www.firstsigns.org/downloads/m-chat.PDF. In addition, the following should be observed:

Toddler Development		Parent Development	
Understands two step verbal commands	☐ Yes ☐ No	Appropriately disciplines toddler	☐ Yes ☐ No
Imitates adults	☐ Yes ☐ No		
Vocabulary of at least 50 words	☐ Yes ☐ No	Positively talks, listens, and responds to toddler	☐ Yes ☐ No
Uses words to communicate with others	☐ Yes ☐ No		
Points to 6 named body parts (nose, eyes, ears, mouth, hands, feet, tummy, hair)	☐ Yes ☐ No	Parent is loving toward toddler.	☐ Yes ☐ No
Avoids eye contact and touch	☐ Yes ☐ No	Uses words to tell toddler what is coming next	☐ Yes ☐ No
Often fearful and irritable	☐ Yes ☐ No		

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

Your Child's Health at 24 Months

Milestones

Ways your child is developing between 2 and 2 ½ years of age.

- May not want to do what parent wants; says, "NO" often
- Likes to explore
- Shows feelings and is playful with others
- Jumps in place, kicks a ball
- Uses short 3 - 4 word phrases
- Can point to 6 body parts
- May have fears about unexpected changes
- Begins to play with other children
- Is able to feed and dress self
- Plays "make believe" games with dolls and stuffed animals

***For Help or More Information*:**

Safe Gun Storage Information:
Call 1-202-662-0600 or go to www.usa.safekids.org

For help finding childcare:
Bureau of Child Care and Development -800.886.3537
http://www.odjfs.state.oh.us/cdc/query.asp

Social Support Services:
Contact the local county Department of Job and Family Services Healthchek Coordinator

For information about lead screening:
Medicaid Consumer Hotline-800.324.8680

Poison Prevention:
Call the Poison Control Center at 1-800-222-1222

If you're concerned about your child's development:
Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

Parenting skills or support:
Call Cooperative Extension for classes-614. 688.5378

Support for families of children with special health care needs:
Bureau for Children with Medical Handicaps, ODH
1-800-755-4769 (Parents).Visit the Website at:
http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

Domestic Violence hotline:
National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

National Safe Kids Campaign: 1-202-662-0600 or www.safekids.org.

For information about childhood immunizations:
Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at http://www.cdc.gov/vaccines.

***Health Tips*:**

Are your child's shots up to date? Ask your child's doctor or nurse about a flu shot for your child.

Offer your child a variety of healthy foods every day. Limit junk foods. Eat meals together as a family as often as possible. Turn off the TV while eating together.

Brush your child's teeth at least once a day with a pea-sized amount of fluoride toothpaste. Make sure your child gets a dental checkup once a year.

Each child develops in her own way, but you know your child best. If you think she is not developing well, you can get a free screening. Call your child's doctor or nurse if you have questions.

***Parenting Tips*:**

Take your child outside to play and help him enjoy active games like catch, tag, and hide-and-seek. Give your child simple toys to play with, like blocks, crayons and paper, and stuffed animals.

You may want your child to be toilet trained soon, but she may not be ready until about age 3. Your child will show you when she is ready by being dry after sleep and telling you when she wants to use the toilet.

Don't spank or yell at your child. Calmly, give your child something different to do. Use words to tell child when he or she is doing something good. Help children understand how they are feeling by naming the feeling.

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp)

They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

- Keep cleaning supplies and medicine locked up and out of reach
- Always hold your child's hand while walking near traffic, including in parking lots. Check behind your car before backing up, in case a child is behind it
- If you have guns at home, keep them unloaded and locked up
- Put a life jacket on your child whenever they are near the water or in a boat. Always watch them around the water
- Keep matches and lighters out of reach

Ohio Department of Medicaid

WELL CHILD EXAM - EARLY CHILDHOOD: 30 MONTHS

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History	Chief Complaint(s)

Weight	Percentile	Length	Percentile	BMI	Percentile	BP	Temp.	Pulse	Resp.
	%		%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Nutrition

☐ Grains _____ servings per day
☐ Fruit/Vegetables _____ servings per day
☐ Whole Milk _____ servings per day
☐ Meat/Beans _____ servings per day
☐ City water ☐ Well water ☐ Bottled water

WIC ☐ Y ☐ N

Elimination ☐ Normal ☐ Abnormal

Sleep

☐ Normal (8 - 12 hours) ☐ Abnormal
Additional area for comments on page 2

Screening and Procedures:

☐ Oral Health Risk Assessment
☐ Subjective Hearing -Parental observation/ concerns
☐ Subjective Vision -Parental observation/ concerns
☐ Labs _____

Standardized Developmental Screening

☐ Completed
Tool Used _____
RESULTS: ☐ No Risk ☐ At Risk

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

Immunizations:

☐ Immunizations Reviewed, Given & Charted - *if not given, document rationale*
☐ Impactsis (OH registry) updated

☐ Influenza ☐ Other _____
☐ Acetaminophen _____ mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)
Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated
☐ Fluoride Varnish Applied
☐ Referrals ☐ Help Me Grow ☐ WIC
☐ Children Special Health Care Needs
☐ Transportation ☐ Dentist
☐ Other _____
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety

☐ Working smoke detectors/fire escape plan
☐ Appropriate car seat placed in back seat
☐ Pool/tub/water safety
☐ Use bike helmet
☐ Animal and Pet Safety
☐ Childproof home - (hot liquids/pots, window guards, cleaners, medicines, knives, guns)
☐ Supervise near pets, mowers, streets
☐ Supervise play, ensure playground safety
☐ Limit time in sun-use hat/sunscreen

Nutrition/physical activity

☐ Eat meals as a family
☐ Family physical activity
☐ Physical activity in a safe environment

Oral Health

☐ Dental appointment
☐ Brush teeth w/fluoridated toothpaste

Child Development and Behavior

☐ Listen to and respect your child
☐ Reinforce limits, be consistent
☐ Daily/Bedtime Routine
☐ Begin toilet training when child is ready
☐ Hug, talk, read, and play together
☐ Encourage self-expression, choices
☐ Praise good behavior and accomplishments
☐ Limit television/screen time

Family Support and Relationships

☐ Encourage supervised play with other children - don't expect toddler to share
☐ Help child express emotions
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
☐ Discuss child care, play groups, preschool, early intervention programs, parenting

Other Anticipatory Guidance Discussed:
_____
_____
_____

Next Well Check: 3 years of age

A standardized developmental screening test should be administered (Medicaid required and AAP recommended) at the 30 month visit.

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - EARLY CHILDHOOD: 30 MONTHS

Date	Patient Name	DOB

Developmental Questions and Observations

A standardized developmental screening test should be administered (Medicaid required and AAP recommended) at the 30 month visit.

Ask the parent to respond to the following statements about the child:

Yes	No	
☐	☐	Please tell me any concerns about the way your child is behaving or developing _____
☐	☐	My child likes to be with me.
☐	☐	My child is interested in and is beginning to play with other children.
☐	☐	My child smiles, laughs, protests and says, "No".
☐	☐	My child uses 3-4 word phrases.
☐	☐	My child eats a variety of foods.
☐	☐	My child can throw a ball overhand.
☐	☐	My child can jump up and down in place.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I have people who help me when I get frustrated with my child.
☐	☐	I am enjoying my time with my child.
☐	☐	I have time for myself, partner and friends.
☐	☐	I feel safe with my partner.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. A standardized developmental screening test should be administered at the 30 month visit (Medicaid required and AAP recommended; Tool Used: _____). In addition, the following should be observed:

Child Development		Parent Development	
Understands two step verbal commands	☐ Yes ☐ No	Appropriately disciplines child	☐ Yes ☐ No
Imitates adults	☐ Yes ☐ No		
Is understandable to others 50% of the time	☐ Yes ☐ No	Positively talks, listens, and responds to child	☐ Yes ☐ No
Uses words to communicate with others	☐ Yes ☐ No		
Points to 6 named body parts (nose, eyes, ears, mouth, hands, feet, tummy, hair)	☐ Yes ☐ No	Parent is loving toward child	☐ Yes ☐ No
Avoids eye contact and touch	☐ Yes ☐ No	Uses words to tell child what is coming next	☐ Yes ☐ No
Often fearful and irritable	☐ Yes ☐ No		

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

Your Child's Health at 30 Months

Milestones

Ways your child is developing between 2½ and 3 years of age.

- May not want to do what parent wants; says, "NO" often
- Toilet trained during the daytime
- Shows feelings and is playful with others
- Throws a ball overhand
- Rides a tricycle
- Knows name, age, and gender
- Able to leave parent or caregiver when in a known place
- Plays with other children
- Is able to feed and dress self
- Can draw a cross and a circle
- Plays "make believe" games with dolls and stuffed animals

***For Help or More Information*:**

Safe Gun Storage Information:
Call 1-202-662-0600 or go to www.usa.safekids.org

Social Support Services:
Contact the local county Department of Job and Family Services Healthchek Coordinator

For help finding childcare:
Bureau of Child Care and Development -800.886.3537
http://www.odjfs.state.oh.us/cdc/query.asp

For information about lead screening:
Medicaid Consumer Hotline-800.324.8680

Poison Prevention:
Call the Poison Control Center at 1-800-222-1222

If you're concerned about your child's development:
Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

Parenting skills or support:
Call Cooperative Extension for classes-614. 688.5378

Support for families of children with special health care needs:
Bureau for Children with Medical Handicaps, ODH
1-800-755-4769 (Parents).Visit the Website at:
http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

Domestic Violence hotline:
National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

Health Tips

Are your child's shots up to date? Ask your child's doctor or nurse about a flu shot for your child.

Offer your child a variety of healthy foods every day. Limit junk foods. Eat meals together as a family as often as possible. Turn off the TV while eating together.

Brush your child's teeth at least once a day with a pea-sized amount of fluoride toothpaste.

Each child develops in his own way, but you know your child best. If you think he is not developing well, you can get a free screening. Call your child's doctor or nurse with questions.

Parenting Tips

Take your child outside to play and help her play active games like catch, tag, and hide-and-seek. Give her simple toys to play with, like blocks, crayons, paper, and stuffed animals.

Read to your child everyday. He may like books that tell about daily activities like playing, eating, and getting dressed. Your child may like the same book to be read over and over.

Encourage your child's decision to use the potty, but don't force or punish her if she isn't ready. She may not be ready until about age 3. She'll show you she's ready by being dry after sleep and telling you when she wants to use the toilet.

Don't spank or yell at your child. Calmly, give your child something different to do. Use words to tell your child when he is doing something good. Help your child understand how he's feeling by naming the feeling.

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp) They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

- Keep cleaning supplies and medicine locked up and out of reach
- Always hold your child's hand while walking near traffic, including in parking lots. Check behind your car before backing up in case a child is behind it.
- If you have guns at home, keep them unloaded and locked
- Put a life jacket on your child whenever she is near the water or in a boat. Always watch her around the water
- Keep matches and lighters out of reach

Ohio Department of Medicaid

WELL CHILD EXAM - EARLY CHILDHOOD: 3 YEAR

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History	Chief Complaint(s)

Weight	Percentile	Length	Percentile	BMI	Percentile	BP	Temp.	Pulse	Resp.
	%		%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Nutrition

☐ Grains _____ servings per day
☐ Fruit/Vegetables _____ servings per day
☐ Whole Milk _____ servings per day
☐ Meat/Beans _____ servings per day
☐ City water ☐ Well water ☐ Bottled water

WIC ☐ Y ☐ N

Elimination ☐ Normal ☐ Abnormal

Exercise Assessment

Physical Activity: _____ minutes per day Sleep
☐ Normal (8 - 12 hours) ☐ Abnormal

Additional area for comments on page 2

Screening and Procedures:

☐ Oral Health Risk Assessment
☐ Subjective Hearing -Parental observation/ concerns

Vision ☐ Visual acuity
_____ R _____ L _____Both
☐ Parental observation/concerns

Developmental Surveillance

☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

If Risk
☐ IPPD _____ (result)
☐ Hct or Hgb _____ (result)
If not previously tested:
☐ Lead level _____ mcg/dl (required for Medicaid
☐ Labs _____

Immunizations:

☐ Immunizations Reviewed, Given & Charted
- if not given, document rationale
(Refer to AAP Guidelines)
☐ Impactsiis (OH registry) updated
☐ Influenza ☐ Other _____
☐ Acetaminophen _____ mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)
Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated
☐ Referrals
☐ WIC ☐ Head Start`
☐ Children Special Health Care Needs
☐ Transportation ☐ Dentist
☐ Other _____
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety
☐ Teach child to wash hands, wipe nose w/tissue
☐ Reinforce bedtime routine
☐ Fires/Burns/test smoke alarms
☐ Appropriate car seat placed in back seat
☐ Use bike helmet
☐ Teach stranger safety
☐ Childproof home - (matches, guns, medicines)
☐ Supervise play, ensure playground safety

Nutrition/physical activity
☐ Physical activity in a safe environment
☐ Family physical activity
☐ Limit screen time to 1-2 hours per day
☐ Offer variety of healthy foods

Oral Health
☐ Schedule dental appointment
☐ Teach child to brush teeth

Child Development and Behavior
☐ Reinforce limits, provide choices
☐ Encourage talking and reading
☐ Encourage safe exploration
☐ Help child cope with fears

Family Support and Relationships
☐ Show affection, spend time with each child
☐ Create family time together
☐ Praise good behavior and accomplishments
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention
☐ Handle anger constructively, help siblings resolve conflicts
☐ Make time for self, partner, friends
☐ Choose responsible caregivers
☐ Discuss community programs, preschool, head start, parenting groups

Next Well Check: 4 years of age

Developmental Questions and Observations on Page 2

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - EARLY CHILDHOOD: 3 YEARS

Date	Patient Name	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the child:

Yes	No	
☐	☐	Please tell me any concerns about the way your child is behaving or developing _____
☐	☐	My child is able to play by him/herself for short periods of time.
☐	☐	My child is able to leave me when in a known place.
☐	☐	My child enjoys playing with other children.
☐	☐	My child can tell when others are happy, mad or sad.
☐	☐	My child can copy a circle.
☐	☐	My child eats a variety of foods.
☐	☐	My child knows his/her name, age and sex.
☐	☐	My child can jump off a step with both feet.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I have people who assist me when I have questions or need help.
☐	☐	I am enjoying my time with my child.
☐	☐	I have time for myself, partner and friends.
☐	☐	I feel safe with my partner.
☐	☐	I feel confident in parenting.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used: _____).

Child Development		Parent Development	
Dresses self	☐ Yes ☐ No	Appropriately disciplines child	☐ Yes ☐ No
Rides a tricycle	☐ Yes ☐ No	Parent is loving toward Child.	☐ Yes ☐ No
Is understandable to others 75% of the time	☐ Yes ☐ No	Positively talks, listens, and responds to child.	☐ Yes ☐ No
Shows preference for parent or caregiver	☐ Yes ☐ No	Parent uses words to tell child what is coming next	☐ Yes ☐ No
Seeks comfort from parent when upset	☐ Yes ☐ No		

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

Your Child's Health at 3 Years

Milestones

Ways your child is developing between 3 and 4 years of age.

- Can sing a song from memory
- Learning to share
- Talks about what he did during the day
- Enjoys playing "pretend" and listening to stories
- Can hop, jump on one foot
- Rides a tricycle or a bicycle with training wheels
- Knows her first and last name
- Names 4 colors
- Begins to test limits
- Shows a silly sense of humor
- Throws a ball overhand
- Plays board games or card games
- Draws a person with 3 parts (such as head, body, legs)
- Builds towers of 9-10 blocks

For Help or More Information:

Safe Gun Storage Information:
Call 1-202-662-0600 or go to www.usa.safekids.org

For help finding childcare:
Bureau of Child Care and Development -800.886.3537
http://www.odjfs.state.oh.us/cdc/query.asp

Car seat safety:
Contact the Auto Safety Hotline at 1-888-327-4236 or online at www.nhtsa.dot.gov

For information about lead screening:
Medicaid Consumer Hotline-800.324.8680

Social Support Services:
Contact the local county Department of Job and Family Services Healthchek Coordinator

Poison Prevention:
Call the Poison Control Center at 1-800-222-1222

For information if you're concerned about your child's development:
Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

Parenting skills or support:
Call Cooperative Extension for classes-614. 688.5378

Domestic Violence hotline:
National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

Health Tips

Your child still needs about two cups of milk every day. Offer a variety of fruits and vegetables daily. Water is a healthy drink so offer it instead of sweetened drinks.

Help your child brush his teeth every day with a pea-sized amount of fluoride toothpaste. Make sure he gets a dental checkup once a year.

Teach your child to wash her hands well after playing, after using the toilet, and before eating. Use soap and rub hands together for about 20 seconds.

Each child develops in his own way, but you know your child best. If you think he is not developing well, call your child's doctor or nurse and tell them your concerns.

Parenting Tips

Your child learns best by doing. She needs to:

- Play active games (tag, ball, riding wheeled toys, climbing)
- Play imagination games (using dolls, toys, story books)
- Play with toys that uses her hands (blocks, big puzzles)
- Limit television and computer time to 1-2 hours a day

Help your child feel good about himself and others:

- Praise your child every day
- Be consistent and clear about your child's behaviors that are okay or not okay
- Use discipline to teach and protect your child, not to punish him or make him feel bad about himself
- Help your child "use his words" when having a disagreement instead of hitting, kicking, or biting

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Put your child in a safe place and walk away.
2. Call a friend or your partner. It can help to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

Check your home for dangers often. Your child is not old enough to stay away from things that could harm her, like matches, guns, and poisons. Lock those things up!

Continue using a car seat until your child weighs 40 pounds or around age 4. After that, use a booster seat until your child is 4'9" or age 8. Keep your child in the back seat.

Make sure your child uses a helmet whenever he rides a tricycle, scooter, or other toys with wheels.

Ohio Department of Medicaid

WELL CHILD EXAM - EARLY CHILDHOOD: 4 YEAR

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History	Chief Complaint(s)

Weight	Percentile	Length	Percentile	BMI	Percentile	BP	Temp.	Pulse	Resp.
	%		%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Nutrition

☐ Grains _____ servings per day
☐ Fruit/Vegetables _____ servings per day
☐ Whole Milk _____ servings per day
☐ Meat/Beans _____ servings per day
☐ City water ☐ Well water ☐ Bottled water

WIC ☐ Y ☐ N

Elimination ☐ Normal ☐ Abnormal

Exercise Assessment

Physical Activity: _____ minutes per day

Sleep

☐ Normal (8 - 12 hours) ☐ Abnormal

Additional area for comments on page 2

Screening and Procedures:

Hearing ☐ Screening audiometry
☐ Parental observation/concerns

Vision ☐ Visual acuity
_____R _____ L _____ Both
☐ Parental observation/concerns

Developmental Surveillance

☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

If Risk:

☐ IPPD _____ (result)
☐ Hct or Hgb _____ (result)
☐ Dyslipidemia _____ (result)

If not previously tested:

☐ Lead level _____ mcg/dl (required for Medicaid)
☐ Labs _____

Immunizations:

☐ Immunizations Reviewed, Given & Charted - *if not given, document rationale*
(Refer to AAP Guidelines)
☐ Impactsis (OH registry) updated
☐ Influenza ☐ Other _____
☐ Acetaminophen _____ mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)

Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated
☐ Referrals
☐ WIC ☐ Head Start ☐ Help Me Grow
☐ Children Special Health Care Needs
☐ Transportation ☐ Dentist
☐ Other _____
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety

☐ Appropriate car seat placed in back seat
☐ Smoke-free Home and car /smoke alarms
☐ Use bike helmet
☐ Teach stranger/pedestrian/playground safety & supervise child when outdoors
☐ Childproof home - (matches, poisons, cigarettes, cleaners, medicines, knives)
☐ Gun safety

Nutrition/physical activity

☐ Physical activity in a safe environment
☐ Family physical activity
☐ Limit screen time to 1-2 hours per day
☐ Offer variety of healthy foods
☐ Eat meals as a family

Child Development and Behavior

☐ Supervise tooth brushing
☐ Reinforce limits, provide choices
☐ Encourage child to talk about feelings
☐ Create a bedtime ritual that includes reading or calmly talking with your child
☐ Simple household tasks & responsibilities
☐ Praise good behavior and accomplishments

Family Support and Relationships

☐ Use correct terms for all body parts.
☐ Explain good touch/bad touch and that certain body parts are private
☐ Listen/respect/show interest in activities
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
☐ Discuss community programs, preschool, head start, parenting groups, after school child care

Next Well Check: 5 years of age

Developmental Questions and Observations on Page 2

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - EARLY CHILDHOOD: 4 YEARS

Date	Patient Name	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the child:

Yes	No	
☐	☐	Please tell me any concerns about the way your child is behaving or developing _____
☐	☐	My child is learning how to play and share with others.
☐	☐	My child says positive things about themselves.
☐	☐	My child can tell when others are happy, mad or sad.
☐	☐	My child enjoys pretend play.
☐	☐	My child eats a variety of foods.
☐	☐	My child can sing a song.
☐	☐	My child can hop on one foot.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I have people who assist me when I have questions or need help.
☐	☐	I am enjoying my time with my child.
☐	☐	I have time for myself, partner and friends.
☐	☐	I feel safe with my partner.
☐	☐	I feel confident in parenting.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used: _____).

Child Development		Parent Development	
Dresses self	☐ Yes ☐ No	Appropriately disciplines child	☐ Yes ☐ No
Balances on each foot for 2 seconds	☐ Yes ☐ No	Parent is loving toward child	☐ Yes ☐ No
Says first and last name when asked	☐ Yes ☐ No	Positively talks, listens, and responds to child.	☐ Yes ☐ No
Can draw a person with three parts	☐ Yes ☐ No	Parent uses words to tell child what is coming next	☐ Yes ☐ No
Aggressive or destructive behavior that threatens, harms or damages people, animals or property	☐ Yes ☐ No		
Displays negativity, low self-esteem, or extreme dependence	☐ Yes ☐ No		

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

Your Child's Health at 4 Years

Milestones

Ways your Child is developing between 4 and 5 years of age.

- Counts on fingers and knows some letters
- Talks about what will happen tomorrow and what happened yesterday
- May begin to skip
- May have special friends and may tease or ignore some children
- Begins to know the difference between right and wrong and telling the truth and lying
- May want to be "just like you" and may want to share in the things you do
- Uses words to solve simple problems and say what they're feeling
- Plays dress-up and make believe with other children

For Help or More Information:

Safety information:
Call 1-202-662-0600 or go to www.usa.safekids.org

Car seat safety:
Contact the Auto Safety Hotline at 1-888-327-4236 or online at www.nhtsa.dot.gov
To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

Social Support Services:
Contact the local county Department of Job and Family Services Healthchek Coordinator

For help finding childcare:
Bureau of Child Care and Development -800.886.3537
http://www.odjfs.state.oh.us/cdc/query.asp

For information about lead screening:
Medicaid Consumer Hotline-800.324.8680

Poison Prevention:
Call the Poison Control Center at 1-800-222-1222

For information if you're concerned about your child's development:
Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

Parenting skills or support:
Call Cooperative Extension for classes-614. 688.5378

Domestic Violence hotline:
National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

For help teaching your child about fire safety:
Talk with firefighters at your local fire station

Health Tips

Your child will need some shots before starting school. Make sure you get them soon.

Be a role model for your child. Teach your child healthy habits by eating healthy foods, limiting screen time (T.V., computers, video games) and encouraging family physical activity.

Help your child get enough sleep so she will be happier and will learn easier! Put her to bed early so she gets 10 to12 hours of sleep at night. Have a bedtime routine to calm your child before going to sleep. Read a story or talk together before bed.

Each child develops in his own way, but you know your child best. If you think he is not developing well, call your child's doctor or nurse and tell them your concerns.

Parenting Tips

Help your child know what to expect by making a calendar of pictures to show her activities for the day.

Your child learns best by doing. He needs to:
- Play active games (tag, ball, riding toys, climbing)
- Play board games and do puzzles

Limit television and computer time to 1 - 2 hours a day.

Help your child feel good about herself and others:
- Praise your child every day
- Be clear about behaviors that are okay or not okay
- Help your child use words when she is feeling upset instead of hitting, kicking, biting or saying mean things
- Talk to your child about why teasing other children is wrong and what she should do instead

If you feel very mad or frustrated with your child:
1. Make sure your child is in a safe place and walk away.
2. Call a friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

Booster car seats are for big kids! Use a booster in the back seat with lap/shoulder belts.

Make sure your child knows his address and phone number. Teach him how to call 911 in an emergency and to stay on the line if he has to call for help. Practice with a toy phone.

Teach your child to stop, drop, and roll on the ground if her clothes catch on fire.

Ohio Department of Medicaid

WELL CHILD EXAM - EARLY CHILDHOOD: 5 YEAR

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History	Chief Complaint(s)

Weight	Percentile	Length	Percentile	BMI	Percentile	Temp.	Pulse	Resp.	BP
	%		%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Nutrition

☐ Grains _____ servings per day
☐ Fruit/Vegetables _____ servings per day
☐ Whole Milk _____ servings per day
☐ Meat/Beans _____ servings per day
☐ City water ☐ Well water ☐ Bottled water

Elimination ☐ Normal ☐ Abnormal

Exercise Assessment

Physical Activity _____ minutes per day

Sleep

☐ Normal (8 - 12 hours) ☐ Abnormal

Additional area for comments on page 2

Screening and Procedures:

☐ Urinalysis (Required for Medicaid)

Hearing ☐ Screening audiometry
☐ Parental observation/concerns

Vision ☐ Visual acuity
_____ R _____ L _____ Both
☐ Parental observation/concerns

Developmental Surveillance

☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

If Risk:

☐ IPPD _____ (result)
☐ Hct or Hgb _____ (result)

If not previously tested:

☐ Lead level _____ mcg/dl (required for Medicaid)
☐ Labs _____

Immunizations:

☐ Immunizations Reviewed, Given & Charted
- if not given, document rationale
(Refer to AAP Guidelines)

☐ Impactsis (OH registry) updated
☐ Acetaminophen _____ mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/ hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments

_____
_____

(see additional note area on next page)

Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated
☐ Referrals
☐ Children Special Health Care Needs
☐ Transportation ☐ Help Me Grow
☐ Dentist
☐ Other _____
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety

☐ Teach child to wash hands, wipe nose w/tissue
☐ Working smoke detectors/fire escape plan
☐ Appropriate booster seat placed in back seat
☐ Carbon monoxide detectors/alarms
☐ Pool/tub/water safety - swimming lessons
☐ Use bike/skating helmet
☐ Supervise near pets, mowers, driveways, streets
☐ Gun safety
☐ Childproof home - (matches, poisons, cigarettes, cleaners, medicines, knives)

Nutrition/physical activity

☐ Provide a healthy breakfast every morning
☐ Family meals
☐ Offer variety of healthy foods and include 5 servings of fruits & veggies every day
☐ Limit TV, video, and computer games
☐ Physical activity & adequate sleep

Oral Health

☐ Schedule dental appointment
☐ Supervise tooth brushing
☐ Discuss flossing, fluoride, sealants

Child Development and Behavior

☐ Establish routines and traditions
☐ Explain good touch/bad touch and that certain body parts are private
☐ Reinforce limits, provide choices
☐ Simple household tasks & responsibilities
☐ Praise good behavior and actions
☐ Family Rules/Respect/Right from wrong
☐ Encourage expression of feelings

Family Support and Relationship

☐ Listen/respect/show interest in activities
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
☐ Discuss community and recreational programs, school, and after school care
☐ Volunteer and become involved with school
☐ Meet your child's school teachers

Next Well Check: 6 years of age
Developmental Questions and Observations on Page 2

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - EARLY CHILDHOOD: 5 YEARS

Date	Patient Name	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the child:

Yes	No	
☐	☐	Please tell me any concerns about the way your child is behaving or developing
☐	☐	My child does what I ask them to do most of the time.
☐	☐	My child says positive things about themselves.
☐	☐	My child shows an ability to understand the feelings of others.
☐	☐	My child can tell a story using full sentences.
☐	☐	My child follows simple directions.
☐	☐	My child can recognize most letters and is able to print some letters.
☐	☐	My child can balance on one foot.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I have people I can turn to when I have questions or need help.
☐	☐	I feel good about my child starting school.
☐	☐	I am sad more often than I am happy.
☐	☐	I feel confident in parenting.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used _____).

Child Development		Parent Development	
Dresses without supervision	☐ Yes ☐ No	Appropriately disciplines child	☐ Yes ☐ No
Skips and hops	☐ Yes ☐ No	Parent is loving toward child	☐ Yes ☐ No
Draws a person with head, body, arms and legs	☐ Yes ☐ No	Positively talks, listens, and responds to child.	☐ Yes ☐ No
Appears unusually fearful, anxious or withdrawn	☐ Yes ☐ No	Parent uses words to tell child what is coming next	☐ Yes ☐ No
Aggressive or destructive behavior that threatens harms or damages people, animals or property	☐ Yes ☐ No	Parent encourages child to speak for him or her self, share ideas, wants and needs.	☐ Yes ☐ No
Displays negativity, low self-esteem, or extreme dependence	☐ Yes ☐ No		

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

Your Child's Health at 5 Years

Milestones

Ways your child is developing between 5 and 6 years of age.

- Recognizes her own printed name
- May form special groups of friends and may be jealous of others
- Takes turns
- Feels proud of himself and his accomplishments
- Helps with family chores
- Able to follow rules at home and school and respect authority
- Beginning to learn rules for simple games
- Riding a bicycle and learning to swim

For Help or More Information:

Social Support Services:

Contact the local county Department of Job and Family Services Healthchek Coordinator

Child sexual abuse, physical abuse, information and support:

- Childhelp National Child Abuse Hotline1-800-4-A-CHILD (1-800-422-4453) or online at www.childhelp.org

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

Safe Gun Storage Information:

Call 1-202-662-0600 or go to www.safekids.org.

Poison Prevention:

Call the Poison Control Center at 1-800-222-1222

Parenting skills or support:

Call Cooperative Extension for classes-614. 688.5378

For help teaching your child about fire safety:

Talk with firefighters at your local fire station

Health Tips

Continue to take your child for a check-up each year with a doctor or nurse.

Your child will still need you to help get all of her teeth brushed well. Make sure to take her for a dental check-up at least once a year.

Parenting Tips

Eat together as often as possible. Turn off the TV and the phone, and enjoy each other.

Listen when your child talks to you. Look at him and pay attention. Then answer or ask about his ideas. Let him know that what he thinks and says is important to you.

Talk with your child about how to avoid sexual abuse. Teach your child about privacy and teach that adults shouldn't ask her to keep secrets from you or show their private parts or ask to see your child's private parts. Tell your child she should say "no" and that she should tell you if anyone tries to harm her.

Limit TV or computer time so your child also has time for books and active play. Read storybooks with him daily. Take your child outside often to play.

Help your child feel good about herself and others:

- Praise your child every day
- Be clear about behaviors that are okay or not okay
- Help your child use words when she is feeling upset instead of hitting, kicking, biting or saying mean things
- Talk to your child about why teasing other children is wrong and what she should do instead

If you feel very mad or frustrated with your child:

1. Make sure your child is in a safe place and walk away.
2. Call a friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

Booster car seats are for big kids! Use a booster in the back seat with lap/shoulder belts.

Your child should always wear a lifejacket around water, even after he has learned to swim.

Always watch your child closely when she is near the street. Children are not ready to ride bikes safely on streets or cross streets without an adult until they reach at least age 9. Your child is not old enough to always behave safely around vehicles.

Teach your child to never touch a gun. If he finds one, he should tell an adult right away. Make sure any guns in your home are unloaded and locked up.

Ohio Department of Medicaid

WELL CHILD EXAM - MIDDLE CHILDHOOD: 6 - 10 YEAR

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History of Illness and Disease	Chief Complaint(s)

Weight	Percentile	Length	Percentile	BMI	Percentile	Temp.	Pulse	Resp.	BP
	%		%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Nutrition

☐ Grains _____ servings per day
☐ Fruit/Vegetables _____ servings per day
☐ Whole Milk _____ servings per day
☐ Meat/Beans _____ servings per day
☐ City water ☐ Well water ☐ Bottled water

Elimination ☐ Normal ☐ Abnormal

Exercise Assessment

Physical Activity _____ minutes per day

Sleep

☐ Normal (8 - 12 hours) ☐ Abnormal
Additional area for comments on page 2

Screening and Procedures:

Hearing ☐ Screening audiometry
☐ Parental observation/concerns

Vision ☐ Visual acuity
_____ R _____ L _____ Both
☐ Parental observation/concerns

Dental ☐ Oral Health Risk Assessment

Developmental Surveillance

☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

If Risk:

☐ IPPD _____ (result)
☐ Hct or Hgb _____ (result)
☐ Dyslipidemia _____ (result)

If not previously tested:

☐ Lead level _____ mcg/dl
☐ Sickle Cell _____ (result)

Immunizations:

☐ Immunizations Reviewed, Given & Charted (according to AAP.org guidelines)

If needed but not given, document rationale

☐ Impactsiis (OH registry) updated

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Normal Growth and Development
☐ Tanner Stage _____

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)

Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated
☐ Referrals
☐ Children Special Health Care Needs
☐ Dental ☐ Transportation
☐ Other _____
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety

☐ Discuss avoiding alcohol, tobacco, drugs
☐ Monitor TV viewing & computer games
☐ Booster seat/seat belt use in back seat
☐ Keep home and car smoke-free
☐ Teach outdoor, bike, and water safety
☐ Use bike helmet/protective sporting gear
☐ Teach stranger and home safety
☐ Gun safety

Nutrition/physical activity

☐ Limit sugar and high fat food/drinks
☐ Regular family meals
☐ Offer variety of healthy foods and include 5 servings of fruits & veggies every day
☐ Limit TV, video, and computer games
☐ Physical activity & adequate sleep

Oral Health

☐ Schedule dental appointment
☐ Discuss flossing, fluoride, sealants

Child Development and Behavior

☐ Encourage independence
☐ Answer questions about puberty simply
☐ Consistently reinforce limits & family rules
☐ Praise child and encourage child to talk about feelings, school, and friends
☐ Supervise child's activities
☐ Assign household tasks & responsibilities

Family Support and Relationships

☐ Listen/show interest in child's activities
☐ Spend family time together
☐ Set reasonable but challenging goals
☐ Encourage positive interaction with siblings, teachers and friends
☐ Offer constructive ways to handle family conflict and anger; don't allow violence
☐ Know child's friends and their families
☐ Be a positive role model for your child
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
☐ Ensure safe, supervised after school care

Next Well Check: _____ years of age

Developmental Questions and Observations on Page 2

Provider Signature

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM - MIDDLE CHILDHOOD: 6 - 10 Year

Date	Patient Name	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the child:

Yes	No	
☐	☐	Please tell me any concerns about the way your child is behaving or developing: _____
☐	☐	My child has hobbies or interests that he/she enjoys.
☐	☐	My child follows rules in home, school and the community, most of the time.
☐	☐	My child's behavior, relationships and school performance are appropriate most of the time.
☐	☐	My child handles stress, anger, frustration well, most of the time.
☐	☐	My child eats breakfast every day.
☐	☐	My child is doing well in school.
☐	☐	My child talks to me about school, friends and feelings.
☐	☐	My child seems rested when he/she wakes up.
☐	☐	My child gets some physical activity every day.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I know what to do when I am frustrated with my child.
☐	☐	I enjoy seeing my child become more independent and self-reliant.
☐	☐	Our family has experienced major stresses and/or changes since our last visit.
☐	☐	It is harder for me everyday to do what my child needs because of the sadness that I feel.

Ask the child to respond to the following statements:

Yes	No	
☐	☐	I feel good about my friends and school.
☐	☐	I know what to do when another child or adult tries to bully me or hurt me.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used _____).

Child Development			
States phone number and home address	☐ Yes ☐ No	Reading and math are at grade level	☐ Yes ☐ No
Has close friend(s)	☐ Yes ☐ No	Child communicates/expresses self	☐ Yes ☐ No
Child responds to parent and health care provider	☐ Yes ☐ No		

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

Your Child's Health at 6 - 10 Years

Milestones

Ways your Child is developing between 6 and 10 years of age.

- Your child should continue to loose baby teeth and get permanent teeth
- Some girls' breasts will begin to grow between 8 and 10 years of age. Talk with her about her growing body as this starts to happen
- Eight year olds can make their own bed, set the table and bathe themselves
- You help your child learn new skills by talking and playing with them. Make a game of practicing hand signals or saying "No" when a stranger offers them a ride
- Your child will keep growing more independent

For Help or More Information:

Child sexual abuse, physical abuse, information and support:

- Rape, Abuse, and Incest National Network at 1-800-656-HOPE (4673)
- State of Ohio Child Protection: 866-635-3748
- Childhelp National Child Abuse Hotline1-800-4-A-CHILD (1-800-422-4453) or online at www.childhelp.org

Social Support Services:

Contact the local county Department of Job and Family Services Healthchek Coordinator

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

Safe Gun Storage Information:

Call 1-202-662-0600 or go to www.safekids.org

Parenting skills or support:

Cooperative Extension for classes-614. 688.5378

Boystown Parenting Hotline- 800.448.3000 or website visit at (http://www.parenting.org/hotline/index.asp)

For help teaching your child about fire safety:

Talk with firefighters at your local fire station

Children's Mental Health parent support and advocacy:

Contact **Ohio Department of Mental Health** 1-877-275-6364

Health Tips

Your child will still need you to help get all of their teeth brushed well. Make sure to take your child for a dental check-up at least once a year. Ask about dental sealants.

You and your child should be physically active at least 60 minutes each day. It doesn't have to be all at once. Find activities that you and your child enjoy. This is an important habit for your child to learn.

Keep healthy snacks available. Your child needs fruit, vegetables, juice, and whole grains for growth and energy.

Parenting Tips

Praise your child when he works hard and finishes things.

Most children learn by watching and then doing. Show and tell your child how to do a job. Then have her do it while you watch. Tell her what she did right first, and then what she needs to do differently.

Talk about why children should not use drugs and alcohol. Set a good example for your child.

Teach your child what to do and not do when they're angry.

Make sure your computer is in a room where you can watch your child's use of the internet.

Set limits and tell your child what will happen if he doesn't follow rules.

Teach your child how to deal with peer pressure.

Encourage your child to join community groups, team sports, school clubs and other activities.

If you feel very mad or frustrated with your child:

1. Make sure your child is in a safe place and walk away.
2. Call a friend to talk about what you are feeling.
4. Call the Cooperative Extension for classes-614. 688.5378
3. Call the free Boystown Parenting Hotline- 800.448.3000 They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

Make sure that everyone who rides in the car with you wears their seat belt. Help your child know how to ask to use a seat belt or booster when he rides with other drivers.

Practice family safety in your house: test the smoke alarm and change the batteries when needed; have fire drills and practice fire escape plan.

Your child should always wear a lifejacket around water, even after she has learned to swim.

Make sure your child wears a helmet when using bikes, skates, inline skates, scooters, and skateboards. Practice safe walking and bike riding. Children are not ready to ride bikes safely on streets or cross streets without an adult until they reach at least age 9.

Teach your child to never touch a gun. If your child finds one, she should tell an adult right away. Make sure any guns in your home are unloaded and locked up.

Ohio Department of Medicaid

WELL CHILD EXAM - Early Adolescence: 11 - 14 Year

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History of Illness and Disease	Chief Complaint(s)

Weight	Percentile	Length	Percentile	BMI	Percentile	Temp.	Pulse	Resp.	BP
	%		%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)
_____
_____
_____

Nutrition
☐ Grains _____ servings per day
☐ Fruit/Vegetables _____ servings per day
☐ Whole Milk _____ servings per day
☐ Meat/Beans _____ servings per day
☐ City water ☐ Well water ☐ Bottled water

Elimination ☐ **Normal** ☐ **Abnormal**

Exercise Assessment
Physical Activity: _____ minutes per day

Sleep ☐ Normal ☐ Abnormal

Reproductive
Menstrual
☐ Premenarchal ☐ Normal ☐ Abnormal
Breast Exam/Palpation
☐ Normal ☐ Abnormal
Sexual Activity ☐ Y ☐ N
Contraceptive Method used _____
Additional area for comments on page 2

Screening and Procedures:
Hearing ☐ Screening audiometry
☐ Parental observation/concerns
Vision ☐ Visual acuity
_____ R _____ L _____ Both
☐ Parental observation/concerns
Dental ☐ Oral Health Risk Assessment
Developmental Surveillance
☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development
Psychosocial/Behavioral Assessment
☐ Y ☐ N
Screening for Abuse ☐ Y ☐ N
If Risk:
☐ IPPD _____ (result)
☐ Hct or Hgb _____ (result)
☐ Dyslipidemia _____ (result)
☐ STI Screening _____ (result)
☐ Cervical Dysplasia _____ (result)
☐ Sickle Cell (if not previously tested) _____ (result)

Immunizations:

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Normal Growth and Development
☐ Tanner Stage _____
Alcohol & Drug Use (risk assessment)
☐ Y ☐ N
☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)
Results of visit discussed with child/parent
☐ Y ☐ N

Plan
☐ History/Problem List/Meds Updated
☐ Referrals ☐ Transportation

Anticipatory Guidance/Health Education
(X if discussed)

Safety
☐ Avoid alcohol, tobacco, drugs, inhalants
☐ Make a plan with child if in unsafe situation
☐ Seat belt use
☐ Swimming/Water Safety
☐ Use bike helmet/protective sporting gear
☐ Gun and weapon safety

Nutrition/physical activity
☐ Limit sugar and high fat food/drinks
☐ Healthy weight
☐ Offer variety of healthy foods and include 5 servings of fruits & veggies every day
☐ Limit TV, video, and computer games
☐ Physical activity & adequate sleep
☐ Eat meals as a family

Oral Health
☐ Schedule dental appointment
☐ Brush and floss teeth
☐ Limit sweets/soda

Child Development and Behavior
☐ Discuss puberty, development, contraception, STDs
☐ Normal sexual feelings/delaying sex
☐ Peer relationships
☐ Discuss family & household responsibilities
☐ Discuss ways to handle anger/conflict
☐ How to handle stress & disappointment

Family Support and Relationships
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
☐ Know child's friends and their families
☐ Spend family time together
☐ Encourage positive interaction with siblings, teachers, friends and you
☐ Discuss limits and consequences
☐ Home, school, community rules
☐ Discuss school transitions & ability to adapt
☐ Encourage participation with peer activities
☐ Encourage to volunteer/participate with religious, school or community activities

Next Well Check _____ years of age

Developmental Questions and Observations on Page 2

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

☐ Immunizations Reviewed, Given & Charted (according to AAP.org guidelines) *If needed but not given, document rationale* ☐ Impactsiis (OH registry) updated	☐ Children Special Health Care Needs ☐ Dental ☐ Other _____	Provider Signature

WELL CHILD EXAM - Early Adolescence: 11 - 14 Years

Date	Patient Name	DOB

Developmental Questions and Observations

You may use the following screening list, or an age appropriate standardized developmental instrument or screening tool.*

Ask the parent to respond to the following statements about the child:

Yes	No	
☐	☐	Please tell me any concerns about the way your child is behaving or developing
☐	☐	My child eats breakfast everyday.
☐	☐	My child is doing well in school.
☐	☐	My child has one or more close friends.
☐	☐	My child handles stress, anger, frustration well, most of the time.
☐	☐	My child seems rested when he/she awakens.
☐	☐	My child enjoys at least one activity and/or interest.
☐	☐	My child joins in family activities.
☐	☐	My child's activities are supervised by adults I trust.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am proud of my child.
☐	☐	I talk to my child about alcohol, drugs, smoking and sex.

Ask the child to respond to the following statements:

Yes	No	
☐	☐	I feel good about my friends and school.
☐	☐	I know what to do when I feel angry, stressed or frustrated.
☐	☐	I enjoy school

*Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature	Provider Signature

Your Child's Health at 11 - 14 Years

Milestones

Ways your child is developing between 11 and 14 years of age.

- Most children get their second molars (back teeth) between 12 and 13. Talk with your dentist about sealants. Your child should floss daily.
- Between the ages of 10 and 14 many girls will begin to grow breasts and pubic hair and begin their periods.
- Between 10 and 14 many boys will begin to grow pubic hair and they may notice their scrotum and penis begin to change. Their voice may change and they may start to grow facial hair.
- Many boys and girls will have a growth spurt sometime between 10 and 15.
- Your child may have a hard time making good choices and may feel pushed to make bad choices so they feel like they fit in with kids at school.

For Help or More Information:

Social Support Services:

Contact the local county Department of Job and Family Services Healthchek Coordinator

Firearm safety:

Call 1-202-662-0600 or go to www.safekids.org

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

Child sexual abuse, physical abuse, information and support:

- Rape, Abuse, and Incest National Network at 1-800-656-HOPE (4673)
- State of Ohio Child Protection: 866-635-3748
- Childhelp National Child Abuse Hotline1-800-4-A-CHILD (1-800-422-4453) or online at www.childhelp.org

Information for teens and their parents:

Provides information for teens and parents of teen on many teen topics. http://www.kidshealth.org/

Sexuality Information for teens:

(Planned Parenthood® Federation of America) www.teenwire.com

Children's Mental Health parent support and advocacy:

Contact Ohio Department of Mental Health 1-877-275-6364

Churches or schools in your area may give classes on how to handle conflicts and/or anger. These can be useful skills for young teenagers.

Health Tips

Growth happens at different times for everyone. This can worry a child. If your child has not begun to have growth changes by age 14 talk with the doctor.

Your child will need shots at this age. Talk with your child's doctor and make sure your child has had all of her shots.

Your child should have a goal to be physically active at least 60 minutes each day. It doesn't have to be all at once. Find activities that you and your child enjoy. This is an important habit for your child to learn.

It is important that your child eat healthy foods and snacks. Keep healthy snacks available. Your child needs fruit, vegetables, juice, and whole grains for growth and energy.

Parenting Tips

Talk with your child about the changes in her body before and as the changes happen. Tell her these are signs of growing up and it can be exciting but can also be scary.

Your child may be more emotional and sometimes rude or angry. Sometimes he feels sad, nervous or worried and things may not be going right. Talk with your child about his feelings. Help him find a counselor if needed.

Talk with and let your child know that sexual feelings are normal, but to delay having sex.

Your child is growing mentally. You can help her thinking skills by asking her to solve problems.

Talk about why teenagers should not use drugs and alcohol. Set a good example for your child.

Teach your child how to deal with peer pressure.

Encourage your child to join school or sporting activities.

Safety Tips

Cigarettes, drugs and alcohol are often offered to teenagers. Practice "saying no" with your child.

Teach your child gun safety. If you keep guns or rifles in your home, make sure they are unloaded and locked up.

Teach your child to walk away if they see someone with a gun or other weapon and then report it to an adult they trust.

Teach your child to always wear a seatbelt in the car and to sit in the back seat until they are adult height and weight.

It's important for your child to use the correct sports equipment and safety gear. Make sure it fits your child well.

Ohio Department of Medicaid

WELL CHILD EXAM - Adolescence: 15 - 20 YEAR

Date

Patient Name	DOB	Sex	Parent Name

Allergies	Current Medications

Prenatal/Family History of Illness and Disease	Chief Complaint(s)

Weight	Percentile	Length	Percentile	BMI	Percentile	Temp.	Pulse	Resp.	BP
	%		%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____
_____
_____

Nutrition

☐ Grains _____ servings per day
☐ Fruit/Vegetables _____ servings per day
☐ Whole Milk _____ servings per day
☐ Meat/Beans _____ servings per day
☐ City water ☐ Well water ☐ Bottled water

Elimination ☐ Normal ☐ Abnormal

Exercise Assessment

Physical Activity minutes per day

Sleep ☐ Normal ☐ Abnormal

Reproductive

Menstrual
☐ Premenarchal ☐ Normal ☐ Abnormal

Breast Exam/Palpation
☐ Normal ☐ Abnormal

Sexual Activity ☐ Y ☐ N

Contraceptive Method used

Screening and Procedures:

Hearing ☐ Screening audiometry
☐ Parental observation/concerns

Vision ☐ Visual acuity
_____ R _____ L _____ Both
☐ Parental observation/concerns

Dental ☐ Oral Health Risk Assessment

Developmental Surveillance

☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Screening for Abuse ☐ Y ☐ N

If Risk:

☐ IPPD _____ (result)
☐ Hct or Hgb _____ (result)
☐ Dyslipidemia _____ (result) (to be done once between 18 and 20 years old)
☐ STI Screening _____ (result)
☐ Cervical Dysplasia _____ (result)
☐ Sickle Cell (if not previously tested) _____ (result)

Immunizations:

☐ Immunizations Reviewed, Given & Charted (according to AAP.org guidelines)
If needed but not given, document rationale
☐ Impactsis (OH registry) updated

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Normal Growth and Development
☐ Tanner Stage _____

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Alcohol & Drug Use (risk assessment)
☐ Y ☐ N

☐ Abnormal Findings and Comments
_____
_____
(see additional note area on next page)

Results of visit discussed with child/parent
☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated
☐ Referrals
☐ Children Special Health Care Needs
☐ Dental ☐ Transportation
☐ Other _____

Anticipatory Guidance/Health Education
(X if discussed)

Safety
☐ Avoid alcohol, tobacco, drugs, inhalants
☐ Make a plan if in unsafe situation
☐ Seat belt use for self and passengers
☐ Responsible Driving/follow speed limits
☐ Swimming/Water Safety
☐ Use bike helmet/protective sporting gear
☐ Gun and weapon safety
☐ Learn to protect self from abuse
☐ Limit time in sun-use sunscreen

Nutrition/physical activity
☐ Healthy Weight/body image/dieting
☐ Limit TV, video, and computer games
☐ Physical activity & adequate sleep
☐ Eat meals as a family

Oral Health
☐ Schedule dental appointment
☐ Brush and floss teeth
☐ No smoking/chewing tobacco

Development and Behavior
☐ Increased responsibility for own health care
☐ Self Breast/Testicular Exam
☐ Handling stress & disappointment
☐ Discuss development
☐ Normal sexual feelings
☐ Preventing pregnancy and STIs
☐ Avoid risky or violent situations
☐ Healthy dating relationships
☐ Feeling sad/angry/fearful
☐ Handling depression/suicide

Family Support and Relationships
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
☐ Know who your teen spends time with
☐ Spend family time together
☐ Home, school, community rules
☐ Respect others
☐ Discuss future plans/College/Career
☐ School frustrations/dropping out
☐ Encourage to volunteer/participate with religious, school or community activities

Next Well Check _____ years of age

Developmental Questions and Observations on Page 2

Provider Signature

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WELL CHILD EXAM - ADOLESCENCE: 15 - 20 YEARS

Date	Patient Name	DOB

Developmental Questions and Observations
You may use the following screening list, or an age appropriate standardized developmental instrument or screening tool.

Ask the patient to respond to the following statements:

Yes	No	
☐	☐	Please tell me any questions or concerns you have today:
		_____
☐	☐	I eat breakfast everyday.
☐	☐	I am happy with how I am doing in school and/or at work.
☐	☐	I have one or more close friends.
☐	☐	I feel rested when I wake up.
☐	☐	I participate in at least one activity and/or interest other than school and work.
☐	☐	I do things with my family.
☐	☐	I feel good about my friends and school.
☐	☐	I know what to do when I feel angry, stressed or frustrated.
☐	☐	I have someone I can talk to.
☐	☐	I have questions about sexuality.
☐	☐	I get some physical activity every day.
☐	☐	I sometimes feel really down and depressed.
☐	☐	I sometimes feel very nervous.

If the parent is present, ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am proud of my child.
☐	☐	I talk to my child about alcohol, drugs, and smoking.
☐	☐	My child's school work matches his/her future goals.
☐	☐	My child's school work matches my future goals for him/her.
☐	☐	I talk to my child about sexuality and our family's values regarding sex.
☐	☐	I monitor my child's activities and social life.

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

_____
_____
_____

Staff Signature	Provider Signature

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My Health at 15 - 20 Years

Milestones

Your development between 15 and 20 years of age.

- You will keep making more decisions for yourself, plan for your life after high school, and discover new skills and talents.
- This can be an exciting time for you but also can be very emotional. This is part of the growing process. You can learn to manage stress or anger by taking a class with a friend or your parents.
- Teens face many tough choices and may feel more pressures to make the wrong choice. This is an important time to talk to friends, parents, family members and trusted teachers to help you learn to make the right choices.

For Help or More Information:

Firearm safety:

Call 1-202-662-0600 or go to www.safekids.org

Crisis Intervention/Suicide Prevention Information:

- The National Crisis 24/7 Helpline at 1-800-999-9999 or visit www.nineline.org
- Girls & Boys Town 24/7 Suicide and Crisis Line: 800-448-3000 or visit www.girlsandboystown.org/hotline

Social Support Services:

Contact the local county Department of Job and Family Services Healthchek Coordinator

Sexuality Information for teens:

(Planned Parenthood® Federation of America) www.teenwire.com

Gambling:

- Gamblers Anonymous Michigan Hotline Number: (888) 844-2891 or online at www.gamblersanonymous.org

AIDS Hotlines:

- AIDS.GOV website online at www.aids.gov
- National AIDS Hotline: 1-800-CDC-INFO (1-800-232-4636) or online at www.cdc.gov
- 24-Hour Hotline (Public Health Service): 1-800-342-2437

Eating Disorders:

Call the Eating Disorder Hotline 1-800-931-2237 or visit www.nationaleatingdisorders.org

Domestic Violence hotline:

- National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org
- Rape, Abuse, and Incest National Network at 1-800-656-HOPE (4673)
- State of Ohio Child Protection: 866-635-3748

Information for teens and their parents:

Provides information for teens and parents of teen on many teen topics. http://www.kidshealth.org/

Health Tips

Talk with your doctor at each visit about your health and learn what to do when you have a cold, an earache, or the flu. You should have regular health, vision and dental check-ups.

You need at least 8 hours of sleep each night to do your best at school, work or when driving.

A healthy diet is important. You need certain foods to help you grow during your teen years. If you are worried about your weight, check with your doctor. Diet for weight loss should be done only with a doctor or nurse's help. Exercise, healthy foods and fewer snacks are the best way to lose weight. Make a goal to be physically active at least 60 minutes each day. It doesn't have to be all at once. Find activities that you enjoy.

Learn about sexuality, abstinence, sexually transmitted infections and birth control. Be sure you know how and why to say "NO" to sex. Talk to your parents, doctor, nurse or adult advisor about making sexual decisions.

Everyone feels depressed sometimes. It can be serious so see your doctor or find a counselor if you, or someone you know has several of the following signs for more than two weeks:

- Depressed/irritable mood most of the day, nearly every day
- Loss of interest or pleasure in usual activities
- Noticeable change in appetite or weight (when not dieting or trying to gain weight)
- Trouble sleeping or sleeping too much
- Speaking and/or moving with unusual speed or slowness
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive guilt
- Decreased ability to think or concentrate, or unable to make decisions, nearly every day
- Thoughts of death, suicide, wishes to be dead or suicide attempts
- Abusing drugs, alcohol or other substances

Safety Tips

Use safety equipment, helmets, pads and seat belts.

Driving is most risky for teenagers when they have other teens in the car. You and your parents should agree on clear rules about driving, especially with your friends.

Never drive drunk or ride with anyone who has been drinking. Remember, "Friends don't let friends drive drunk." They also don't let friends ride with a drunk.

Learn gun safety. Never play around with guns. If there are guns or rifles in your home, make sure they are unloaded and locked up.