

MEDICAID



## EPSDT Provider Toolkit

Care for Kids

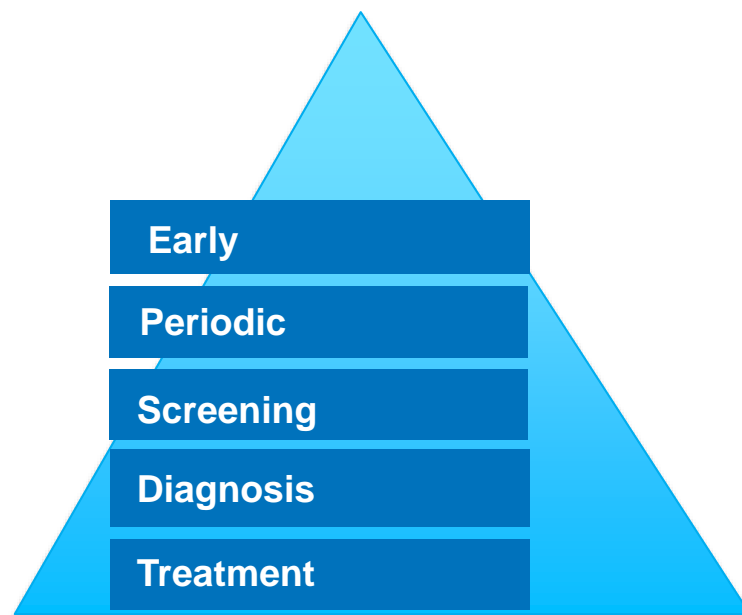
# What is EPSDT?

Early Periodic Screening Diagnosis Treatment (EPSDT) is Medicaid's federally mandated comprehensive and preventive child health program for individuals under the age of 21.

EPSDT was defined by law as part of the *Omnibus Budget Reconciliation Act of 1989* and requires states to cover all services within the scope of the federal Medicaid program.

The intent of the EPSDT program is to focus attention on early prevention and treatment.

Services include screening, diagnosis and treatment, and transportation and scheduling assistance.



# What is EPSDT (Cont.)?

## Screening must include:

- Comprehensive health and developmental assessment, both physical and mental health development, and history
- Comprehensive, unclothed physical exam
- Appropriate immunizations
- Laboratory tests
- Lead toxicity screening
- Health education including anticipatory guidance
- Vision services
- Dental services
- Hearing services
- Other necessary health care, such as diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services

# What is EPSDT (Cont.)?

## Schedules used to determine when services are due:

- *American Academy of Pediatrics (AAP) Periodicity Schedule*
- *CDC Advisory Committee on Immunization Practices Immunization Recommendations Schedule*

## Healthcare Solutions EPSDT program supports the individual state plans:

- Provide a repository to house the EPSDT data
- Mail annual preventive care recommendations to members
- Mail reminders to members to make an appointment
- Mail a letter to providers with a listing of members who may have missed services



**The EPSDT program includes additional member outreach activities and case management, as well as a provider pre-service report.**

# Age-Specific Guidelines Chart

Children's preventive guidelines	Birth	3-5 days	1 mo.	2 mo.	4 mo.	6 mo.	9 mo.	12 mo.	15 mo.	18 mo.	24 mo.	30 mo.	3 yrs.	4 yrs.	5 yrs.	6 yrs.	7-21 yrs.	
History	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Height or length/weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Head circumference	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						Yearly
Body mass index percentile <sup>1</sup>											✓	✓	✓	✓	✓	✓	✓	Yearly
Blood pressure <sup>2</sup>	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	✓	Yearly
Nutrition assessment/counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Physical activity assessment/counseling <sup>3</sup>													✓	✓	✓	✓	✓	Yearly
Vision exam	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	✓	Yearly
Hearing exam	✓	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Developmental/behavioral assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Autism screening										✓	✓	*						
Psychological/behavioral assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Alcohol/drug use assessment																		Yearly
Physical exam (un clothed)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly

Footnotes:

1. BMI percentile is required with height and weight; may use BMI growth chart.
2. Children with specific risk factors should have blood pressure taken at visits before age 3.
3. National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) measure was added to the chart.

Note: HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA)

# Age-Specific Guidelines Chart (Cont.)

Children's preventive guidelines	Birth	3-5 days	1 mo.	2 mo.	4 mo.	6 mo.	9 mo.	12 mo.	15 mo.	18 mo.	24 mo.	30 mo.	3 yrs.	4 yrs.	5 yrs.	6 yrs.	7-21 yrs.
Oral/dental assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Dental referral <sup>4</sup>						*	*	✓	*	*	*	*	*	*	*	*	Refer
Immunization review and administration	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Hematocrit or hemoglobin					*			✓		*	*	*	*	*	*	*	Yearly
Lead screening						*	*	✓		*	✓		*	*	*	*	
Urinalysis																✓	16 years
Tuberculin test if at risk			*			*		*			*	*	*	*	*	*	*
Dyslipidemia screening (test at 10 and ≥ 18)											*			*		*	*18-21
STI screening <sup>5</sup>																	*11-21
Cervical dysplasia screening <sup>5</sup>																	*11-21
Anticipatory guidance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Counseling/referral for identified problems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly

Footnotes:

4. Referrals for dental care should be given at first tooth eruption or at 12 months and for any problem identified. Ask about dental home at each visit. AAPD recommends dental exam every six months after tooth eruption.

5. STI and cervical dysplasia screenings should be conducted on all sexually active females ages 11 to 21.

\* Conduct a risk assessment. If high-risk conditions exist, perform screening and/or referral as indicated.

# Recommended EPSDT Periodicity Schedule

A well visit should be scheduled for all new Healthy Blue members within 60 days. Subsequent visits should be scheduled based on the recommended guidelines.

3 to 5 days	12 months
1 month	15 months
2 months	18 months
4 months	24 months
6 months	30 months
9 months	Annually starting at age 3 to 21 years

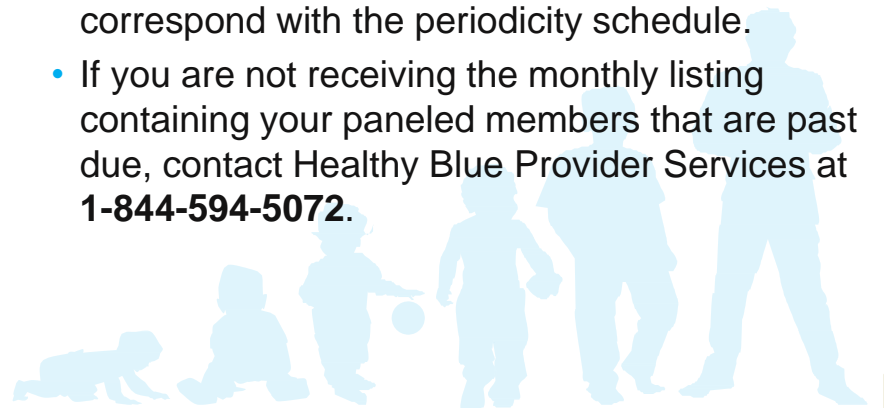
Any member who has not had the recommended services should be brought up to date as soon as possible.

## For complete information, visit:

- *AAP Periodicity Schedule*  
[www.brightfutures.aap.org/clinical\\_practice.html](http://www.brightfutures.aap.org/clinical_practice.html)
- American Academy of Pediatric Dentistry (AAPD)  
[www.aapd.org/media/Policies\\_Guidelines/G\\_CariesRiskAssessmentChart.pdf](http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessmentChart.pdf)

## Notes:

- All well visits should include, at a minimum, an unclothed physical exam, a developmental assessment, an anticipatory guidance, and age-appropriate screenings and immunizations, as indicated.
- Health education should include counseling for issues and risk factors, and informing patients about the benefits of a healthy lifestyle, safety practices/accident avoidance and disease prevention.
- Screenings are as recommended by AAP and AAPD. An initial screening may be done at any time, even if the patient's age does not correspond with the periodicity schedule.
- If you are not receiving the monthly listing containing your paneled members that are past due, contact Healthy Blue Provider Services at **1-844-594-5072**.



# Childhood Immunizations



## Recommended childhood immunizations

	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	23 months	2-3 years	4-6 years
<b>Hepatitis B</b>	Hep B	Hep B			Hep B						
<b>Rotavirus</b>			RV	RV	RV						
<b>Diphtheria, tetanus, pertussis</b>			Dtap	Dtap	Dtap		Dtap				Dtap
<b>Haemophilus influenza B</b>			Hib	Hib	Hib	Hib					
<b>Pneumococcal</b>			PCV	PCV	PCV	PCV					PPSV
<b>Inactivated poliovirus</b>			IPV	IPV	IPV						IPV
<b>Influenza</b>					Influenza yearly						
<b>Measles, mumps, rubella</b>						MMR					MMR
<b>Varicella</b>						Varicella					Varicella
<b>Hepatitis A</b>						Hep A, dose 1				Hep A series	
<b>Meningococcal</b>										MCV	



# Adolescent Immunizations



For complete information, see:

- The Advisory Committee on Immunization Practices: [www.cdc.gov/vaccines/recs/acip](http://www.cdc.gov/vaccines/recs/acip)
- AAP: [www.aap.org](http://www.aap.org)
- American Academy of Family Physicians: [www.aafp.org](http://www.aafp.org)

Recommended adolescent immunizations			
	7 to10 yrs.	11 to 12 yrs.	13 to18 yrs.
<b>Tetanus, diphtheria, pertussis</b>		Tdap	Tdap
<b>Human papillomavirus</b>		HPV 3 doses or 2 doses*	HPV series
<b>Meningococcal</b>	MCV	MCV	MCV
<b>Influenza</b>	Influenza yearly		
<b>Pneumococcal</b>	PPSV		
<b>Hepatitis A</b>	Hep A series		
<b>Hepatitis B</b>	Hep B series		
<b>Inactivated poliovirus</b>	IPV series		
<b>Measles, mumps, rubella</b>	MMR series		
<b>Varicella</b>	Varicella series		

**Note: Must be at least 146 days between first and second dose.**

- Range of recommended ages for all children except certain high-risk groups
- Range of recommended ages for certain high-risk groups
- Range of recommended ages for catch-up immunization

# EPSDT Billing Codes

CPT	New patient	CPT	Established patient	Other coding tips	Codes	Description
<b>99461</b>	Initial newborn care, hospital/birthing center				Z68.51	BMI, Ped. less than 5th percentile
<b>99463</b>	Initial newborn care, admit and discharge same day				Z68.52	BMI, Ped. 5th to less than 85th percentile
<b>99381</b>	Preventive visit	99391	Preventive visit		Z68.53	BMI, Ped. 85th %ile to less than 95th percentile
	Age < 1 year		Age < 1 year		Z68.54	BMI, Peds. greater or equal to 95th percentile
<b>99382</b>	Preventive visit	99392	Preventive visit	ICD-10-CM codes: If a problem is found, use appropriate code as the secondary diagnosis — Do not change the coding from a well visit to a sick visit; see modifier 25.	97802-97804	Counseling for nutrition
	Age 1 to 4		Age 1 to 4		96110	Developmental screening, limited
<b>99383</b>	Preventive visit	99393	Preventive visit		96111	Developmental testing, extended
	Age 5 to 11		Age 5 to 11	90471-90474	Immunization administration codes	
<b>99384</b>	Preventive visit	99394	Preventive visit	Use antigen codes along with immunization administration codes.	EP	To be used with each EPSDT code
	Age 12 to 17		Age 12 to 17		25	
<b>99385</b>	Preventive visit	99395	Preventive visit	Referral codes must be included.		Use for significant, separately identifiable E&M services by the same provider on the same day, and for filing a same day sick and well care visit.
	Age 18 to 21		Age 18 to 21			

99202-99205 (new patient) and 99213-99215 (established patient) must be used in conjunction with appropriate ICD-10-CM codes. Referral codes as appropriate for condition.



# EPSDT Billing Codes (Cont.)



To submit electronic claims, visit <https://www.availity.com> or call EDI Provider Services at **1-844-396-2330** to initiate filing.



For paper claims, submit the *CMS-1500* forms to:  
**Blue Cross NC | Healthy Blue  
Claims Department  
P.O. Box 61010  
Virginia Beach, VA 23466**

Payment will be made for medically necessary diagnostic or treatment needed to correct or ameliorate illnesses or conditions discovered through screening, whether or not such diagnostic or treatment services are covered under the plan.

**Note:** Any medically necessary noncovered service will need to be preauthorized.

# EPSDT FAQ

## Who can conduct EPSDT screenings?

Personnel employed and under direct supervision by the physician may perform screenings. Personnel may be nurses, nurse practitioners, physician assistants, psychologists, social workers, audiologists, occupational therapists and physical therapists. The physician must be on the premises in the same office suite but not in the same room.



## Can blood lead screenings be done at nine months, or do you require adherence to the periodicity schedule, which indicates a screening at 12 and 24 months?

Lead screenings are recommended at 12 and 24 months. However, risk assessments should be conducted to determine if a screening should be done earlier. As always, guidelines are recommendations, but it remains at the discretion and judgment of the provider to determine risk and the appropriate course of action.

# EPSDT FAQ

## Where can I get forms or information about the guidelines?

The guidelines and forms for The Bright Futures program produces comprehensive guidelines and the most commonly used periodicity schedule. The vaccine schedule is provided by the CDC. Providers may go to any of these websites for forms, educational materials and information related to child preventive care. There may be a cost associated with some materials.

[www.brightfutures.aap.org/clinical\\_practice.html](http://www.brightfutures.aap.org/clinical_practice.html)

[www.cdc.gov/vaccines/schedules/hcp/index.html](http://www.cdc.gov/vaccines/schedules/hcp/index.html)

## If the child comes in for a sick visit, but EPSDT services were also provided, can an EPSDT well-care claim and sick-child claim be submitted for the same day?

Healthy Blue does allow reimbursement for same-day sick and well care. Modifier 25 must be billed with the applicable E&M code for the allowed visit.



# EPSDT FAQ (Cont.)

## Will an annual well-visit claim be paid?

Annual EPSDT visit claims beginning at 3 years of age are paid. Prior to 3 years, the frequency is based on the *AAP Periodicity Schedule*.

## Does the plan send out reminders encouraging members to seek EPSDT services? If so, how often?

Members are mailed an annual reminder just prior to their birthday containing all recommended preventive services due in the coming year. Members are also mailed a reminder to make an appointment with their doctor after an EPSDT service is 90 days past due. The reminder is only mailed once for each visit missed.



# EPSDT FAQ (Cont.)

## Why do I get a letter with a list of patients who are past due for EPSDT services if they have already had screening or testing?

If the patient has already had the service, simply be sure a claim has been filed. The most common reasons for members who have had service to appear on the list include: the report was run prior to receiving the claim, the member had the service prior to coming onto the plan, an unacceptable HEDIS code was used for the claim or a claim has not been filed. If you have received payment for the rendered service, no action is required.

## Why are children who are not my patients on the list?

You receive the letter if a member on your panel is 90 days past due for EPSDT services. Members are assigned a PCP panel if they have not indicated their PCP. If you reach out to those members for an appointment and find they are seeing another provider, just remind them to call Healthy Blue to correct their PCP information.



# Newborn and Two to 5 Days Assessment

Physical exam	Risk assessment/ screening	Development	Behavioral/social	Anticipatory guidance topics	History
<ul style="list-style-type: none"> <li>• W/L percentile</li> <li>• Head circumference</li> <li>• TPR</li> <li>• General appearance</li> <li>• Head, fontanel</li> <li>• Neck</li> <li>• Eyes, red reflex, strabismus</li> <li>• Ears, nose, mouth/throat</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Umbilical cord</li> <li>• Genitalia (male testes, circumference)</li> <li>• Spine</li> <li>• Extremities</li> <li>• Hips</li> <li>• Skin</li> <li>• Neuro</li> </ul>	<ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Hearing</li> <li>• Vision</li> <li>• Metabolic/hemoglobinopathy</li> </ul>	<ul style="list-style-type: none"> <li>• Suck, swallow</li> <li>• Breathe easily</li> <li>• Turns, calms to mom's voice</li> <li>• Eats well</li> </ul>	<ul style="list-style-type: none"> <li>• Parental concerns</li> <li>• Support for mother</li> <li>• Family makeup</li> <li>• Any major changes in family</li> <li>• Any changes in family health</li> </ul>	<ul style="list-style-type: none"> <li>• Car seat, facing back</li> <li>• Smoke-free environment</li> <li>• Smoke detectors in home</li> <li>• Hot water temperature &lt; 120° F</li> <li>• No bottle propping</li> <li>• Sleep on back</li> <li>• Well-fitted crib mattress, no pillows</li> <li>• Never shake baby</li> </ul>	<ul style="list-style-type: none"> <li>• Exams/screenings</li> <li>• Hep B</li> <li>• Weeks' gestation</li> <li>• Birth weight</li> <li>• Issues/concerns</li> </ul>
	Nutrition	Common problems	Water source	Nutrition/feedings	Plan/referrals
	<ul style="list-style-type: none"> <li>• Breast, how long, frequency</li> <li>• Formula, oz. and frequency</li> <li>• Brand w/iron</li> </ul>	<ul style="list-style-type: none"> <li>• Constipation</li> <li>• Sleep</li> <li>• Spitting up</li> <li>• Excessive crying</li> </ul>	<ul style="list-style-type: none"> <li>• Well, city or bottled</li> <li>• Number of wet diapers /day</li> <li>• Stools/day</li> <li>• WIC</li> </ul>	<ul style="list-style-type: none"> <li>• No solid food</li> <li>• Sponge bath</li> <li>• Cord, circumcision care</li> <li>• Bowel movements</li> <li>• General newborn care</li> <li>• Taking temperature — fever &gt; 100.4° F</li> <li>• When to call the doctor</li> </ul>	<ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• Hepatitis B #1 (if indicate)</li> <li>• Ophthalmology referral (if &lt; 32 weeks)</li> </ul>



# 1 Month Assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
<ul style="list-style-type: none"> <li>• W/L percentile</li> <li>• Head circumference</li> <li>• TPR</li> <li>• General appearance</li> <li>• Head, fontanel</li> <li>• Neck</li> <li>• Eyes, red reflex, strabismus</li> <li>• Ears, nose, mouth/throat</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Umbilical cord</li> <li>• Genitalia (male testes, circumference)</li> <li>• Spine</li> <li>• Extremities</li> <li>• Hips</li> <li>• Skin</li> <li>• Neuro</li> </ul>	<ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Hearing</li> <li>• Vision</li> <li>• Metabolic/hemoglobinopathy</li> <li>• Tuberculosis</li> </ul>	<ul style="list-style-type: none"> <li>• Lifts head when prone</li> <li>• Begins to smile</li> <li>• Follows parent with eyes</li> <li>• Turns to parent's voices</li> </ul>	<ul style="list-style-type: none"> <li>• Maternal/caregiver depression</li> <li>• Parental concerns</li> <li>• Vision</li> <li>• Hearing</li> <li>• Development</li> </ul>	<ul style="list-style-type: none"> <li>• Car seat, facing back</li> <li>• Smoke-free environment</li> <li>• Smoke detectors in home</li> <li>• Hot water temperature &lt; 120° F</li> <li>• No bottle propping</li> <li>• Sleep on back, tummy time</li> <li>• Well-fitted crib mattress, no pillows</li> <li>• Never shake baby</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up previous visit</li> <li>• Medication review</li> <li>• Interval history</li> <li>• Changes in family health</li> </ul>
	<p style="text-align: center;"><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• Breast, how long, frequency</li> <li>• Formula, oz. and frequency</li> <li>• Brand w/iron</li> </ul> <p style="text-align: center;"><b>Water source</b></p> <ul style="list-style-type: none"> <li>• Well, city or bottled</li> <li>• Number of wet diapers/day</li> <li>• Stools/day</li> <li>• WIC</li> </ul>	<p style="text-align: center;"><b>Common problems</b></p> <ul style="list-style-type: none"> <li>• Constipation</li> <li>• Sleep</li> <li>• Spitting up</li> <li>• Excessive crying</li> <li>• Colic</li> <li>• Stuffy nose</li> </ul>	<p style="text-align: center;"><b>Social/family history</b></p> <ul style="list-style-type: none"> <li>• Parent/child adjustment</li> <li>• Any major changes in family</li> <li>• Maternal depression</li> <li>• Support for mother</li> <li>• Sibling response to baby</li> <li>• Child care plans</li> <li>• Work plans</li> <li>• Violence or abuse</li> </ul>	<p style="text-align: center;"><b>Nutrition/feedings</b></p> <ul style="list-style-type: none"> <li>• Techniques to calm</li> <li>• Cord, circumcision care</li> <li>• Elimination</li> <li>• Taking temperature — fever &gt; 100.4° F</li> <li>• When to call the doctor</li> <li>• Avoid anything around baby's neck</li> </ul>	<p style="text-align: center;"><b>Plan/referrals</b></p> <ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• Hep B</li> <li>• Vitamin D if breastfed</li> <li>• TB test if at risk</li> </ul>

# 2 Month Assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
<ul style="list-style-type: none"> <li>W/L percentile</li> <li>Head circumference</li> <li>TPR</li> <li>General appearance</li> <li>Head, fontanel</li> <li>Neck</li> <li>Eyes, red reflex, strabismus</li> <li>Ears, nose, mouth/throat</li> <li>Lungs</li> <li>Heart</li> <li>Abdomen</li> <li>Femoral pulses</li> <li>Umbilical cord</li> <li>Genitalia (male testes)</li> <li>Spine</li> <li>Extremities</li> <li>Hips</li> <li>Skin</li> <li>Neuro</li> </ul>	<ul style="list-style-type: none"> <li>Blood pressure</li> <li>Hearing</li> <li>Vision</li> <li>Metabolic/hemoglobinopathy</li> </ul>	<ul style="list-style-type: none"> <li>Begins to push up when prone</li> <li>Holds head up when held</li> <li>Begins to smile</li> <li>Follows parent with eyes</li> <li>Turns to parent's voice</li> <li>Coos</li> <li>Self-comfort</li> <li>Cries when bored (no activity)</li> <li>Symmetrical movement</li> </ul>	<ul style="list-style-type: none"> <li>Maternal/caregiver depression</li> <li>Parental concerns</li> <li>Vision</li> <li>Hearing</li> <li>Development</li> </ul>	<ul style="list-style-type: none"> <li>Car seat, facing back</li> <li>Smoke-free environment</li> <li>Smoke detectors in home</li> <li>Hot water temperature &lt; 120° F</li> <li>Bath safety</li> <li>No bottle propping</li> <li>Sleep on back, tummy time</li> <li>Crib safety</li> <li>Never shake baby</li> </ul>	<ul style="list-style-type: none"> <li>Follow up previous visit</li> <li>Medication review</li> <li>Interval history</li> <li>Special health care needs</li> <li>Changes in family health</li> </ul>
	<b>Nutrition</b>	<b>Common problems</b>	<b>Social/family history</b>	<b>Nutrition/feedings</b>	<b>Plan/referrals</b>
	<ul style="list-style-type: none"> <li>Breast, how long, frequency</li> <li>Formula, oz. and frequency</li> <li>Brand w/iron</li> <li>Cereal</li> </ul>	<ul style="list-style-type: none"> <li>Constipation</li> <li>Sleep</li> <li>Spitting up</li> <li>Excessive crying</li> <li>Colic</li> <li>Stuffy nose</li> <li>Diaper rash</li> </ul>	<ul style="list-style-type: none"> <li>Parent/child adjustment</li> <li>Any major changes in family</li> <li>Maternal depression</li> <li>Support for mother</li> <li>Sibling response to baby</li> <li>Child care plans</li> <li>Work plans</li> <li>Violence or abuse</li> </ul>	<ul style="list-style-type: none"> <li>Delay solids</li> <li>Elimination</li> <li>Techniques to calm</li> <li>Rolling over, preventing falls</li> <li>When to call the doctor</li> </ul>	<ul style="list-style-type: none"> <li>Immunizations status</li> <li>DtaP, IPV, Hib, hep B, PCV-7</li> <li>Rota</li> <li>Vitamin D if breastfed</li> </ul>
	<b>Water source</b>				
	<ul style="list-style-type: none"> <li>Well, city or bottled</li> <li>Stools/day</li> <li>WIC</li> </ul>				

# 4 Month Assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
<ul style="list-style-type: none"> <li>• W/L percentile</li> <li>• Head circumference</li> <li>• TPR</li> <li>• General appearance</li> <li>• Head, fontanel</li> <li>• Neck</li> <li>• Eyes, red reflex, strabismus</li> <li>• Ears, nose, mouth/throat</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Umbilical cord</li> <li>• Genitalia (male testes)</li> <li>• Spine</li> <li>• Extremities</li> <li>• Hips</li> <li>• Skin</li> <li>• Neuro</li> </ul>	<ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Hearing</li> <li>• Vision</li> <li>• Anemia risk assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Push up to elbows when prone</li> <li>• Head control</li> <li>• Rolls and reaches for objects</li> <li>• Responds to affection</li> <li>• Babbles and coos</li> <li>• Self-comfort</li> </ul>	<ul style="list-style-type: none"> <li>• Parental concerns</li> <li>• Vision</li> <li>• Hearing</li> <li>• Development</li> </ul>	<ul style="list-style-type: none"> <li>• Car seat, facing back</li> <li>• Smoke-free environment</li> <li>• Smoke detectors in home</li> <li>• Sleep and daily routines</li> <li>• Hot water temperature &lt; 120° F</li> <li>• Bath safety</li> <li>• No bottle propping</li> <li>• Sleep on back, tummy time</li> <li>• Crib safety</li> <li>• Never shake baby</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up previous visit</li> <li>• Medication review</li> <li>• Interval history</li> <li>• Special health care needs</li> <li>• Changes in family health</li> </ul>
	<p><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• Breast, how long, frequency</li> <li>• Formula, oz. and frequency</li> <li>• Brand w/iron</li> <li>• Cereal</li> </ul> <p><b>Water source</b></p> <ul style="list-style-type: none"> <li>• Well, city or bottled</li> <li>• Other liquids</li> <li>• WIC</li> </ul>	<p><b>Common problems</b></p> <ul style="list-style-type: none"> <li>• Constipation</li> <li>• Sleep</li> <li>• Spitting up</li> <li>• Excessive crying</li> <li>• Colic</li> <li>• Stuffy nose</li> <li>• Diaper rash</li> </ul>	<p><b>Social/family history</b></p> <ul style="list-style-type: none"> <li>• Any major changes in family</li> <li>• Family support</li> <li>• Working out of the home</li> <li>• Child care</li> <li>• Violence or abuse</li> </ul>	<p><b>Nutrition/feedings</b></p> <ul style="list-style-type: none"> <li>• Solid foods — when and how to add</li> <li>• Weight gain</li> <li>• Elimination</li> <li>• Walkers</li> <li>• Rolling over and preventing falls</li> <li>• Choking</li> </ul>	<p><b>Plan/referrals</b></p> <ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• DtaP, IPV, Hib, hep B, PCV-7</li> <li>• Rota</li> <li>• Vitamin D if breastfed</li> </ul>

# 6 Month Assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
<ul style="list-style-type: none"> <li>W/L percentile</li> <li>Head circumference</li> <li>TPR</li> <li>General appearance</li> <li>Head, fontanel</li> <li>Neck</li> <li>Eyes, red reflex, strabismus</li> <li>Ears, nose, mouth/throat</li> <li>Lungs</li> <li>Heart</li> <li>Abdomen</li> <li>Femoral pulses</li> <li>Umbilical cord</li> <li>Genitalia (male testes)</li> <li>Spine</li> <li>Extremities</li> <li>Hips</li> <li>Skin</li> <li>Neuro</li> </ul>	<ul style="list-style-type: none"> <li>Blood pressure</li> <li>Hearing</li> <li>Vision</li> <li>Anemia risk screening</li> <li>Tuberculosis risk screening</li> <li>Dental/oral</li> <li>Lead risk screening</li> </ul>	<ul style="list-style-type: none"> <li>Able to sit briefly</li> <li>Head control</li> <li>Rolls and reaches for objects</li> <li>Responds to affection</li> <li>Jabbers and laughs</li> <li>Self-comfort</li> <li>Puts things in mouth</li> </ul>	<ul style="list-style-type: none"> <li>Maternal/caregiver depression</li> <li>Parental concerns</li> <li>Vision</li> <li>Hearing</li> <li>Development</li> </ul>	<ul style="list-style-type: none"> <li>Car seat, facing back</li> <li>Smoke-free environment</li> <li>Smoke detectors in home</li> <li>Sleep and daily routines</li> <li>Hot water temperature &lt; 120° F</li> <li>Drowning</li> <li>No bottle propping</li> <li>Sleep on back, tummy time</li> <li>Kitchen safety</li> <li>Brushing teeth</li> </ul>	<ul style="list-style-type: none"> <li>Follow up previous visit</li> <li>Medication review</li> <li>Interval history</li> <li>Special health care needs</li> <li>Changes in family health</li> </ul>
	Nutrition	Common problems	Social/family history	Nutrition/feedings	Plan/referrals
	<ul style="list-style-type: none"> <li>Breast, how long, frequency</li> <li>Formula, oz. and frequency</li> <li>Brand w/iron</li> <li>Cereal</li> </ul>	<ul style="list-style-type: none"> <li>Constipation</li> <li>Sleep</li> <li>Spitting up</li> <li>Excessive crying</li> <li>Colic</li> <li>Stuffy nose</li> <li>Diaper rash</li> </ul>	<ul style="list-style-type: none"> <li>Any major changes in family</li> <li>Family support</li> <li>Working out of the home</li> <li>Child care</li> <li>Violence or abuse</li> <li>Talk, read to baby</li> </ul>	<ul style="list-style-type: none"> <li>Solid foods — when and how to add</li> <li>Drinking from a cup</li> <li>Elimination</li> <li>Walkers</li> <li>Rolling over and preventing falls</li> <li>Choking — finger foods</li> <li>Teething</li> </ul>	<ul style="list-style-type: none"> <li>Immunizations status</li> <li>DtaP, IPV, Hib, hep B, PCV-7</li> <li>Rota</li> <li>Vitamin D if breastfed</li> <li>Lead screening, if at risk</li> <li>TB test, if at risk</li> <li>Fluoride, if indicated</li> </ul>
	Water source				
	<ul style="list-style-type: none"> <li>Well, city or bottled, fluorinated</li> <li>Other liquids</li> <li>WIC</li> </ul>				

# 9 Month Assessment

Physical exam	Anticipatory guidance topics	Risk assessment/ screening	Development	Behavioral	History
<ul style="list-style-type: none"> <li>• W/L percentile</li> <li>• Head circumference</li> <li>• TPR</li> <li>• General appearance</li> <li>• Head, fontanel</li> <li>• Neck</li> <li>• Eyes, red reflex, alignment</li> <li>• Ears, nose, mouth/throat</li> <li>• Teeth: caries, staining spots</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Umbilical cord</li> <li>• Genitalia (male testes)</li> <li>• Spine</li> <li>• Extremities</li> <li>• Hips</li> <li>• Skin</li> <li>• Neuro</li> </ul>	<ul style="list-style-type: none"> <li>• Car seat safety</li> <li>• Smoke-free environment</li> <li>• Smoke detectors in home</li> <li>• Sleep and daily routines</li> <li>• Burns</li> <li>• Drowning</li> <li>• Age-appropriate discipline</li> <li>• No bottle in bed or propping</li> <li>• First dental visit</li> <li>• Child-proof home</li> <li>• Brushing teeth</li> <li>• Solid foods</li> <li>• Self-feeding</li> <li>• Choking — finger foods</li> <li>• Drinking from a cup</li> <li>• Separation anxiety</li> <li>• Falls/window guards</li> <li>• Poisons</li> <li>• No TV</li> <li>• Teething</li> </ul>	<ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Hearing</li> <li>• Vision</li> <li>• Dental/oral</li> <li>• Lead risk screening</li> </ul>	<ul style="list-style-type: none"> <li>• Sits well</li> <li>• Pulls to stand</li> <li>• Crawls</li> <li>• Imitates sounds</li> <li>• Plays peek-a-boo</li> <li>• Puts things in mouth</li> <li>• Looks for dropped items</li> </ul>	<ul style="list-style-type: none"> <li>• Parental concerns</li> <li>• Vision</li> <li>• Hearing</li> <li>• Development</li> <li>• Goes to parent for comfort</li> <li>• Stranger anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up previous visit</li> <li>• Medication review</li> <li>• Interval history</li> <li>• Special health care needs</li> <li>• Changes in family health</li> </ul>
		Nutrition	Water source	Social/family history	Plan/referrals
		<ul style="list-style-type: none"> <li>• Breast, how long, frequency</li> <li>• Formula, oz. and frequency</li> <li>• Brand w/iron</li> <li>• Cereal</li> </ul>	<ul style="list-style-type: none"> <li>• Well, city or bottled, fluorinated</li> <li>• Other liquids</li> <li>• WIC</li> </ul>	<ul style="list-style-type: none"> <li>• Any major changes in family</li> <li>• Family support</li> <li>• Child care</li> <li>• Violence or abuse</li> <li>• Talk, read to baby</li> </ul>	<ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• Hep B</li> <li>• Catch-up immunizations</li> <li>• Dental, if risk or tooth eruption</li> <li>• Lead screening, if at risk</li> <li>• Fluoride, if indicated</li> </ul>

# 12 Month Assessment

Physical exam	Anticipatory guidance topics	Risk assessment/ screening	Development	Behavioral	History
<ul style="list-style-type: none"> <li>W/L percentile</li> <li>Head circumference</li> <li>TPR</li> <li>General appearance</li> <li>Head, fontanel</li> <li>Neck</li> <li>Eyes, red reflex, alignment</li> <li>Ears, nose, mouth/throat</li> <li>Teeth: caries, staining spots</li> <li>Lungs</li> <li>Heart</li> <li>Abdomen</li> <li>Femoral pulses</li> <li>Umbilical cord</li> <li>Genitalia (male testes)</li> <li>Spine</li> <li>Extremities</li> <li>Hips</li> <li>Skin</li> <li>Neuro</li> </ul>	<ul style="list-style-type: none"> <li>Car seat safety</li> <li>Smoke-free environment</li> <li>Smoke detectors in home</li> <li>Sleep and daily routines</li> <li>Burns</li> <li>Drowning</li> <li>Age-appropriate discipline</li> <li>No bottle in bed or propping</li> <li>Weaning</li> <li>Child-proof home</li> <li>Brushing teeth</li> <li>Solid foods</li> <li>Self-feeding</li> <li>Choking — finger foods</li> <li>Drinking from a cup</li> <li>Separation anxiety</li> <li>Falls/window guards</li> <li>Poisons</li> <li>No TV</li> </ul>	<ul style="list-style-type: none"> <li>Blood pressure</li> <li>Hearing</li> <li>Vision</li> <li>Anemia screening</li> <li>Dental/oral</li> <li>Blood lead screening</li> <li>TB risk assessment</li> </ul>	<ul style="list-style-type: none"> <li>Waves bye-bye</li> <li>Pulls to stand, walks holding on</li> <li>Copies gestures</li> <li>Imitates sounds</li> <li>Plays peek-a-boo</li> <li>Follows simple directions</li> <li>Speaks 1 or 2 words</li> <li>Drinks from a cup</li> </ul>	<ul style="list-style-type: none"> <li>Parental concerns</li> <li>Vision</li> <li>Hearing</li> <li>Development</li> <li>Praise for good behavior</li> <li>Stranger anxiety</li> <li>Separation anxiety</li> </ul>	<ul style="list-style-type: none"> <li>Follow up previous visit</li> <li>Medication review</li> <li>Interval history</li> <li>Special healthcare needs</li> <li>Changes/concerns/child health</li> <li>Changes in family health</li> </ul>
		Nutrition	Water source	Social/family history	Plan/referrals
		<ul style="list-style-type: none"> <li>Breast, how long, frequency</li> <li>Formula, oz. and frequency</li> <li>Brand w/iron</li> <li>Cereal</li> </ul>	<ul style="list-style-type: none"> <li>Well, city or bottled, fluorinated</li> <li>Other liquids</li> <li>WIC</li> <li>Weaned</li> </ul>	<ul style="list-style-type: none"> <li>Any major changes in family</li> <li>Family support</li> <li>Child care</li> <li>Violence or abuse</li> </ul>	<ul style="list-style-type: none"> <li>Immunizations status</li> <li>Varicella, PCV-7, Hib, hep B, hep A, IPV, MMR, influenza</li> <li>Catch-up immunizations</li> <li>Vitamin D if breastfed</li> <li>Dental home or referral</li> <li>Blood lead screen</li> <li>TB test, if at risk</li> <li>Hematocrit or hemoglobin</li> </ul>

# 15 Month Assessment

Physical exam	Anticipatory guidance topics	Risk assessment/ screening	Development	Behavioral	History
<ul style="list-style-type: none"> <li>• W/L percentile</li> <li>• Head circumference</li> <li>• TPR</li> <li>• General appearance</li> <li>• Head, fontanel</li> <li>• Neck</li> <li>• Eyes, red reflex, alignment</li> <li>• Ears, nose, mouth/throat</li> <li>• Teeth: caries, staining spots</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Umbilical cord</li> <li>• Genitalia (male testes)</li> <li>• Spine</li> <li>• Extremities</li> <li>• Hips</li> <li>• Skin</li> <li>• Neuro</li> </ul>	<ul style="list-style-type: none"> <li>• Car seat safety</li> <li>• Carbon monoxide detectors</li> <li>• Smoke detectors in home</li> <li>• Child-proof home</li> <li>• Age-appropriate discipline</li> <li>• Consistent bedtime routine</li> <li>• Burns</li> <li>• First dentist visit</li> <li>• Puts a block in a cup</li> <li>• Healthy food/ snack choices</li> <li>• Whole milk</li> <li>• Falls</li> <li>• Poisons</li> <li>• No TV</li> </ul>	<ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Hearing</li> <li>• Vision</li> </ul>	<ul style="list-style-type: none"> <li>• Says two or three words</li> <li>• Walks well</li> <li>• Bends down without falling</li> <li>• Scribbles</li> <li>• Tries to do what others do</li> <li>• Follows simple commands</li> <li>• Listens to a story</li> <li>• Puts a block in a cup</li> </ul>	<ul style="list-style-type: none"> <li>• Parental concerns</li> <li>• Vision</li> <li>• Hearing</li> <li>• Development</li> <li>• Temper tantrums</li> <li>• Discourage hitting, biting, other aggressive behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up previous visit</li> <li>• Medication review</li> <li>• Interval history</li> <li>• Special health care needs</li> <li>• Changes in family health</li> </ul>
		<p><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• Breast, how long, frequency</li> <li>• Formula, oz. and frequency</li> <li>• Brand w/iron</li> <li>• Cereal</li> </ul>	<p><b>Water source</b></p> <ul style="list-style-type: none"> <li>• Well, city or bottled, fluorinated</li> <li>• Other liquids</li> <li>• WIC</li> <li>• Weaned</li> </ul>	<p><b>Social/family history</b></p> <ul style="list-style-type: none"> <li>• Any major changes in family</li> <li>• Family support</li> <li>• Violence or abuse</li> <li>• Talk, read to baby</li> </ul>	<p><b>Plan/referrals</b></p> <ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• MMR, Hib, varicella, PCV-7, hep B, hep A, DtaP, influenza</li> <li>• Catch-up immunizations</li> <li>• Fluoride, if indicated</li> <li>• Dental home or referral</li> <li>• Blood lead screen, if not done</li> <li>• TB test, if at risk</li> </ul>

# 18 Month Assessment

Physical exam	Anticipatory guidance topics	Risk assessment/ screening	Development	Behavioral	History
<ul style="list-style-type: none"> <li>• W/L percentile</li> <li>• Head circumference</li> <li>• TPR</li> <li>• General appearance</li> <li>• Head, fontanel</li> <li>• Neck</li> <li>• Eyes, red reflex, alignment</li> <li>• Ears, nose, mouth/throat</li> <li>• Teeth: caries, staining spots</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Umbilical cord</li> <li>• Genitalia (male testes)</li> <li>• Spine</li> <li>• Extremities</li> <li>• Hips</li> <li>• Skin</li> <li>• Neuro</li> </ul>	<ul style="list-style-type: none"> <li>• Car seat safety</li> <li>• Carbon monoxide detectors</li> <li>• Smoke detectors in home</li> <li>• Child-proof home</li> <li>• Age-appropriate discipline</li> <li>• Consistent bedtime routine</li> <li>• Burns</li> <li>• First dentist visit</li> <li>• Healthy food/snack choices</li> <li>• Whole milk</li> <li>• Falls</li> <li>• Poisons</li> <li>• No TV</li> <li>• Toilet training readiness</li> </ul>	<ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Hearing</li> <li>• Vision</li> <li>• Anemia risk screening</li> <li>• Lead risk assessment</li> <li>• Tuberculosis risk</li> <li>• Autism screening</li> </ul>	<ul style="list-style-type: none"> <li>• Says six words</li> <li>• Walks up steps</li> <li>• Runs</li> <li>• Laughs in response to others</li> <li>• Points to one body part</li> <li>• Uses spoon and cup</li> <li>• Stacks two blocks</li> <li>• Points at objects</li> <li>• Helps to dress/undress</li> </ul>	<ul style="list-style-type: none"> <li>• Parental concerns</li> <li>• Vision</li> <li>• Hearing</li> <li>• Development</li> <li>• Temper tantrums/time outs</li> <li>• Discourage hitting, biting, other aggressive behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up previous visit</li> <li>• Medication review</li> <li>• Interval history</li> <li>• Special health care needs</li> <li>• Changes in family health</li> </ul>
		<p style="text-align: center;"><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• Weaned/bottle/breast</li> <li>• Fruits</li> <li>• Vegetables</li> <li>• Meat</li> <li>• Appetite</li> <li>• Dairy</li> </ul>	<p style="text-align: center;"><b>Water source</b></p> <ul style="list-style-type: none"> <li>• Well, city, bottled, fluoridated</li> <li>• WIC</li> </ul>	<p style="text-align: center;"><b>Social/family history</b></p> <ul style="list-style-type: none"> <li>• Any major changes in family</li> <li>• Family support</li> <li>• Violence or abuse</li> <li>• Talk, read, sing to baby</li> </ul>	<p style="text-align: center;"><b>Plan/referrals</b></p> <ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• DtaP, MMR, hep B, hep A, influenza</li> <li>• Catch-up immunizations</li> <li>• Fluoride, if indicated</li> <li>• Dental home or referral</li> <li>• Lead screen, if at risk</li> <li>• TB test, if at risk</li> </ul>



# 24 Month Assessment

Physical exam	Anticipatory guidance topics	Risk assessment/ screening	Development	Behavioral	History
<ul style="list-style-type: none"> <li>• W/L percentile</li> <li>• Head circumference</li> <li>• TPR</li> <li>• General appearance</li> <li>• Head, fontanel</li> <li>• Neck</li> <li>• Eyes, red reflex, alignment</li> <li>• Ears, nose, mouth/throat</li> <li>• Teeth: caries, staining spots</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Umbilical cord</li> <li>• Genitalia (male testes)</li> <li>• Spine</li> <li>• Extremities</li> <li>• Hips</li> <li>• Skin</li> <li>• Neuro</li> </ul>	<ul style="list-style-type: none"> <li>• Car seat safety</li> <li>• Carbon monoxide detectors</li> <li>• Smoke detectors in home</li> <li>• Child-proof home</li> <li>• Age-appropriate discipline</li> <li>• Consistent bedtime routine</li> <li>• Burns</li> <li>• Physical activity</li> <li>• Bike helmet</li> <li>• Picky eater</li> <li>• Supervise outside</li> <li>• Guns</li> <li>• Poisons</li> <li>• Limit TV to 1-2 hours/day</li> <li>• Toilet training</li> </ul>	<ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Hearing</li> <li>• Vision</li> <li>• Anemia risk screening</li> <li>• Blood lead screening</li> <li>• Tuberculosis risk assessment</li> <li>• Autism screening</li> <li>• Dyslipidemia risk assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Says six words</li> <li>• Stands on tip toe</li> <li>• Runs</li> <li>• Knows names of familiar people and body parts</li> <li>• Plays alongside with other children</li> <li>• Throws a ball overhand</li> <li>• Stacks five to six blocks</li> <li>• Turns pages of book 1 at a time</li> </ul>	<ul style="list-style-type: none"> <li>• Parental concerns</li> <li>• Vision</li> <li>• Hearing</li> <li>• Development</li> <li>• Temper tantrums/ time outs</li> <li>• Playing with other children</li> <li>• Self-expression</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up previous visit</li> <li>• Medication review</li> <li>• Interval history</li> <li>• Special health care needs</li> <li>• Changes in family health</li> </ul>
		<b>Nutrition</b>	<b>Water source</b>	<b>Social/family history</b>	<b>Plan/referrals</b>
		<ul style="list-style-type: none"> <li>• Weaned/bottle/breast</li> <li>• Fruits</li> <li>• Vegetables</li> <li>• Meat</li> <li>• Appetite</li> <li>• Dairy</li> </ul>	<ul style="list-style-type: none"> <li>• Well, city, bottled, fluoridated</li> <li>• WIC</li> </ul>	<ul style="list-style-type: none"> <li>• Any major changes in family</li> <li>• Family support</li> <li>• Violence or abuse</li> <li>• Talk, read, sing to baby</li> <li>• Model appropriate language</li> <li>• Screen time</li> </ul>	<ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• Hep A, influenza</li> <li>• Catch-up immunizations</li> <li>• Fluoride, if indicated</li> <li>• Dental home or referral</li> <li>• Blood lead screen</li> </ul>

# 30 Month Assessment

Physical exam	Anticipatory guidance topics	Risk assessment/ screening	Development	Behavioral	History
<ul style="list-style-type: none"> <li>• W/L percentile</li> <li>• TPR</li> <li>• General appearance</li> <li>• Head, fontanel</li> <li>• Neck</li> <li>• Eyes, red reflex, alignment</li> <li>• Ears, nose, mouth/throat</li> <li>• Teeth: caries, staining spots</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Genitalia (male testes)</li> <li>• Spine</li> <li>• Extremities</li> <li>• Hips</li> <li>• Skin</li> <li>• Neuro</li> </ul>	<ul style="list-style-type: none"> <li>• Car seat safety</li> <li>• Carbon monoxide detectors</li> <li>• Smoke detectors in home</li> <li>• Child-proof home</li> <li>• Outdoor safety</li> <li>• Consistent routines</li> <li>• Sun exposure</li> <li>• Physical activity</li> <li>• Bike helmet</li> <li>• Picky eater</li> <li>• Supervise outside</li> <li>• Guns</li> <li>• Poisons</li> <li>• Limit TV to 1-2 hours/day</li> <li>• Toilet training</li> </ul>	<ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Hearing</li> <li>• Vision</li> <li>• Dental home</li> </ul>	<ul style="list-style-type: none"> <li>• Puts 3 to 4 words together</li> <li>• Jumps up and down</li> <li>• Washes and dries hands</li> <li>• Knows animal sounds</li> </ul>	<ul style="list-style-type: none"> <li>• Parental concerns</li> <li>• Vision</li> <li>• Hearing</li> <li>• Development</li> <li>• Plays with other children</li> <li>• Screen time &lt; 2 hours</li> <li>• Temperament</li> <li>• Set limits</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up previous visit</li> <li>• Medication review</li> <li>• Interval history</li> <li>• Special health care needs</li> <li>• Changes in family health</li> </ul>
		<p style="text-align: center;"><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• Weaned/bottle/breast</li> <li>• Fruits</li> <li>• Vegetables</li> <li>• Meat</li> <li>• Appetite</li> <li>• Dairy</li> </ul>	<p style="text-align: center;"><b>Water source</b></p> <ul style="list-style-type: none"> <li>• Well, city, bottled, fluoridated</li> <li>• WIC</li> </ul>	<p style="text-align: center;"><b>Social/family history</b></p> <ul style="list-style-type: none"> <li>• Changes since last visit</li> <li>• Parents working outside home</li> <li>• Child care type</li> <li>• Daily reading</li> <li>• Preschool</li> </ul>	<p style="text-align: center;"><b>Plan/referrals</b></p> <ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• Influenza</li> <li>• Catch-up immunizations</li> <li>• Fluoride, if indicated</li> <li>• Dental home or referral</li> </ul>

# 3 Year Assessment

Physical exam	Anticipatory guidance topics	Risk assessment/ screening	Development	Behavioral	History
<ul style="list-style-type: none"> <li>Height/weight %:</li> <li>BMI percentile</li> <li>TPR — BP</li> <li>General appearance</li> <li>Head</li> <li>Neck</li> <li>Eyes</li> <li>Ears, nose, mouth/throat</li> <li>Teeth: caries, staining spots</li> <li>Lungs</li> <li>Heart</li> <li>Abdomen</li> <li>Femoral pulses</li> <li>Genitalia (male testes)</li> <li>Spine</li> <li>Extremities</li> <li>Hips</li> <li>Skin</li> <li>Neuro</li> </ul>	<ul style="list-style-type: none"> <li>Car seat safety</li> <li>Carbon monoxide detectors</li> <li>Smoke detectors in home</li> <li>Smoke-free environment</li> <li>Child-proof home</li> <li>Outdoor safety</li> <li>Consistent routines</li> <li>Sun exposure</li> <li>Physical activity</li> <li>Bike helmet</li> <li>Supervise outside, street safety</li> <li>Guns</li> <li>Poisons</li> <li>Limit TV to 1 to 2 hours/day</li> </ul>	<ul style="list-style-type: none"> <li>Hearing</li> <li>Vision</li> <li>Dental referral</li> <li>Anemia risk screening</li> <li>Lead risk screening</li> <li>Tuberculosis risk screening</li> </ul>	<ul style="list-style-type: none"> <li>Puts 2 to 3 sentences together</li> <li>Stands on one foot</li> <li>Knows if boy or girl</li> <li>Names objects</li> <li>Imaginary play</li> </ul>	<ul style="list-style-type: none"> <li>Parental concerns</li> <li>Vision</li> <li>Hearing</li> <li>Development</li> <li>Plays with other children</li> <li>Screen time &lt; 2 hours</li> <li>Manage anger</li> <li>Reinforce good behavior</li> </ul>	<ul style="list-style-type: none"> <li>Follow up previous visit</li> <li>Medication review</li> <li>Interval history</li> <li>Special health care needs</li> <li>Changes in family health</li> </ul>
		Nutrition	Water source	Social /family history	Plan/referrals
		<ul style="list-style-type: none"> <li>Fruits</li> <li>Vegetables</li> <li>Meat</li> <li>Appetite</li> <li>Dairy</li> </ul>	<ul style="list-style-type: none"> <li>Well, city, bottled, fluoridated</li> <li>WIC</li> </ul>	<ul style="list-style-type: none"> <li>Changes since last visit</li> <li>Parents working outside home</li> <li>Child care type</li> <li>Read, sing, play</li> <li>Preschool</li> <li>Family activities</li> <li>Parent/child interaction</li> </ul>	<ul style="list-style-type: none"> <li>Immunizations status</li> <li>Influenza</li> <li>Catch-up immunizations</li> <li>Fluoride, if indicated</li> <li>Dental referral</li> </ul>

# 4 Year Assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
<ul style="list-style-type: none"> <li>• Height/weight %: BMI percentile</li> <li>• TPR — BP</li> <li>• General appearance</li> <li>• Head, fontanel</li> <li>• Neck</li> <li>• Eyes, red reflex, alignment</li> <li>• Ears, nose, mouth/throat</li> <li>• Teeth: caries, staining spots</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Genitalia (male testes)</li> <li>• Spine</li> <li>• Extremities</li> <li>• Hips</li> <li>• Skin</li> <li>• Neuro</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing-audiometry</li> <li>• Vision</li> <li>• Dyslipidemia risk assessment</li> <li>• Anemia risk screening</li> <li>• Lead risk screening</li> <li>• Tuberculosis risk screening</li> </ul>	<ul style="list-style-type: none"> <li>• Puts 2 to 3 sentences together</li> <li>• Hops on 1 foot</li> <li>• Knows name, age and gender</li> <li>• Names four colors</li> <li>• Dresses self</li> <li>• Brushes own teeth</li> <li>• Draws a person</li> </ul>	<ul style="list-style-type: none"> <li>• Parental concerns</li> <li>• Vision</li> <li>• Hearing</li> <li>• Development</li> <li>• Plays with other children</li> <li>• Screen time &lt; 2 hours</li> <li>• Curiosity about sex</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate car restraints</li> <li>• Carbon monoxide detectors</li> <li>• Smoke detectors in home</li> <li>• Safety rules with adults</li> <li>• Daily reading</li> <li>• Consistent routines</li> <li>• Sun exposure</li> <li>• Daily physical activity</li> <li>• Bike helmet</li> <li>• Supervise outside, street safety</li> <li>• Guns</li> <li>• Poisons</li> <li>• Limit TV to 1 to 2 hours/day</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up previous visit</li> <li>• Medication review</li> <li>• Interval history</li> <li>• Special health care needs</li> <li>• Changes in family health</li> </ul>
	<p style="text-align: center;"><b>Assess</b></p> <ul style="list-style-type: none"> <li>• Language/speech</li> <li>• Fine/gross motor skills</li> <li>• Gait</li> </ul>	<p style="text-align: center;"><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• Fruits</li> <li>• Vegetables</li> <li>• Meat</li> <li>• Appetite</li> <li>• Dairy</li> </ul>	<p style="text-align: center;"><b>Social/family history</b></p> <ul style="list-style-type: none"> <li>• Changes since last visit</li> <li>• Parents working outside home</li> <li>• Preschool</li> <li>• Family activities</li> <li>• Parent/child interaction</li> <li>• Helps at home</li> </ul>	<p style="text-align: center;"><b>Plan/referrals</b></p> <ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• Dtap, influenza</li> <li>• Catch-up immunizations</li> <li>• Fluoride, if indicated</li> <li>• Dental home or referral</li> <li>• Lipid profile, if at risk</li> <li>• Audiometry</li> </ul>	<p style="text-align: center;"><b>Water source</b></p> <ul style="list-style-type: none"> <li>• Well, city, bottled, fluoridated</li> </ul>

# 5 to 6 Year Assessment

Physical exam	Anticipatory guidance topics	Risk assessment/screening	Development	Behavioral	History
<ul style="list-style-type: none"> <li>Height/weight %:</li> <li>BMI percentile</li> <li>TPR — BP</li> <li>General appearance</li> <li>Head, fontanel</li> <li>Neck</li> <li>Eyes</li> <li>Ears, nose, mouth/throat</li> <li>Teeth: caries, staining, spots</li> <li>Lungs</li> <li>Heart</li> <li>Abdomen</li> <li>Femoral pulses</li> <li>Genitalia (male testes)</li> <li>Spine</li> <li>Musculoskeletal</li> <li>Skin</li> <li>Neuro</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate booster/car restraints</li> <li>Smoke/carbon monoxide detectors</li> <li>No smoking in home</li> <li>Sexual safety</li> <li>Swimming safety</li> <li>Consistent routines</li> <li>Sun exposure</li> <li>Safety helmets</li> <li>Street safety</li> <li>Guns</li> <li>Brushing/flossing teeth</li> <li>Limit TV</li> <li>Well-balanced diet</li> <li>Healthy weight</li> <li>Daily physical activity</li> <li>Bullying</li> </ul>	<ul style="list-style-type: none"> <li>Hearing-audiometry</li> <li>Vision exam</li> <li>Anemia risk screening</li> <li>Lead risk screening</li> <li>Dental assessment</li> </ul>	<ul style="list-style-type: none"> <li>Good language skills</li> <li>Speaks clearly</li> <li>Balances on one foot</li> <li>Ties a knot</li> <li>Counts to 10</li> <li>Copies squares and triangles</li> <li>Draws a person (six parts)</li> </ul>	<ul style="list-style-type: none"> <li>Parental concerns</li> <li>Vision</li> <li>Hearing</li> <li>Development/learning</li> <li>Attention</li> <li>Social interaction</li> <li>Cooperation/oppositional</li> <li>Sleep</li> </ul>	<ul style="list-style-type: none"> <li>Follow up previous visit</li> <li>Medication review</li> <li>Interval history</li> <li>Special health care needs</li> <li>Changes in family health</li> </ul>
	<b>Water source</b>	<b>Assess</b>	<b>Nutrition</b>	<b>Social/family history</b>	<b>Plan/referrals</b>
	<ul style="list-style-type: none"> <li>Well, city, bottled, fluoridated</li> </ul>	<ul style="list-style-type: none"> <li>Language/speech</li> <li>Fine/gross motor skills</li> <li>Gait</li> </ul>	<ul style="list-style-type: none"> <li>Fruits</li> <li>Vegetables</li> <li>Meat</li> <li>Appetite</li> <li>Dairy</li> </ul>	<ul style="list-style-type: none"> <li>Changes since last visit</li> <li>Parents working outside home</li> <li>After school care/activities</li> <li>Parent/child/sibling interaction</li> <li>School readiness</li> <li>Family time</li> </ul>	<ul style="list-style-type: none"> <li>Immunizations status</li> <li>DtaP, IPV, MMR, varicella, influenza</li> <li>Catch-up immunizations</li> <li>Fluoride, if indicated</li> <li>Dental referral</li> <li>Audiometry</li> </ul>

# 7 to 8 Year Assessment

Physical exam	Anticipatory guidance topics	Risk assessment/ screening	Development	Behavioral	History
<ul style="list-style-type: none"> <li>• Height/weight %: BMI percentile</li> <li>• TPR — BP</li> <li>• General appearance</li> <li>• Head</li> <li>• Neck</li> <li>• Eyes, red reflex, alignment</li> <li>• Ears, nose, mouth/throat</li> <li>• Teeth, caries, gingival</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Breasts/genitalia</li> <li>• Sexual maturity</li> <li>• Spine</li> <li>• Musculoskeletal</li> <li>• Skin</li> <li>• Neuro</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate booster/ car restraints</li> <li>• Smoke/carbon monoxide detectors</li> <li>• No smoking in home</li> <li>• Sexual safety</li> <li>• Swimming safety</li> <li>• Consistent routines</li> <li>• Sun exposure</li> <li>• Safety helmets and pads</li> <li>• Street safety</li> <li>• Guns</li> <li>• Brushing/flossing teeth</li> <li>• Limit TV/screen time</li> <li>• Well-balanced diet, including breakfast</li> <li>• Healthy weight</li> <li>• Daily physical activity</li> <li>• Bullying</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing</li> <li>• Vision exam</li> <li>• Anemia risk screening</li> <li>• Tuberculosis risk assessment</li> <li>• Dental assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Good hand-eye coordination</li> <li>• Enjoys hobbies and collecting</li> <li>• Uses reflective thinking</li> <li>• May experience guilt/shame</li> </ul>	<ul style="list-style-type: none"> <li>• Parental concerns</li> <li>• Vision</li> <li>• Hearing</li> <li>• Development/learning</li> <li>• Participates in after school activities</li> <li>• Doing well in school</li> <li>• Homework</li> <li>• Sleep</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up previous visit</li> <li>• Medication review</li> <li>• Interval history</li> <li>• Special health care needs</li> <li>• Changes in family health</li> </ul>
		<p style="text-align: center;"><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• Fruits</li> <li>• Vegetables</li> <li>• Meat</li> <li>• Appetite</li> <li>• Dairy</li> <li>• Eats breakfast</li> </ul>	<p style="text-align: center;"><b>Water source</b></p> <ul style="list-style-type: none"> <li>• Well, city, bottled, fluoridated</li> </ul>	<p style="text-align: center;"><b>Social/family history</b></p> <ul style="list-style-type: none"> <li>• Changes since last visit</li> <li>• Parents working outside home</li> <li>• After school care/activities</li> <li>• Parent/child/ sibling interaction</li> <li>• Parent/teacher concerns</li> <li>• Eats meals as a family</li> </ul>	<p style="text-align: center;"><b>Plan/referrals</b></p> <ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• Influenza</li> <li>• Catch-up immunizations</li> <li>• Fluoride, if indicated</li> <li>• Dental referral</li> </ul>

# 9 to 10 Year Assessment

Physical exam	Anticipatory guidance topics	Risk assessment/ screening	Development	Behavioral	History
<ul style="list-style-type: none"> <li>• Height/weight %: BMI percentile</li> <li>• TPR — BP</li> <li>• General appearance</li> <li>• Head</li> <li>• Neck</li> <li>• Eyes</li> <li>• Ears, nose, mouth/throat</li> <li>• Teeth, caries, gingival</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Breasts/genitalia</li> <li>• Sexual maturity</li> <li>• Spine</li> <li>• Musculoskeletal</li> <li>• Skin</li> <li>• Neuro</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate booster/ car restraints</li> <li>• Smoke/carbon monoxide detectors</li> <li>• No smoking in home</li> <li>• Sexual safety</li> <li>• Swimming safety</li> <li>• Consistent routines</li> <li>• Sun exposure</li> <li>• Safety helmets and pads</li> <li>• Street safety</li> <li>• Guns</li> <li>• Brushing/flossing teeth</li> <li>• Limit TV and screen time</li> <li>• Well-balanced diet, including breakfast</li> <li>• Healthy weight</li> <li>• Daily physical activity</li> <li>• Bullying</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing</li> <li>• Vision exam</li> <li>• Anemia risk screening</li> <li>• Tuberculosis risk assessment</li> <li>• Dental assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Rough and tumble play</li> <li>• Enjoys team games</li> <li>• Likes complex crafts and tasks</li> <li>• Ability to learn and apply skills</li> <li>• Capable of longer interest</li> <li>• More abstract reasoning</li> </ul>	<ul style="list-style-type: none"> <li>• Parental concerns</li> <li>• Vision</li> <li>• Hearing</li> <li>• Development/learning</li> <li>• Self-control</li> <li>• Sense of accomplishment</li> <li>• Competitive</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up previous visit</li> <li>• Medication review</li> <li>• Interval history</li> <li>• Special health care needs</li> <li>• Changes in family health</li> </ul>
		Nutrition	Water source	Social/family history	Plan/referrals
		<ul style="list-style-type: none"> <li>• Fruits</li> <li>• Vegetables</li> <li>• Meat</li> <li>• Appetite</li> <li>• Dairy</li> <li>• Eats breakfast</li> </ul>	<ul style="list-style-type: none"> <li>• Well, city, bottled, fluoridated</li> </ul>	<ul style="list-style-type: none"> <li>• Changes since last visit</li> <li>• Parents working outside home</li> <li>• After school care/activities</li> <li>• Parent/child/ sibling interaction</li> <li>• More independent</li> <li>• Very conscious of fairness</li> </ul>	<ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• Influenza</li> <li>• Catch-up immunizations</li> <li>• Fluoride, if indicated</li> <li>• Dental referral</li> <li>• Lipid screening at 10 years</li> </ul>

# 11 to 14 Year Assessment

Physical exam	Anticipatory guidance topics	Development	Behavioral	Risk assessment/ screening	History
<ul style="list-style-type: none"> <li>• Height/ weight %:</li> <li>• BMI percentile</li> <li>• TPR — BP</li> <li>• General appearance</li> <li>• Head</li> <li>• Neck</li> <li>• Eyes, red reflex, alignment</li> <li>• Ears, nose, mouth/throat</li> <li>• Teeth, caries, gingival</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Breasts/genitalia</li> <li>• Sexual maturity</li> <li>• Spine</li> <li>• Musculoskeletal</li> <li>• Skin</li> <li>• Neuro</li> </ul>	<ul style="list-style-type: none"> <li>• Seat belts</li> <li>• Smoke/carbon monoxide detectors</li> <li>• No smoking in home</li> <li>• Sexual safety</li> <li>• How to prevent pregnancy, STDs, HIV</li> <li>• Sun exposure</li> <li>• Sports safety — helmets, water</li> <li>• Street safety</li> <li>• Guns</li> <li>• Oral hygiene</li> <li>• Limit TV and screen time</li> <li>• Well-balanced diet, including breakfast</li> <li>• Healthy weight</li> <li>• Daily physical activity</li> <li>• Bullying</li> <li>• Adequate sleep</li> <li>• Stress management</li> <li>• Anger management</li> </ul>	<ul style="list-style-type: none"> <li>• Pubic and underarm hair growth</li> <li>• <b>Girls</b></li> <li>• Breast development</li> <li>• Menarche</li> <li>• Rapid growth spurt</li> <li>• <b>Boys</b></li> <li>• Voice changes</li> <li>• Genital growth</li> <li>• Nocturnal emissions</li> <li>• Understand abstract ideas</li> </ul>	<ul style="list-style-type: none"> <li>• Parental concerns</li> <li>• Vision</li> <li>• Hearing</li> <li>• Development/learning</li> <li>• Develop moral philosophies</li> <li>• Self-esteem</li> <li>• Sexual activity</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing</li> <li>• Vision exam</li> <li>• Anemia risk screening</li> <li>• Tuberculosis risk assessment</li> <li>• Dental assessment</li> <li>• Alcohol/drugs assessment</li> <li>• Cervical dysplasia risk screening</li> <li>• STI risk screening</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up previous visit</li> <li>• Medication review</li> <li>• Interval history</li> <li>• Special health care needs</li> <li>• Changes in family health</li> </ul>
		<p style="text-align: center;"><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• Fruits</li> <li>• Vegetables</li> <li>• Meat</li> <li>• Appetite</li> <li>• Dairy — including low fat options</li> <li>• Eats breakfast</li> </ul>	<p style="text-align: center;"><b>Social/family history</b></p> <ul style="list-style-type: none"> <li>• Changes since last visit</li> <li>• After school activities</li> <li>• Family relationships</li> </ul>	<p style="text-align: center;"><b>Water source</b></p> <ul style="list-style-type: none"> <li>• Well, city, bottled, fluoridated</li> </ul>	<p style="text-align: center;"><b>Plan/referrals</b></p> <ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• Influenza, HPV, Tdap, MCV</li> <li>• Catch up immunizations</li> <li>• Fluoride, if indicated</li> <li>• Dental referral</li> </ul>



# 15 to 17 Year Assessment

Physical exam	Anticipatory guidance topics	Risk assessment/ screening	Development	Behavioral	Social/family history
<ul style="list-style-type: none"> <li>• Height/ weight %: BMI percentile</li> <li>• TPR — BP</li> <li>• General appearance</li> <li>• Head</li> <li>• Neck</li> <li>• Eyes</li> <li>• Ears, nose, mouth/throat</li> <li>• Teeth, caries, gingival</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Breasts/genitalia</li> <li>• Sexual maturity</li> <li>• Spine</li> <li>• Musculoskeletal</li> </ul>	<ul style="list-style-type: none"> <li>• Seat belts</li> <li>• Smoke/carbon monoxide detectors</li> <li>• No smoking in home</li> <li>• Sexual safety</li> <li>• How to prevent pregnancy, STDs, HIV</li> <li>• Sun exposure</li> <li>• Sports safety-helmets, water</li> <li>• Alcohol</li> <li>• Tobacco</li> <li>• Drugs</li> <li>• Oral hygiene</li> <li>• Limit TV and screen time</li> <li>• Well-balanced diet, including breakfast</li> <li>• Healthy weight</li> <li>• Daily physical activity</li> <li>• Anger management</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing</li> <li>• Vision exam</li> <li>• Anemia risk screening</li> <li>• Lead risk screening</li> <li>• Dental assessment</li> <li>• Alcohol/drugs assessment</li> <li>• Cervical dysplasia risk screening</li> <li>• STI risk screening</li> </ul>	<ul style="list-style-type: none"> <li>• Interest in new music, fashion</li> <li>• Solve problems</li> <li>• More aware/sexual orientation</li> <li>• Plans for future work/education</li> <li>• <b>Girls</b></li> <li>• Full physical development</li> <li>• <b>Boys</b></li> <li>• Voice lowers, facial hair, gain muscle and height</li> </ul>	<ul style="list-style-type: none"> <li>• Parental concerns</li> <li>• Vision</li> <li>• Hearing</li> <li>• Development/learning</li> <li>• Challenge school/parents rules</li> <li>• Dissatisfied with appearance</li> </ul>	<ul style="list-style-type: none"> <li>• Changes since last visit</li> <li>• More time with friends or alone</li> <li>• Begin interest in religion, politics, causes</li> <li>• Seek more control over life</li> <li>• Positive relationships</li> </ul>
		<p style="text-align: center;"><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• Fruits/ vegetables</li> <li>• Meat</li> <li>• Appetite</li> <li>• Low-fat dairy</li> <li>• Eats breakfast</li> </ul>	<p style="text-align: center;"><b>Water source</b></p> <ul style="list-style-type: none"> <li>• Well, city, bottled, fluoridated</li> </ul>	<p style="text-align: center;"><b>History</b></p> <ul style="list-style-type: none"> <li>• Follow up previous visit</li> <li>• Medication review</li> <li>• Interval history</li> <li>• Special health care needs</li> <li>• Changes in family health</li> </ul>	<p style="text-align: center;"><b>Plan/referrals</b></p> <ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• Influenza, MCV</li> <li>• Catch-up immunizations</li> <li>• Fluoride, if indicated</li> <li>• Dental referral</li> </ul>

# 18 to 21 Year Assessment

Physical exam	Risk assessment/ screening	Development	Anticipatory guidance topics	History
<ul style="list-style-type: none"> <li>• Height/weight %: BMI percentile</li> <li>• TPR — BP</li> <li>• General appearance</li> <li>• Head</li> <li>• Neck</li> <li>• Eyes</li> <li>• Ears, nose, mouth/throat</li> <li>• Teeth, caries, gingival</li> <li>• Lungs</li> <li>• Heart</li> <li>• Abdomen</li> <li>• Femoral pulses</li> <li>• Breasts/genitalia</li> <li>• Sexual maturity</li> <li>• Spine</li> <li>• Musculoskeletal</li> <li>• Skin</li> <li>• Neuro</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing</li> <li>• Vision exam</li> <li>• Anemia risk screening</li> <li>• Tuberculosis risk assessment</li> <li>• Dental assessment</li> <li>• Alcohol/drugs assessment</li> <li>• Cervical dysplasia risk screening</li> <li>• STI risk screening</li> </ul>	<p><b>Girls</b></p> <ul style="list-style-type: none"> <li>• Full physical development</li> </ul> <p><b>Boys</b></p> <ul style="list-style-type: none"> <li>• may continue to gain muscle and height</li> <li>• Sense of self</li> <li>• Self-reliant</li> <li>• Makes own decisions</li> <li>• Sets goals</li> <li>• Plans for future work/education</li> </ul>	<ul style="list-style-type: none"> <li>• Seat belts</li> <li>• Smoke/carbon monoxide detectors</li> <li>• Work stress</li> <li>• Safe sex</li> <li>• How to prevent pregnancy, STDs, HIV</li> <li>• Sun exposure</li> <li>• Sports safety</li> <li>• Alcohol</li> <li>• Tobacco</li> <li>• Drugs</li> <li>• Oral hygiene</li> <li>• No texting while driving</li> <li>• Well-balanced diet, including breakfast</li> <li>• Healthy weight</li> <li>• Daily physical activity</li> <li>• Stress management</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up previous visit</li> <li>• Medication review</li> <li>• Interval history</li> <li>• Special health care needs</li> <li>• Changes in family health</li> </ul>
Nutrition	Water source	Social/family history	Plan/referrals	Behavioral
<ul style="list-style-type: none"> <li>• Fruits</li> <li>• Vegetables</li> <li>• Meat</li> <li>• Appetite</li> <li>• Low-fat dairy</li> <li>• Eats breakfast</li> </ul>	<ul style="list-style-type: none"> <li>• Well, city, bottled, fluoridated</li> </ul>	<ul style="list-style-type: none"> <li>• Changes since last visit</li> <li>• Concerns about relationships</li> <li>• Living on their own</li> </ul>	<ul style="list-style-type: none"> <li>• Immunizations status</li> <li>• Influenza</li> <li>• Catch-up immunizations</li> <li>• Fluoride, if indicated</li> <li>• Dental referral</li> <li>• Lipid profile, if at risk</li> <li>• TB test, if at risk</li> </ul>	<ul style="list-style-type: none"> <li>• Responsibility for actions</li> <li>• Coping skills</li> </ul>

# References

This document contains general screening, guidelines and topics to assist with examination and documentation of well-child exams. For more detailed information, risk assessments, forms and information contained therein, go to:

- American Academy of Pediatrics: [www.brightfutures.aap.org/clinical\\_practice.html](http://www.brightfutures.aap.org/clinical_practice.html)
- The Advisory Committee on Immunization Practices: [www.cdc.gov/vaccines/acip/index.html](http://www.cdc.gov/vaccines/acip/index.html)
- The American Academy of Family Physicians: [www.aafp.org](http://www.aafp.org)
- American Academy of Pediatric Dentistry: [www.aapd.org](http://www.aapd.org)



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