

ABCD Healthy Beginnings
Social-Emotional Screening Card

Well-baby visit: ____ months **Child's age:** ____ months

Gender: Male Female

Ethnicity: African-American/Black Hispanic Asian
 Caucasian Mixed: _____ Other: _____

Funding: Medicaid/KidCare Private Insurance
 Self-Pay/Uninsured

Screened: Yes No N/A: _____

If yes

Tool: ASQ: SE Other: _____

Score: _____

Result: Not at risk Moderate Risk Significant risk

Action: Monitor Rescreen (when: _____) Refer outside
 Provided anticipatory guidance

Place of outside referral: Therapist/hospital
 Child & Family Connections/Early Intervention (CFC/EI)
 Parent refuses referral Other: _____

Comments:

Practice ID: _____ Today's Date: _____