



# Child and Teen Checkups (C&TC) FACT Sheet

For Primary Care Providers

## Health History

C&TC Requirements:	Qualified Personnel	Documentation
<p><b>Health History</b> A history of a child’s health and development must be obtained from the child, parent of the child, or an adult who is familiar with the child’s health. The history must include, but is not limited to:</p> <ul style="list-style-type: none"> <li>● Complete medical history</li> <li>● Identification of mental health needs/risks</li> <li>● Information on sexual development/maturation</li> <li>● Lead and tuberculosis risks and exposure</li> <li>● Nutrition intake (see below)</li> <li>● Chemical use/abuse/risks</li> <li>● Health history should be updated at each subsequent visit.</li> </ul>	<p>Physician  Nurse Practitioner  Physician’s Assistant  or R.N. with adequate training (e.g., C&amp;TC 3-day training)</p>	<p>Document health and developmental history. Record normal and abnormal findings.  Refer to the C&amp;TC Documentation Criteria Guidelines.</p>

### Key Points / Facts about the Importance of a Health History:

- Epidemiological data indicate that 14%-20% of all school-aged U.S. children and 13% of preschoolers have an emotional and/or behavioral disorder. However, primary care physicians identify only 50% of these children. Once identified, only a fraction of them receive appropriate mental health treatment [1].
- An estimated 1 in 10 children and adolescents in the United States suffers from mental illness severe enough to cause some level of impairment. Fewer than 1 in 5 of these ill children receive treatment [2].
- 56% of mothers who experienced symptoms of depression in the past year said that they were not asked about their mental and emotional well being by their child’s healthcare provider [3].
- A complete (initial) health history is performed for new C&TC clients. For subsequent (interval) C&TC visits, the health history should be updated from the last contact to the present.



## **Suggested Health History items include: (\*Federally required components)**

### Identifying Information

#### Contextual information

- family, child care, school, work, community, etc.

#### Past Medical History

- immunizations, hospitalization, surgery, **TB risk\***, etc.

#### Family History

### Present Health Status

- Allergies and Medications
- Natural or homeopathic remedies
- Over-the-counter drugs

### Review of Systems

#### Functional Health Patterns

- Health maintenance including safety & **lead risk\***, development, **nutrition\***, discipline, **mental health needs\***, activities and recreation, **chemical use\***, sexuality, etc.

## **Screening Forms:**

The C&TC program does not require the use of specific health history forms. Free copies of sample health history documentation forms may be downloaded and are [Online]:

[http://www.dhs.state.mn.us/id\\_028848](http://www.dhs.state.mn.us/id_028848). Accessed April 16, 2007.

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### **Mental Health Screening Suggestions:**

- Best practice would indicate using standardized screening instruments to facilitate recognition and referral of psychosocial problems as part of routine primary care visits. Recommended tools are available from The Minnesota Interagency Developmental Screening Task Force [Online]: <http://www.health.state.mn.us/divs/fh/mch/devscrn/instruments.html>. Accessed April 16, 2007.
- Mental health concerns such as depression should be screened with questions including school performance, chemical use, and relationships with family and peers.
- Ask questions regarding psychosocial problems or concerns. Concerns often develop in children as a response to social conditions such as family/community violence and abuse, frequent loss and/or separation, and stresses associated with poverty.

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### **Chemical Use Screening Suggestions:**

- Ask about alcohol use and other substances with potential for abuse such as over-the-counter or prescription drugs for non-medical purposes, including anabolic steroids. Screening should address the use of tobacco products (cigarettes, smokeless tobacco).

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### **Nutrition Screening Suggestions:**

- A child must receive screening of nutritional status through questions about dietary practices to identify unusual, deficient or excessive eating habits, dietary quality and quantity, meal patterns, etc. A child must be referred to the Special Supplemental Food Program for Women, Infants, and Children (WIC) for eligibility determination. When nutritional screening and the screening of a child's physical growth indicates a nutritional risk condition, the child must be referred for further assessment, receive nutritional counseling, and be referred to a nutrition program such as WIC, MAC, the Minnesota Food Assistance Program (MFAP) and the Food Support Program.

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### **Lead Screening Suggestions:**

See **LEAD FACT Sheet** [Online]: <http://www.health.state.mn.us/divs/fh/mch/lead.pdf>.

Accessed April 16, 2007.

Include **Routine Blood Lead Screening Risk Questionnaire** for lead exposure [Online]:

<http://www.health.state.mn.us/divs/eh/lead/reports/screening/riskquestionnaire.pdf>.

Accessed April 16, 2007.



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## Tuberculosis Screening Suggestions:

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See TB FACT Sheet [Online]: <http://www.health.state.mn.us/divs/fh/mch/tb.pdf>.

Accessed April 16, 2007.

Include tuberculosis risk assessment [Online]:

<http://www.health.state.mn.us/divs/idepc/diseases/tb/tbrisk.pdf>. Accessed April 16, 2007.

### Resources:

- Department of Human Services. C&TC Documentation Forms [Online] [http://www.dhs.state.mn.us/id\\_028848](http://www.dhs.state.mn.us/id_028848) and Criteria Guidelines for C&TC Provider Documentation. [Online]: <http://www.dhs.state.mn.us/provider/ctc>. Accessed April 16, 2007.
- Minnesota Department of Health, Maternal and Child Health Section. For questions, training, or additional information, contact the C&TC Support Staff at (651) 201-3760. [Online]: <http://www.health.state.mn.us/divs/fh/mch/candtc.html>. Accessed April 16, 2007.
- Green, M., (2000) Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (2<sup>nd</sup> ed.). Arlington, VA: National Center for Education in Maternal and Child Health. [Online]: <http://www.brightfutures.org>. Accessed April 16, 2007.
- American Medical Association: Guidelines for Adolescent Preventive Services. 1997. [Online]: <http://www.ama-assn.org/ama/pub/category/1980.html>. Accessed April 16, 2007.
- The Minnesota Interagency Developmental Screening Task Force. Developmental screening instruments. [Online]: <http://www.health.state.mn.us/divs/fh/mch/devscrn/instruments.html>. Accessed April 16, 2007.

### Professional Recommendations:

American Academy of Pediatrics - An initial or interval history is to be completed at all well child visits.

American Medical Association/Guidelines for Adolescent Preventive Services (GAPS) - Collecting a medical history is an essential component of GAPS and should include questions about body image and dieting patterns, tobacco use, alcohol and other drug use, and involvement in sexual behaviors that may result in unintended pregnancy and STDs.

### References:

1. Jellinek, M. S., Murphy, J. M., Little, M., Pagano, M. E., Comer, D. M., Kelleher, K. J., (1999). Use of the Pediatric Symptom Checklist to screen for psychosocial problems in pediatric primary care. Arch Pediatr Adolesc Med., 153, 254-260.
2. National Institute of Mental Health, *Treatment of Children with Mental Disorders* (2006). [Online]: <http://www.nimh.nih.gov/publicat/childqa.cfm>. Accessed April 16, 2007.
3. Child and Adolescent Health Measurement Initiative. (July 2004). The Promoting Healthy Development Survey – Plus (PHDS-PLUS). MN Medicaid 2003-2004 PHDS-PLUS Survey Findings.