



	Infancy						Early Childhood					Middle Childhood					Adolescence								Key				
	Birth	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr		20 yr			
History	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	<ul style="list-style-type: none"> ■ To be performed ▣ Subjective by history ○ Objective by standard testing method 		
Nutrition Screening	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Measurements																													Shading indicates range during which service should be performed ■ range during which service should be provided with preferred age indicated
Length/Height & Weight	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Head Circumference	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Blood Pressure											■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Sensory Screening																													
Vision	▣	▣	▣	▣	▣	▣	▣	▣	▣	▣	○	○	○	○	○	○	○	○	▣	▣	○	▣	▣	○	▣	▣			
Hearing/Speech	○	▣	▣	▣	▣	▣	▣	▣	▣	▣	▣	○	○	○	○	○	○	▣	▣	○	▣	▣	○	▣	▣				
Developmental/ Behavioral Health Assessment ¹	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	¹ See guidelines for Development/Behavioral Assessment and Anticipatory Guidance		
Physical Exam	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Procedures - General																													
State Metabolic Screen ²	■																										² State of New Mexico Metabolic Screen includes: <ul style="list-style-type: none"> ■ Biotinidase Deficiency ■ Galactosemia ■ Hemoglobinopathies ■ Congenital Hypothyroidism ■ PKU 		
Vitamin K	■																												
Eye Prophylaxis	■																												
Hematocrit/Hemoglobin							■												■										
Lead Screen								■			■																		
Urinalysis													■									■							
Procedures – Pts at Risk																													
Tuberculin Test	Testing should be done upon recognition of high risk factors																												
Pelvic Exam																											³ The immunization schedule reflects the current ACIP schedule. If the ACIP schedule changes, immunizations should be given according to the most current ACIP schedule		
STD Screen																													
Cholesterol																											⁴ Vaccines to be assessed and given during an early adolescent visit if not previously given		
	Testing should be done upon recognition of high risk factors																												
Immunizations ³																													
Hepatitis A																											⁵ Routine visits every 6 months should begin at age 3. Earlier initial evaluations may be appropriate for some children. Subsequent exams as prescribed by dentist.		
Hepatitis B	Hep B #1																												
			Hep B #2			Hep B #3																							
Diphtheria, Pertussis, Tetanus			DTaP	DTaP	DTaP																								
Polio			IPV	IPV																									
Measles, Mumps, Rubella																													
Haemophilus Influenza B			Hib	Hib	Hib																								
Varicella																													
Pneumococcal			PCV	PCV	PCV																								
Anticipatory Guidance ¹	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Initial Dental Referral ⁵											■																		

Revised 1/01

Adapted from the Guide to Clinical Preventive Services (2nd Ed.), Bright Futures (www.brightfutures.org), American Academy of Pediatrics (www.aap.org) Recommendations for Preventive Pediatric Health Care, Advisory Committee on Immunization Practices (ACIP) (www.cdc.gov/nip), and State of New Mexico Department of Health (www.health.state.nm.us). These recommendations are intended to be guidelines. In some cases, it may be necessary to tailor the recommendations to meet the needs of the patient and their individual situation.