



PREVENTATIVE CARE SCHEDULE

Hospital- 1st Hepatitis B given

2-5 Day	WCC
2 Wk or 1 Mo	WCC, Hep B #1 (if not given in the hospital)
2 Months	WCC, Hib #1, Pediarix #1 (DTaP #1, Hep B #2, IPV #1), Pevnar #1, Rotateq/Rotarix #1
4 Months	WCC, Hib #2, Pediarix #2 (DTaP #2, Hep B #3, IPV #2), Pevnar #2, Rotateq/Rotarix #2
6 Months	WCC, Hib #3, Pediarix #3 (DTaP #3, Hep B #4, IPV #3), Pevnar #3, Rotateq/Rotarix #3
9 Months	WCC, PEDS Questionnaire
12 Months	WCC, MMR #1, Pevnar #4, Varicella #1, HCT Screening, Lead Screening
15 Months	WCC, DTaP #4, Hep A #1, HIB #4
18 Months	WCC, PEDS Questionnaire, MCHAT
24 Months	WCC, Hep A #2, Pneumovax (high risk patients), Varicella #2, Lead Screening, MCHAT, PEDS Questionnaire
30 Months	WCC (after cleared with patient's insurance), PEDS Questionnaire
3 Years	WCC, Varicella #2 (if not yet received), PEDS Questionnaire, Vision Screening (recommended)
4 Years	WCC, DTaP #5, IPV #4, MMR #2, Varicella #2 (if not yet received), Hearing and Vision Screening, PEDS Questionnaire
5-6 Years	WCC, Hearing and Vision Screening (recommended)
7 Years	WCC
8 Years	WCC, Hearing and Vision Screening (recommended)
9 Years	WCC, Cholesterol Screening
10 Years	WCC, Cholesterol Screening (if not done at age 9), Hearing and Vision Screening (recommended)
11 Years	WCC, HPV #1, MCV #1, TDaP, Cholesterol Screening (if not done at age 9 or 10), PSC-Y Questionnaire and Physical Questionnaire for Patient, PSC Questionnaire for Parent
12 Years	WCC, HPV (if series not yet complete), Vision Screening (recommended), PSC-Y Questionnaire and Physical Questionnaire for Patient, PSC Questionnaire for Parent
13-14 Years	WCC, PSC-Y Questionnaire and Physical Questionnaire for Patient, PSC Questionnaire for Parent
15 Years	WCC, Hearing and Vision Screening (recommended), PSC-Y Questionnaire, Physical Questionnaire, and Well Teen Questionnaire for Patient, PSC Questionnaire for Parent
16 Years	WCC, MCV #2, Bexsero, HIV testing (regardless of risk), PSC-Y Questionnaire, Physical Questionnaire, and Well Teen Questionnaire for Patient, PSC Questionnaire for Parent
17 Years	WCC, MCV #2 (if not given at age 16), HIV testing (regardless of risk, if not done at 16), PSC-Y Questionnaire, Physical Questionnaire, and Well Teen Questionnaire for Patient, PSC Questionnaire for Parent
18+ Years	WCC, MCV #2 (if not given at age 16 or 17), Cholesterol Screening once age 18-21, HIV testing (regardless of risk, if not done at 16 or 17), Vision Screening (recommended at 18), PSC-Y Questionnaire, Physical Questionnaire, and Well Teen Questionnaire for Patient, PSC Questionnaire for Parent

NOTES: WCC=Well Child Check, HCT=Hematocrit (screening for anemia), MCHAT, PEDS, PSC-Y and PSC Questionnaires screen for developmental and behavioral problems. Missed vaccines may be recommended at any visit. Influenza vaccines are given August through March and are recommended for ALL patients 5 months and up. Children 8 years and under getting influenza vaccines for the first time need a booster dose 1 month after the initial vaccine.

Tuberculosis Screening questions are asked at all annual visits age 1-20.