

KAN Be Healthy (EPSDT) Screening Form

Physical Growth Age Date of Screen		الموسيدين الم			I,D.	. Number:				······································	
PHYSICAL GROWTH T	A STATE OF THE PARTY OF THE PAR	Mand	latory	y Blood Lead Qui	estlonnaire is a ser				_	Company of the state of the sta	onths
T	Name	*				Date of	Birth	Age	Date of S	creen	
T Weight (lbs/kg) through Weight/Length 96 Head Circ (6.24 months) P Length (Bink to 358 months)	THE STATE OF THE STATE OF	is A			PHYSICAL	GROWTH					
P Length (Birth to 88 months)	Т									Head Cir	C
R BMI BP BMI ≥ 85%: recommend appropriate nutrition input and physical activity. Update Growth Chart (required at each screen) BENEFICIARY & FAMILY HISTORY Refer to completed history form in chart. Present Concern:		. W	eight'	t(lb	s/kg) th				.%	(≤ 24 months	s)
BP BMI & 85%: recommend appropriate nutrition input and physical activity. Update Growth Chart (required at each screen) BENEFICIARY & FAMILY HISTORY Refer to completed history form in chart. Present Concern: No changes in medical Hx unless indicated. Previous Hx reviewed from	Ρ	. 1	Lengt	th (Birth to 38 months)	cm/in	Otal			cm/in		cm/in
Update Growth Chart (required at each screen) BENEFICIARY & FAMILY HISTORY	R								th%		
Update Growth Chart (required at each screen)	BP	BMI	≥ 85%	: recommend approp	priate nutrition input and	d physical ac	ctivity.		*		th%
Refer to completed history form in chart. Present Concern: No changes in medical Hx unless indicated. Previous Hx reviewed from		ί	Jpdate	Growth Chart (requ	ired at each screen)		•				4470
No changes in medical Hx unless indicated. Previous Hx reviewed from					BENEFICIARY & F	AMILY H	ISTORY				
Previous Hx reviewed from	☐ Refer to co	mple	eted h	nistory form in ch	art.	Present (Concern:				
Patient currently in Foster care, no previous hx available. Medications: Serious Illness/Accidents:						-		:			
Serious Illness/Accidents:	A A MAR OF PARTY OF THE PARTY O										
(Including Hospital or ER visits)		rently	/ in F	oster care, no pr				,			
Allergies (root & drug) Birth History (Length, weight, complications, etc if known) Operations: No Yes (date & type) (Circle and indicate the relationship with disease / problem. P-Parent, G-Grandparent, B-Brother, S-Sister, Self) Allergies (rood & drug) Drug or ETOH Abuse Mental Illness Asthma Earaches Doesity Birth defects Epilepsy/Seizures Blood Disorder/ Slokle Cell Cancer High Blood Pressure Colds/sore throat Diabetes Lung Disease Heart Disease/Stroke BODY SYSTEMS SYSTEMS WNL ABN Comments (Describe any Abnormal Findings) General Appearance Integumentary Head-Neck Pyes/KarsirNose & Throat Oral/Dental Pulmonary Cardiovascular Abdomer/Gastrointastinal Genitourinary: Genitourinary	Medications:							: Ц	No LIY	es (date & type)	
Birth History (Length, weight, complications, etc if known) Operations: No Yes (date & type) (Circle and indicate the relationship with disease / problem. P-Parent, G-Grandparent, B-Brother, S-Sister, Self) Allergies (food & drug) Drug or ETOH Abuse Mental Illness Asthma Earaches Obesity Birth defects Epilepsy/Seizures Scoliosis/Arthritis Blood Disorder/ Slokle Cell Cancer High Blood Pressure Ulcers/Colitis Colds/sore throat Kidney/Liver Disease Urinary/Bowel Diabetes BODY SYSTEMS WNL ABN Comments (Describe any Abnormal Findings) General Appearance Integumentary Head-Neck Systems Another Coral/Dental Pulmonary Cardiovascular Abdomen/Gastroinestinal Genitourinary Genitourinary Genitourinary	All Table				(Include	oing Hospital of	EH VISIUS)		· · · · · · · · · · · · · · · · · · ·		
(Circle and indicate the relationship with disease / problem. P-Parent, G-Grandparent, B-Brother, S-Sister, Self) Allergies (food & drug)			· · ·								
Altergies (food & drug) Drug or ETOH Abuse Asthma Earaches Obesity Birth defects Epilepsy/Seizures Scoliosis/Arthritis Blood Disorder/ Blood Disorder/ Cancer High Blood Pressure Colds/sore throat Colds/sore throat Diabetes BODY SYSTEMS SYSTEMS WNL ABN Comments (Describe any Abnormal Findings) General Appearance Integurmentary Head-Neck Syes/Ears/Nose & Throat Oral/Dental Pulmonary Cardiovascular Abdomer/Gastrointestinal Genitourinary Genito	Birth History (Lengt	h, weigl	ht, com	nplications, etc if know	n) Ope	erations:	L No	∐Yes (d	ate & type)		
Asthma	(Circle and indicate th	e rela	tionsh			ndparent, B-	Brother, S-Sist	1.5			
Birth defects	•	1)		•					ess _		
Blood Disorder/ Sickle Cell Cancer High Blood Pressure Ulcers/Colitis Colds/sore throat Kidney/Liver Disease Urinary/Bowel Diabetes Lung Disease Heart Disease/Stroke BODY SYSTEMS SYSTEMS WNL ABN Comments (Describe any Abnormal Findings) General Appearance	·	<u>. </u>		•					_		
Sickle Cell Cancer High Blood Pressure Ulcers/Colitis Colds/sore throat Kidney/Liver Disease Urinary/Bowel Diabetes Lung Disease Heart Disease/Stroke BODY SYSTEMS SYSTEMS WNL ABN Comments (Describe any Abnormal Findings) General Appearance	The state of the s			- -	ilepsy/Seizures			Scoliosis/	Arthritis		
Cancer High Blood Pressure Ulcers/Colitis Colds/sore throat Kidney/Liver Disease Urinary/Bowel Diabetes Lung Disease Heart Disease/Stroke BODY SYSTEMS SYSTEMS WNL ABN Comments (Describe any Abnormal Findings) General Appearance I I I I I I I I I I I I I I I I I I I				He	adache			Speech, Visi	ual, Hearing		
Diabetes Lung Disease Heart Disease/Stroke BODY SYSTEMS SYSTEMS WNL ABN Comments (Describe any Abnormal Findings) General Appearance				Hiç	h Blood Pressure		-	Ulcers/Co	litis -		
BODY SYSTEMS SYSTEMS WNL ABN Comments (Describe any Abnormal Findings) General Appearance	Colds/sore throat			Kid	Iney/Liver Disease			Urinary/Bo	wel		
SYSTEMS WNL ABN Comments (Describe any Abnormal Findings) General Appearance	Diabetes			Lu	ng Disease		•	Heart Dise	ease/Stroke		
General Appearance					BODY SY	STEMS					
Integumentary	SYSTEMS	WNL	ABN	Comments (Desc	ribe any Abnormal F	indings)					-
Head-Neck	General Appearance										
Eyes/Ears/Nose & Throat	Integumentary										
Oral/Dental	Head-Neck										
Pulmonary	Eyes/Ears/Nose & Throat										
Cardlovascular	Oral/Dental				٠	* ,					
Abdomer/Gastrointestinal	Pulmonary									•	
Abdomen/Gastrointestinal	Cardiovascular										
	Abdomer/Gastrointestinal							i	•		
	Genitourinary:										
TIGHTA ODDING 1 1 1 1 1	Trunk / Spine	$\overline{\Box}$	一								
Musculoskeletal		$\overline{\Box}$	$\overline{\Box}$								
Neurological		\Box	 								

Vision Screen										
act eve evam date:	_ Eye tracking (< 4 yrs old) Pass	Refer C	omments:							
Corneal Light Reflex Present:Ye	Eye fracking (< 4 yrs ord) 1 ass	-20 yrs) Tool used:	Score: Left	Right Both						
Outer Inspection: Normal	Approximat I I Neal Aculty 7 2	0 1001 0000 .								
Duter Inspection: Normal										
THE PARK OF THE PARK TO SEE A		Biking	Basketball	play outside						
WIC participant		Skating		other sports						
Referred to WIC	☐ Formula		creen time/Day? (i.e. TV	/, Games, PC)						
☐ Breast Feeding Amount & how ofter		0-1 hr	1-2hr] 3-5hrs						
Amount a now oner	Servings per day	-								
Bread/Cereal		KBH participar	t currently pregnant?	☐ Yes ☐ No						
Fat/Sweet/Sugar	Fruit		en complete followin							
Meat/Bean/Egg	Vegetable	1. Prenatal Reco		, 100						
Fluid Intake: water	oz. Soda	2. On prenatal vi								
Milk	oz. Juice		OB/GYN cares?	Yes No						
*		Referred to:		UTATIONO.						
	LABORATORY	STATE OF THE SECOND		IZATIONS						
HGB or HCT(required at 12 i	mths, start of menses in girls, 11-20 y	12	Copy of record in char	HepB DTaP Flu						
HGB results: or HCT	results:Date obtaine	ed:	Current	Hib IPV MMR						
WIC results?: Yes No No	Date: Other Lab?		Behind ☐ Unknown ☐	MCV4 MPSV4 PCV						
DEVEL	OPMENTAL / EMOTIONAL		Requested from Parent							
Developmental Screen	ning Tool: (required for all child		Referred to VFC provider	Other:						
Tool Used (in file):			DE	NTAL						
Results Pass	Delayed		Sees Dentist? Yes LI	No 🔲						
Not Screen	eened (Comments Required) n:		ast dental exam date:/							
Referred to :		1	times brushes/day:							
Developmental Emotional Ob	oservations or Tool:(Ag		Dental Referral (annualy at a minimum 0-20yr) Yes □ No □							
Sleep Habits	Tired / overacti	ive?	HEARING SCREEN							
Discipline:	Vocational concerns		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	completion and lindings of paper						
Peer Interaction:	Average Mari	ks	hearing screen or audlome	tric sweep screen						
Grade Level Special Education/Needs:	Average man	***	Hearing Health History ≥	5: Pass Refer						
Any emotional or behavioral pr	oblems?		Risk Indicators for Hear	ng Loss < 5 Pass Refer Refer						
Emotional Observations:			Audiometric Sweep Sc							
HEALTH EDUCATION AND ANTICIPATORY GUIDANCE										
		e Reviewed/ Handouts								
Distribution	5. Family Planning	9. Parenting	13. Self Bro	east Exam						
Behavior/Discipline	6. Immunizations	10. Safety/Pois	ions 14. Sexual	ity						
2. Oral /Dental 3. Development	7. Lifestyle	11. Substance	Abuse 15. Exercis							
Development Physical Activity	8. Nutrition	12. Self Testicu	ılar Exam 16. Weapo	on Safety						
17. Other:										
Tr. Office.	RESU	LTS/PLAN OF CAF		"我是我们的人们是是不是						
Screening Results:		• • • • • • • • • • • • • • • • • • • •	Recomme	ended:						
objecting resulter			Return Da							
Di Deferrale (dentel	vision, hearing, dietary, etc	Parent/car	Parent/caregiver informed of KBH							
Plan/Helerrals (derital,	Alordin Homman and Arenne XI and		screen fine	screen findings and verbalizes						
			understanding of teachings. Yes No							
			Date:	1						
Screening Providers S	Signature:									
OCTEURING FIOVICES C	. PA. or Registered Nurse trained	to perform KAN Be He	althy screens)							
(Licensed Physician, ARNP, PA, or Registered Nurse trained to perform KAN Be Healthy screens) Revised 07/2006										

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