MCH/HEALTH TRACKS PEDIATRIC ASSESSMENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 1819 (Rev. 8-2010)

Clear Fields

Date of Screening	
MA Id. Number	
Program	

Name	Date of Birth	Race	Sex ☐ M ☐ F	Age at Visit

Accompanied By	Recent Illness/Accidents/Medicines/Prenatal Concerns	Telephone Number

I. HEALTH INFORMATION

Parent's Name

Address

Height	%	Weight	%	BMI	%	Head Circumference	%

BP	TPR	Hgb	UA	Lead Screening
				☐ NA ☐ Blood Draw ☐ Questionnaire

	Yes	No
Tobacco Use by Child?	☐	☐
Secondhand Smoke in Home?	☐	☐
Secondhand Smoke in Child Care?	☐	☐
Smokeless Tobacco Use in Home?	☐	☐

II. REVIEW OF SYSTEMS

GENERAL: No problem, fever, fatigue, increased weight, decreased weight, anemia

HGB ☐ NA ☐ Referred

EYES: No problem, crossed, squints, blurred vision,
discharge: OD _____ OS_____ TEST _____
Color perception _____

ENT/MOUTH: No problem, sore throat, tonsillitis, O.M., sinus, teeth, gums:
Hearing: Lt: _____ Rt: _____

DENTAL SCREENING:
Has child previously seen a dentist? ☐ Yes ☐ No
Has urgent/emergency need for dental care? ☐ Yes ☐ No
Orthodontic ☐ NA ☐ Referred ☐ Screened/No Referral
Flouride varnish applied ☐ Yes ☐ No
Date applied: _____

RESP/CARDIAC: No problem, cough, wheezes, asthma, pneumonia, increased BP, cyanosis, murmur:

GI: No problem, constipation, diarrhea, vomiting, abd. pain, anemia, parasites:

GU/REPRODUCTIVE: No problem, burning, freq. UTI, hematuria, enuresis:

MUSCULOSKELETAL: No problem, muscle weakness, floppy, rigid, cramps, clumsy, joint pain, growing pains, scoliosis:

SKIN: No problem, rashes, bruising tendencies, allergies, parasites, tattoos, piercings:

NEURO: No problem, head trauma, headaches, seizures, lead, tremor, dizziness, soft signs:

ENDOCRINE: No problem, heat or cold intolerance, increased thirst, hunger or urination:

III. PHYSICAL ASSESSMENT

	Finding	COMMENTS
Head / Neck		
Eyes		
Ears		
Nose		
Dental / Throat		
Chest / Heart		
Lung		
Abdomen		
Genitalia / UA		
Spine		
Limbs		
Skin		
Neuro		
Imm		

NUTRITION

Is child on WIC? ☐ Yes ☐ No
Referral ☐ Yes ☐ No
Education ☐ Yes ☐ No

DEVELOPMENTAL

☐ Ages and Stages Questionnaire-3
☐ Denver II
☐ Other. List: _____

Developmental Referral Code

MENTAL HEALTH

☐ Ages and Stages Questionnaire: SE
☐ Brigance II
☐ PSC
☐ Y-PSC
☐ Strengths and Difficulties Questionnaire (SDQ)
☐ Other. List: _____

Mental Health Referral Code

Speech Referral Code

REFERRAL KEY:

1. Positive findings - refer for D & T
2. Positive findings - no referral, under treatment
3. Positive findings - parent/recipient refused referral
4. Screening not completed
5. Negative findings
6. Positive results - treated on-site
7. Anticipatory Guidance/Education
8. See Comments

COMMENTS:

Health Tracks Coordinator's Signature	Screening Medical Provider's Signature	Date