

Health History

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

C&TC Requirements

General

Obtain a *comprehensive* health history according to medical standards for all new C&TC clients, to help guide primary care services and referrals. Information can be obtained from the child, parent, guardian or an adult who is familiar with the child's health.

Collect an *interim* history at each subsequent C&TC visit to identify any new or previously undetected issues that may impact the child's health and development.

A health history should identify children with special needs, including:

- Children and youth with special health needs should receive increased care coordination in the health care home.
- Children or youth in foster care or out-of-home placement, who should receive more frequent C&TC preventive health visits, as recommended by the American Academy of Pediatrics at [Healthy Foster Care America \(https://www.aap.org\)](https://www.aap.org).

Personnel

The health history can be completed by the parent/guardian or collected by a medical assistant or other trained staff using a health history form.

Review and interpretation of the health history should be completed by a licensed health care professional (physician, nurse practitioner, physician assistant, or a qualified Public Health Nurse who has completed the 3-day C&TC Comprehensive Training provided by the Minnesota Department of Health).

Documentation

Documentation must include personal and family health history and social determinants of health (SDH), and related referrals or follow-up, as appropriate. No specific tool or set of questions is required.

Procedure

Health history includes, but is not limited to:

- Complete medical and family history,
- Medications (prescription and non-prescription) and supplements;
- Identification of mental health needs or risks and history of trauma;
- Information on sexual development and maturation;
- Risk of exposure to lead, tuberculosis, and sexually transmitted infections (STI);
- Nutritional intake;
- Chemical use, abuse, and risks; and
- Social determinants of health.

Many of these components are covered in more depth in separate [C&TC fact sheets \(www.health.state.mn.us\)](http://www.health.state.mn.us). Two additional important topics are discussed below.

Social Determinants of Health

Assessing both protective and risk factors supports family strengths and helps identify needed referrals or resources for the child and family.

The new [Bright Futures Guidelines \(https://brightfutures.aap.org\)](https://brightfutures.aap.org) identify a range of SDH to consider, such as:

- Family and youth strengths and protective factors such as strong social supports, sources of concrete support in times of need, sense of community or spirituality;

- Socioeconomic factors such as neighborhood safety, housing stability, food security, adequate employment, and access to transportation or other basic needs;
- Factors affecting family functioning, such as domestic or neighborhood violence; family substance use disorder or mental health issues, parental incarceration, youth involvement in the juvenile justice system, or other Adverse Childhood Experiences (ACEs) that may affect parent or child well-being.

Nutritional History

Review the patient's nutritional status and dietary practices to identify any unusual, deficient or excessive eating habits, dietary quality and quantity, and meal patterns. Inconsistent access to food leads to nutritional risk, and can be assessed via two validated questions (American Academy of Pediatrics, 2015). Refer all children ages birth to five years to the [Women, Infants and Children \(WIC\) Program](http://www.health.state.mn.us) (www.health.state.mn.us).

Whenever a nutritional risk is identified, the individual must receive further assessment and nutritional counseling. Refer the patient to a registered dietician or licensed nutritionist if needed. Nutrition professionals are listed by zip code in [Academy of Nutrition and Dietetics Find an Expert](http://www.eatright.org) (www.eatright.org). Refer families to food and nutrition resources including the [Supplemental Nutrition Assistance Program \(SNAP\)](http://www.mn.gov/dhs) (www.mn.gov/dhs), when appropriate.

Professional Recommendations

American Academy of Pediatrics

A health history is part of every preventive health visit from birth through 21 years of age (American Academy of Pediatrics, 2017).

Resources

SDH Screening and Resources

- An example of a screening questionnaire for SDH: [Standardized Screening for Health-Related Social Needs in Clinic Settings: The Accountable Health Communities Screening Tool](https://nam.edu) (<https://nam.edu>)
- Resources to address family needs: [Resources for Minnesota Families with Children](https://edocs.dhs.state.mn.us) (<https://edocs.dhs.state.mn.us>)

Minnesota Department of Human Services

- [Minnesota Health Care Programs Provider Manual C&TC Section](http://www.dhs.state.mn.us) (www.dhs.state.mn.us)

Minnesota Department of Health

- [Child and Teen Checkups](http://www.health.state.mn.us) (www.health.state.mn.us)

References

- American Academy of Pediatrics. (2015). Promoting food security for all children. *Pediatrics*, 136(5), e1431-31438.
- American Academy of Pediatrics. (2017, February). Recommendations for Preventive Pediatric Health Care. Retrieved from Bright Futures/American Academy of Pediatrics: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
- Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics*, 133(1).

For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3760 email health.childteencheckups@state.mn.us.

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