



	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																															
Length/Height & Weight	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	Shading indicates range during which service should be performed ■ range during which service should be provided with preferred age indicated			
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															All sexually active females or initially at 18-21 years																
STD Screen															All sexually active teens																
Cholesterol	Testing should be done upon recognition of high risk factors																														
Immunizations ³																															
Hepatitis A																														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 ⁴ Vaccines to be assessed and given during an early adolescent visit if not previously given 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						In selected areas – check with your doctor												
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																															

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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.
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