



SoonerCare Child and Adolescent Health Risk Profile

Name: _____ Date of Birth/Age: _____ Male: ___ Female: ___ MR# or SSN#: _____
Ethnicity: _____ Medications: _____ Old Records: _____
Allergies: _____ Smoker: _____ ETS: _____ Date: _____

Screening	Annual Assessment of Risk Factors	Counseling Provided
1. Height/weight	<input type="checkbox"/> Above or below healthy weight range for height	
2. Blood pressure	<input type="checkbox"/> Screen during office visits	
3. Vision	<input type="checkbox"/> Screen at approximately 3-4 yr <input type="checkbox"/> Eyes turning inward or outward <input type="checkbox"/> Squinting <input type="checkbox"/> Headaches <input type="checkbox"/> Not doing as well in school as before <input type="checkbox"/> Blurred or double vision	
4-6. PKU, hemoglobinopathies, Hypothyroidism	<input type="checkbox"/> Screening tests done in first 7 days after delivery <input type="checkbox"/> Records from hospital should be in chart	
7. Hearing	<input type="checkbox"/> Family history of hereditary childhood sensorineural hearing loss <input type="checkbox"/> Congenital perinatal infections with herpes <input type="checkbox"/> Perinatal infection with herpes, syphilis, rubella, cytomegalovirus, or toxoplasmosis <input type="checkbox"/> Malformations involving head or neck <input type="checkbox"/> Birth weight below 1500 g <input type="checkbox"/> Bacterial meningitis <input type="checkbox"/> Hyperbilirubinemia requiring exchange transfusion <input type="checkbox"/> Severe perinatal asphyxia <input type="checkbox"/> Ototoxic medications	



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8. Anemia (for those at high risk)	<input type="checkbox"/> Lives in poverty <input type="checkbox"/> Black, Native American, or Alaska Native <input type="checkbox"/> Immigrant from developing country <input type="checkbox"/> Preterm and low birth weight infant <input type="checkbox"/> Drinks primarily unfortified cow's milk	
9. Cholesterol (for those at high risk)	<input type="checkbox"/> Has a parent who has high cholesterol <input type="checkbox"/> Has a parent or grandparent who died suddenly or had heart disease before age 55 <input type="checkbox"/> Child is obese <input type="checkbox"/> Has high blood pressure	
10. Lead	<input type="checkbox"/> Blood lead lab test all children at 12 months and 24 months; minimum one documented blood lead lab test all children by 72 months <input type="checkbox"/> Lived in or regularly visited a house built before 1950 <input type="checkbox"/> Lived in or regularly visited a house built before 1978 with recent, ongoing, or planned renovation or remodeling <input type="checkbox"/> Had a brother or sister, housemate, or playmate followed or treated for lead poisoning <input type="checkbox"/> Is anemic	
11. Tuberculin skin test (for those at high risk)	<input type="checkbox"/> Close contact with a person who has active tuberculosis <input type="checkbox"/> Occupational high risk (healthcare, correctional, residential, etc.) <input type="checkbox"/> Lived in endemic area in the past year (SE Asia, Africa, Latin America) <input type="checkbox"/> Medial risk factors (e.g., diabetes, HIV, alcoholism)	
12. HIV test (for those at high risk)	<input type="checkbox"/> High-risk mother and antibody status of mother is unknown <input type="checkbox"/> Inconsistent and incorrect use of barrier contraceptives <input type="checkbox"/> Has or has had any one of the following risk factors: previous STD, multiple sex partners, or shared needles.	
13. Chlamydia	<input type="checkbox"/> Is sexually active and \leq 25 yr	
14. Pap smear	<input type="checkbox"/> Os sexually active and has been over 3 yr since last test	
15. Sleep position	<input type="checkbox"/> Places baby on stomach	



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16. Injury prevention	<input type="checkbox"/> Does not use child safety car seats/booster seats <input type="checkbox"/> Does not use lap/shoulder belts <input type="checkbox"/> Does not use a bicycle helmet <input type="checkbox"/> Does not have hot water heater temperature < 120-130 ° F <input type="checkbox"/> Medicines, chemicals/poisons, or firearms are accessible to children <input type="checkbox"/> Does not have window/stair guards or a pool fence <input type="checkbox"/> Does not have syrup of ipecac or the poison control phone number <input type="checkbox"/> Does not have working smoke detectors in the home	
17. Nutrition	<input type="checkbox"/> Mother does not breast-feed <input type="checkbox"/> Does not limit intake of fat and cholesterol, maintain calorie balance in diet, or eat foods containing fiber <input type="checkbox"/> Inadequate calcium intake for teen girls	
18. Physical activity	<input type="checkbox"/> Does not get 30 minutes of physical activity most days	
19. Oral health	<input type="checkbox"/> Poor dental hygiene (e.g. does not brush with a fluoride toothpaste and floss daily) <input type="checkbox"/> Does not see a dentist regularly <input type="checkbox"/> Smokes or chews tobacco and or drinks alcohol	
20. Sun exposure	<input type="checkbox"/> Immunosuppression <input type="checkbox"/> Family history of skin cancer <input type="checkbox"/> Freckles and poor tanning ability <input type="checkbox"/> Light skin, hair, and eye color	
21. Tobacco use	<input type="checkbox"/> Currently smokes cigarettes, cigars, or uses smokeless tobacco <input type="checkbox"/> Lives with an adult who smokes inside the home	
22. Alcohol/drug use	<input type="checkbox"/> Drinks more than 2 drinks/day (men) or 1 drink/day (women) (quantity _____ frequency _____) <input type="checkbox"/> Uses or has used "street drugs" <input type="checkbox"/> Has had medical and/or social problems related to alcohol or drug use	
23. Multivitamin with folic acid	<input type="checkbox"/> Sexually active female of childbearing age	



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23. Unintended pregnancy/STDs/HIV	<input type="checkbox"/> Sexually active male or sexually active female of childbearing age <input type="checkbox"/> Does not desire a pregnancy/is not using a reliable birth control Method <input type="checkbox"/> Has or has had previous STD, multiple sex partners, or shared needles	

Notes/Instruction: _____

Completed by: _____ Date: _____

Reviewed by: _____ Date: _____

Information based on U.S. Preventive Services Task Force recommendations.
 ETS = environmental tobacco smoke; PKU = phenylketonuria; HIV – human immunodeficiency virus; STD = sexually transmitted disease.