



Child's Name:

Mother's Name:

SECTION E (check all that apply)

LEVEL 1 RISK CONDITIONS

(Medical/Biological Conditions Present in Child Indicating Referral to Public or Private Sector Care)

Infectious and Parasitic Diseases

- B20 HIV
A50.9 Syphilis

Mental Disorders

- F84.0 Autistic disorder
F80.9 Developmental speech or language disorder
F84.8 Unspecified delay in development
F84.9 or F89 Suspected Developmental Delay

Endocrine, Nutritional & Metabolic Diseases, and Immunity Disorders

- E03.1 - E00.9 Congenital hypothyroidism
E70, E71.X - E72.X Disturbances of amino-acid metabolism (Metabolic disease)
E70 - E88
E00 - E89 Specify(code, diagnosis):

Diseases of the Blood and Blood-Forming Organs

- D5X.X Hereditary hemolytic anemias
Specify(code, diagnosis):

Diseases of the Nervous System and Sense Organs

- G00.9 Meningitis, Bacterial
G03.9 Meningitis, All Other
G04.90 Encephalitis
G80.9 Infantile cerebral palsy
G40.901 - GG93.919 Epilepsy/Seizure Disorder
G93.41 - G93.49 or 167.83 Encephalopathy
G60.0 - G60.9 or G61.0 or G71.2 Neuromuscular Disorder
H35.159 or H35.169 Retinopathy of Prematurity (Grades 4 or 5)
H54.0 or H35.169 Blindness and low vision
Specify (code, diagnosis):
H66.X Unspecified otitis media - chronic (recurrent or persistent)
H90.X - H91 Hearing Loss
Specify(code, diagnosis):
C1DNS.1 Suspected Hearing Impairment

Serious Problems or Abnormalities of Body Systems

- 100 - 195 Heart/Circulatory System
J00 - J86.9 Respiratory System
J45.20 - J45.22 Asthma
K00 - K90.9 Digestive System
N00.0 - N94.9 Genito-Urinary System
M32.10 - M36.8 Musculoskeletal System and Connective Tissue
Q00.0 - Q99.9 Congenital anomalies
Q00.0 Anencephaly
Q05.0 - Q05.9 or Q04.5 Spina Bifida/Myelomeningocele
Q02 Microcephaly
Q03.8 or Q3.9 Hydrocephaly
Q35.9 Cleft Palate/Lip

Specify Conditions for All Above (include Diagnosis Code):

Conditions Originating in the Perinatal Period

- P04.3 or Q86.0 Fetal Alcohol Syndrome
P05.00 - P05.10 Light-for-dates infant without fetal malnutrition unspecified (birth weight < 10% for gestational age)
P05.X Fetal Growth Retardation (Intrauterine Growth Reduction-IUGR)
P07.00 - P07.03 Disorders r/t extreme immaturity of infant (BW < 999 gms)
P07.10-P07.16 Disorders r/t other preterm infants (BW 1000-1500 gms)
P10.0 Subdural and cerebral hemorrhage due to birth trauma
P84 Severe birth asphyxia (APGAR < 3 at 5 Minutes)
P27.0-P27.8 Chronic Respiratory Disease in perinatal period (Broncho-pulmonary Dysplasia)
P28.3 Primary apnea or other apnea in newborn
P28.9 Unspec. Respir. Condition of fetus/newborn (vent > 48hrs)
P35.0 Congenital Rubella
P35.1 Congenital cytomegalovirus infection (CMV)
P35.2 or P37.X Other congenital infection in perinatal period (Herpes Simplex-congenital, Toxoplasmosis)
P52.21-P52.22 Intraventricular Hemorrhage (IVH), Grade III or IV
P52.3 or P59.X Perinatal jaundice d/t hepatocellular damage (NB Hepatitis)
P59.9 Neonatal jaundice (requiring exchange transfusion)
P77.3 Stage III necrotizing enterocolitis in newborn
P90 Convulsions in newborn
P92.8-P92.9 Feeding Problems in newborn (severe reflux/feeding tube)
P96.1-P96.2 Drug Withdrawal Syndrome in Newborn
P91.2 Periventricular/Preventricular Leukomalacia (PVL)
C1COP.1 NICU Stay > 5 days

Symptoms, Signs and Ill-Defined Conditions

- P92.6 Failure to Thrive/Growth Deficiency (growth below 5th %)
R68.89 Other abnormal clinical findings
Specify(code, diagnosis):

Injury and Poisoning

- S09.8XXA or S09.90XA Other and unspecified injury to head
T56.0XXX Toxic effect of lead and its compounds, including fumes
Lead Level > 20 ug/dl (Venous)
Specify:
Lead Level > 10 <20 ug/dl (Venous)
Specify:
C1INJ.1 Ototoxic medications including chemotherapy

Other Significant Conditions

- Z20.5 - Z22.52 Carrier/suspected carrier of viral hepatitis (Hep. B in Mom)
Z82.2 Family history of deafness or hearing loss
Z63.72 Alcoholism or Substance Abuse in Family (Maternal use of street, prescription or OTC drugs via self-report, drug screen or court record)
Q85.0X Neurofibromatosis

SECTION F

COMMENTS

Has child received a recent developmental screening?: Not screened Yes, screened by Measure used: Date screening completed Scores

Email this form to your county/district Children 1st Coordinator by clicking the "Email Form" below. You can find your coordinator using the "Coordinator LookUp" button.