



Early and Periodic Screening, Diagnostic and Treatment Provider Toolkit



Healthy Blue



<https://provider.healthybluene.com>



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The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program is Medicaid's federally mandated comprehensive and preventive 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 on early prevention and treatment. Requirements include periodic screening, vision, dental and hearing services.

What is EPSDT?

- Early
- Periodic
- Screening
- Diagnostic
- Treatment

Services include:

- Screening.
- Diagnosis and treatment.
- Transportation and scheduling assistance.

Screening must include:

- Comprehensive health and developmental history (inclusive of both physical and mental health).
- Comprehensive unclothed physical exam.
- Appropriate immunizations.
- Laboratory tests.
- Lead toxicity screening.
- Health education, including anticipatory guidance.
- Vision services.
- Dental services.
- Hearing services.
- Nutritional assessment.
- Psychosocial/behavioral assessment.
- Other necessary healthcare — diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services.

Schedules used to determine when services are due:

- *The American Academy of Pediatrics Periodicity Schedule.*
- The Centers for Disease Control and Prevention Advisory Committee on Immunization Practices *Immunization Recommendations Schedule.*

Healthy Blue EPSDT program supports the individual state plans by:

- Providing a repository to house EPSDT data.
- Mailing annual preventive care recommendations to members.
- Mailing reminders to members to schedule appointments.
- Mailing letters to providers with a listing of members who may have missed services.

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

If you have questions, contact your local Provider Relations representative, or call Provider Services at **833-388-1406** 7 a.m. to 8 p.m. CT Monday to Friday.

EPSDT Quick Reference Guide

Children's preventive guidelines

	Birth	3 to 5 days	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	30 months	3 years	4 years	5 years	6 years	7 to 21 years
History	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Height or length/weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Head circumference	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Body mass index (percentile if < 16 years)											✓	✓	✓	✓	✓	✓	Yearly
Blood pressure ¹	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Nutrition assessment/counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Physical activity assessment/counseling ²													✓	✓	✓	✓	Yearly
Vision exam	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Hearing exam	✓	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	Yearly
Developmental assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Autism screening										✓	✓	*					
Psychological/behavioral assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Alcohol/drug use assessment																	Yearly*
Physical exam (unclothed)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Oral/dental assessment	*	*	*	*	*	✓	✓	✓	*	✓	✓	✓	✓	*	*	*	Yearly
Dental referral ³													✓			✓	Refer
Immunization assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Hematocrit or hemoglobin					*			✓		*	*	*	*	*	*	*	Yearly
Lead screening						*	*	✓		*	✓		*	*	*	*	
Tuberculin test if at risk			*			*		*	*	*	*		*	*			*
Dyslipidemia screening											*			*		*	18 to 21*
Sexually transmitted infection (STI) screening ⁴																	11 to 21*
Cervical dysplasia screening ⁴																	21 Years
Anticipatory guidance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Counseling/referral for identified problems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly

Notes:

- All well-visits should include, at a minimum, an unclothed physical exam, developmental assessment, anticipatory guidance, and age-appropriate screenings and immunizations as indicated.
- Health education should include counseling for issues and risk factors, as well as informing patients about the benefits of a healthy lifestyle, safety practices/accident avoidance, and disease prevention.
- Screenings are as recommended by the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (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 who have upcoming EPSDT services due, contact us at the address below: Healthy Blue, Quality Management Department, 10040 Regency Circle, Suite 100, Omaha, NE 68114; 531-233-6494

Use this chart to be sure your practice is following the appropriate age specific guidelines.

Recommended EPSDT Periodicity Schedule

A 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
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 to 21 years, annually

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

Helpful hints

- Use the listing of members due or overdue for EPSDT services provided to you by Healthy Blue and contact the member for an appointment.
- Maximize every visit by making sure the child is current on EPSDT services.
- Be sure your office uses the correct coding.

For complete information, see the AAP Periodicity Schedule at <https://brightfutures.aap.org/clinical-practice> and the AAPD Guidelines at https://www.aapd.org/globalassets/media/policies_guidelines/bp_carriesriskassessment.pdf.

- 1 Children with specific risk factors should have their blood pressure taken at visits before age 3.
- 2 HEDIS® measure added to chart.
- 3 Referrals for dental care should be given for any problem identified, or if there is no dental home. AAPD recommends a dental exam every six months after tooth eruption.
- 4 STI screenings should be conducted on all sexually active females 11 to 21 years of age. Adolescents should be screened for HIV once between ages of 15 and 18. Those at increased risk of contracting HIV, should be tested annually.

* Conduct a risk assessment. If high-risk conditions exist, perform screening.

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Recommended childhood immunizations

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

Recommended adolescent immunizations

	7 to 10 years	11 to 12 years	13 to 18 years
Tetanus, diphtheria, pertussis (Tdap)		Tdap	Tdap
Human papillomavirus (HPV)		HPV (3 doses)	HPV series
Meningococcal (MCV)	MCV	MCV	MCV
Influenza	Influenza yearly		
Pneumococcal (PPSV)	PPSV		
Hep A	Hep A series		
Hep B	Hep B series		
Inactivated poliovirus (IPV)	IPV series		
Measles, mumps, rubella (MMR)	MMR series		
Varicella	Varicella series		

Key:

-  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.

For complete information, see:

- The Advisory Committee on Immunization Practices (<https://www.cdc.gov/vaccines/acip/index.html>)
- The AAP (www.aap.org)
- The American Academy of Family Physicians (www.aafp.org)

Department of Health and Human Services • Centers for Disease Control and Prevention

EPSDT billing codes

CPT® codes:

Age	New patient	Established patient
Preventive visit, age < 1 year	99381	99391
Preventive visit, age 1 to 4	99382	99392
Preventive visit, age 5 to 11	99383	99393
Preventive visit, age 12 to 17	99384	99394
Preventive visit, age 18 to 20	99385	99395
Use if abnormality/ies is encountered or a pre-existing problem is addressed during the EPSDT visit.	99211	99212

ICD-10-CM codes:

Codes	Description
Z00.110	0 to 7 days
Z00.111	8 to 28 days
Z00.121 or Z00.129	29 days through 14 years
Z00.121 or Z00.129/ Z00.00 or Z00.01	15 to 17 years
Z00.00 or Z00.01	18 to 20 years
Z02 to Z02.89	0 to 20 year

Other codes:

Description	Codes
Interperiodic vision	99173 with Z01.00 or Z01.01 or appropriate abnormal result code
Interperiodic hearing	V5008, 92551 to 92553, 92555 to 92556 with Z01.10 or Z01.110 or Z01.118
Developmental screening at the following visits: 9, 18 and 30 months	96110 with EP and 59 modifier
Brief emotional/behavioral assessments	96127
Tuberculin (TB) skin test	86580 with diagnosis Z11.1

Modifiers

Description	Codes
Vaccine administration <i>The appropriate code must be included with the vaccine CPT code and diagnostic code.</i>	90471, 90472, 90473, 90474
TB skin test	86580 with diagnosis Z11.1
Lead screening	83655 with diagnosis code Z13.88
Brief emotional/behavioral assessments immunization admin codes	96127, 90471 to 90474
E&M services by the same provider on the same day and for filling a same day sick visit and well care visitw	EP





EPSDT billing codes (cont.)

The preventive medicine code when billed on the same date as the immunization administration will be denied unless the 25 modifier is appended to the preventive medicine procedure code.

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.

Electronically: Electronic claims submission can be done either by using a clearinghouse or sending directly. Availity* serves as our gateway for all EDI transactions.

If you have a relationship with a clearinghouse, please work with them to ensure connectivity with Availity.

Healthy Blue Payer ID number is 00544. Providers can also register with Availity at **availity.com** to become a direct submitter.

To initiate the electronic claims submission process or obtain additional information, contact Availity Client Services at **800-AVAILITY (800-282-4548)**. Availity Client Services is available Monday to Friday 9 a.m. to 8 p.m. CT.

Fax: We do not accept faxed claims. 365 days is the timely filing limit when Healthy Blue is the secondary payer.

Paper Claims address: Healthy Blue, P.O. Box 61010, Virginia Beach, VA 23466-1010

** Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.*

Preventive care resources

Department of Health and Human Services
<https://dhhs.ne.gov/Pages/default.aspx>

Prevention

U.S. Department of Health and Human Services
<https://healthfinder.gov/healthtopics>

Adolescent development
<https://medlineplus.gov/ency/article/002003.htm>

Modified Checklist for Autism in Toddlers
autism screening tool
firstsigns.org

Ages and Stages Questionnaires
(A fee may be associated.)
healthychildren.org

Bright Futures: American Academy of Pediatrics — assessments, patient education, forms and other information
brightfutures.org

Centers for Disease Control and Prevention (CDC) growth and BMI charts
cdc.gov/growthcharts/clinical_charts.htm

National Domestic Violence Hotline
thehotline.org
800-799-SAFE (7233)

Medicaid Early and Periodic Screening, Diagnosis and Treatment program
medicaid.gov/medicaid/benefits/epsdt/index.html

Health Resources and Service Administration — maternal and child health
mchb.hrsa.gov/epsdt

March of Dimes
marchofdimes.org

American Academy of Family Physicians
aafp.org

Nebraska Breastfeeding Coalition
<https://nebreastfeeding.org>

Immunizations

CDC — immunization schedules
cdc.gov/vaccines/recs/schedules/default.htm

CDC — National Immunization Program
cdc.gov/vaccines

Nebraska State Immunization Information System
<https://dhhs.ne.gov/Pages/Nebraska-Immunization-Information-System.aspx>

Immunization Action Coalition
immunize.org

Immunization Education & Action Committee Healthy Mothers, Healthy Babies Coalition
hmhb.org
703-836-6110
703-836-3470 (fax)

Willis-Knighton Health System
wkhs.com

Institute for Vaccine Safety
vaccinesafety.edu

EPSDT Assessment Categories

These charts are to act as a guide and do not indicate an exclusive assessment list.

Newborn assessment

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

1-month assessment

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

2-month assessment

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

4-month assessment

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

6-month assessment

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

9-month assessment

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

12-month assessment

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



15-month assessment

Physical exam	<ul style="list-style-type: none"> • Weight, length — W/L percentile • Head circumference • TPR • General appearance • Head, fontanel • Neck • Eyes, red reflex, alignment 	<ul style="list-style-type: none"> • Ears, nose, mouth/throat • Teeth — caries, staining spots • Lungs • Heart • Abdomen • Femoral pulses • Umbilical cord 	<ul style="list-style-type: none"> • Genitalia (male — testes) • Spine • Extremities • Hips • Skin • Neuro
Risk assessment/screening	<ul style="list-style-type: none"> • Blood pressure 	<ul style="list-style-type: none"> • Hearing 	<ul style="list-style-type: none"> • Vision
Development	<ul style="list-style-type: none"> • Says two or three words • Walks well • Bends down without falling 	<ul style="list-style-type: none"> • Scribbles • Tries to do what others do • Follows simple commands 	<ul style="list-style-type: none"> • Listens to a story • Puts a block in a cup
Behavioral/social	<ul style="list-style-type: none"> • Parental concerns • Vision • Hearing 	<ul style="list-style-type: none"> • Development • Temper tantrums 	<ul style="list-style-type: none"> • Discourage hitting, biting other aggressive behaviors
Anticipatory guidance topics	<ul style="list-style-type: none"> • Car seat safety • Carbon monoxide detectors • Smoke detectors in home • Child-proof home 	<ul style="list-style-type: none"> • Age-appropriate discipline • Consistent bedtime routine • Burns • First dentist visit 	<ul style="list-style-type: none"> • Puts a block in a cup • Healthy food/snack choices • Whole milk • Falls • Poisons • No TV
History	<ul style="list-style-type: none"> • Follow up previous visit • Medication review 	<ul style="list-style-type: none"> • Interval history • Special healthcare needs 	<ul style="list-style-type: none"> • Changes in family health
Nutrition	<ul style="list-style-type: none"> • Breast, how long, frequency • Formula, oz. and frequency: <ul style="list-style-type: none"> • Brand — with iron 	<ul style="list-style-type: none"> • Cereal • Water source: <ul style="list-style-type: none"> • Well, city or bottled, fluoridated 	<ul style="list-style-type: none"> • Other liquids • WIC • Weaned
Social/family history	<ul style="list-style-type: none"> • Any major changes in family • Family support 	<ul style="list-style-type: none"> • Family support • Violence or abuse 	<ul style="list-style-type: none"> • Talk, read to baby
Plan/referrals	<ul style="list-style-type: none"> • Immunizations status • MMR, Hib, Varicella, PCV-7, Hep B, Hep A, DTaP, influenza 	<ul style="list-style-type: none"> • Catch-up immunizations • Fluoride — if indicated • Dental home or referral 	<ul style="list-style-type: none"> • Blood lead screen • TB test — if at risk

18-month assessment

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

24-month assessment

Physical exam	<ul style="list-style-type: none"> • Height/weight % — W/H% • Head circumference • TPR • General appearance • Head, fontanel • Neck • Eyes, red reflex, alignment 	<ul style="list-style-type: none"> • Ears, nose, mouth/throat • Teeth — caries, staining spots • Lungs • Heart • Abdomen • Femoral pulses • Umbilical cord 	<ul style="list-style-type: none"> • Genitalia (male — testes) • Spine • Extremities • Hips • Skin • Neuro
Risk assessment/screening	<ul style="list-style-type: none"> • Blood pressure • Hearing • Vision 	<ul style="list-style-type: none"> • Anemia risk screening • Lead risk assessment • Autism screening 	<ul style="list-style-type: none"> • Dyslipidemia risk assessment
Development	<ul style="list-style-type: none"> • Says six words • Stands on tip-toe • Runs • Knows names of familiar people and body parts 	<ul style="list-style-type: none"> • Plays alongside other children • Throws a ball overhand 	<ul style="list-style-type: none"> • Stacks 5 to 6 blocks • Turns pages of book one at a time
Behavioral/social	<ul style="list-style-type: none"> • Parental concerns • Vision • Hearing 	<ul style="list-style-type: none"> • Development • Temper tantrums — time outs 	<ul style="list-style-type: none"> • Playing with other children • Self-expression
Anticipatory guidance topics	<ul style="list-style-type: none"> • Car seat safety • Carbon monoxide detectors • Smoke detectors in home • Child-proof home 	<ul style="list-style-type: none"> • Age-appropriate discipline • Consistent bedtime routine • Burns • Physical activity • Bike helmet 	<ul style="list-style-type: none"> • Picky eater • Supervise outside • Guns • Poisons • Limit TV to 1 to 2 hours/day • Toilet training
History	<ul style="list-style-type: none"> • Follow up previous visit • Medication review 	<ul style="list-style-type: none"> • Interval history • Special healthcare needs 	<ul style="list-style-type: none"> • Changes in family health
Nutrition	<ul style="list-style-type: none"> • Weaned, bottle, breast • Fruits • Vegetables 	<ul style="list-style-type: none"> • Meat • Appetite • Dairy 	<ul style="list-style-type: none"> • Water source: <ul style="list-style-type: none"> • Well, city or bottled, fluoridated • WIC
Social/family history	<ul style="list-style-type: none"> • Any major changes in family • Family support 	<ul style="list-style-type: none"> • Violence or abuse • Talk, read to baby 	<ul style="list-style-type: none"> • Model appropriate language • Screen time
Plan/referrals	<ul style="list-style-type: none"> • Immunizations status • Hep A, influenza • Catch-up immunizations • Fluoride — if indicated 	<ul style="list-style-type: none"> • Dental home or referral • Blood lead screen • Autism screen • Lipid profile — if at risk 	<ul style="list-style-type: none"> • TB test — if at risk • WIC enrollment

30-month assessment

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

3-year assessment

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

4-year assessment

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

5- to 6-year assessment

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



7- to 8-year assessment

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

9- to 10-year assessment

Physical exam	<ul style="list-style-type: none"> • Height/weight % — BMI percentile • TPR — BP • General appearance • Head • Neck • Eyes 	<ul style="list-style-type: none"> • Ears, nose, mouth/throat • Teeth— caries, gingival • Lungs • Heart • Abdomen • Femoral pulses • Umbilical cord 	<ul style="list-style-type: none"> • Breasts/genitalia • Sexual maturity • Spine • Musculoskeletal • Skin • Neuro
Risk assessment/screening	<ul style="list-style-type: none"> • Hearing • Vision exam • Anemia risk screening 	<ul style="list-style-type: none"> • Tuberculosis risk assessment • Dental assessment 	<ul style="list-style-type: none"> • Alcohol/drugs assessment • Lipid screenings once between 9 and 11 years old
Development	<ul style="list-style-type: none"> • Rough and tumble play • Enjoys team games 	<ul style="list-style-type: none"> • Likes complex crafts and tasks • Ability to learn and apply skills 	<ul style="list-style-type: none"> • Capable of longer interest • More abstract reasoning
Behavioral	<ul style="list-style-type: none"> • Parental concerns • Vision • Hearing 	<ul style="list-style-type: none"> • Development/learning • Self-control 	<ul style="list-style-type: none"> • Sense of accomplishment • Competitive
Anticipatory guidance topics	<ul style="list-style-type: none"> • Appropriate booster/car restraints • Smoke/carbon monoxide detectors • No smoking in home • Sexual safety • Swimming safety 	<ul style="list-style-type: none"> • Consistent routines • Sun exposure • Safety helmets and pads • Street safety • Guns • Brushing/flossing teeth 	<ul style="list-style-type: none"> • Limit TV and screen time • Well-balanced diet, including breakfast • Healthy weight • Daily physical activity • Bullying
History	<ul style="list-style-type: none"> • Follow up previous visit • Medication review 	<ul style="list-style-type: none"> • Interval history • Special healthcare needs 	<ul style="list-style-type: none"> • Changes in family health
Nutrition	<ul style="list-style-type: none"> • Fruits • Vegetables • Meat 	<ul style="list-style-type: none"> • Appetite • Dairy • Eats breakfast 	<ul style="list-style-type: none"> • Water source: <ul style="list-style-type: none"> • Well, city or bottled, fluoridated
Social/family history	<ul style="list-style-type: none"> • Changes since last visit • Parents working outside home 	<ul style="list-style-type: none"> • After-school care/activities • Parent/teacher concerns 	<ul style="list-style-type: none"> • More independent • Very conscious of fairness
Plan/referrals	<ul style="list-style-type: none"> • Immunizations status • Influenza 	<ul style="list-style-type: none"> • Catch-up immunizations • Fluoride — if indicated 	

11- to 14-year assessment

Physical exam	<ul style="list-style-type: none"> • Height/weight % — BMI percentile • TPR — BP • General appearance • Head • Neck • Eyes, red reflex, alignment 	<ul style="list-style-type: none"> • Ears, nose, mouth/throat • Teeth— caries, gingival • Lungs • Heart • Abdomen • Femoral pulses • Umbilical cord 	<ul style="list-style-type: none"> • Breasts/genitalia • Sexual maturity • Spine • Musculoskeletal • Skin • Neuro
Risk assessment/screening	<ul style="list-style-type: none"> • Hearing • Vision exam • Anemia risk screening • Tuberculosis risk assessment • Dental assessment 	<ul style="list-style-type: none"> • Alcohol/drugs assessment • Cervical dysplasia risk screening • STI risk screening 	<ul style="list-style-type: none"> • Lipid screening once between 9 and 11 years old • Depression screening
Development	<ul style="list-style-type: none"> • Pubic and underarm hair growth • Understand abstract ideas 	<ul style="list-style-type: none"> • Girls: <ul style="list-style-type: none"> • Breast development • Menarche • Rapid growth spurt 	<ul style="list-style-type: none"> • Boys: <ul style="list-style-type: none"> • Voice changes • Genital growth • Nocturnal emissions
Behavioral	<ul style="list-style-type: none"> • Parental concerns • Vision • Hearing 	<ul style="list-style-type: none"> • Development/learning • Develop moral philosophies 	<ul style="list-style-type: none"> • Self-esteem • Sexual activity
Anticipatory guidance topics	<ul style="list-style-type: none"> • Seat belts • Smoke/carbon monoxide detectors • No smoking in home • Sexual safety • How to prevent pregnancy, STDs, HIV • Sun exposure 	<ul style="list-style-type: none"> • Sports safety — helmets, waterv • Street safety • Guns • Oral hygiene • Limit TV and screen time • Well-balanced diet, including breakfast 	<ul style="list-style-type: none"> • Healthy weight • Daily physical activity • Bullying • Adequate sleep • Stress management • Anger management
History	<ul style="list-style-type: none"> • Follow up previous visit • Medication review 	<ul style="list-style-type: none"> • Interval history • Special healthcare needs 	<ul style="list-style-type: none"> • Changes in family health
Nutrition	<ul style="list-style-type: none"> • Fruits • Vegetables • Meat • Appetite 	<ul style="list-style-type: none"> • Dairy — including low-fat options • Eats breakfast 	<ul style="list-style-type: none"> • Water source: <ul style="list-style-type: none"> • Well, city or bottled, fluoridated
Social/family history	<ul style="list-style-type: none"> • Changes since last visit • After-school activities 	<ul style="list-style-type: none"> • Family relationships 	
Plan/referrals	<ul style="list-style-type: none"> • Immunizations status • Influenza 	<ul style="list-style-type: none"> • Catch-up immunizations • Fluoride — if indicated 	

15- to 17-year assessment

Physical exam	<ul style="list-style-type: none"> • Height/weight % — BMI percentile • TPR — BP • General appearance • Head • Neck • Eyes 	<ul style="list-style-type: none"> • Ears, nose, mouth/throat • Teeth— caries, gingival • Lungs • Heart • Abdomen • Femoral pulses 	<ul style="list-style-type: none"> • Breasts/genitalia • Sexual maturity • Spine • Musculoskeletal • Skin • Neuro
Risk assessment/screening	<ul style="list-style-type: none"> • Hearing • Vision exam • Anemia risk screening • Tuberculosis risk assessment • Dental assessment 	<ul style="list-style-type: none"> • Alcohol/drugs assessment • Cervical dysplasia risk screening • STI risk screening 	<ul style="list-style-type: none"> • Lipid screening once between 17 and 21 years old • Depression screening
Development	<ul style="list-style-type: none"> • Girls — full physical development • Boys — voice lowers, facial hair, gain muscle and height 	<ul style="list-style-type: none"> • Interest in new music, fashion • Solve problems 	<ul style="list-style-type: none"> • More aware — sexual orientation • Plans for future work/education
Behavioral	<ul style="list-style-type: none"> • Parental concerns • Vision • Hearing 	<ul style="list-style-type: none"> • Development/learning • Challenge school/parents rules • Dissatisfied with appearance 	
Anticipatory guidance topics	<ul style="list-style-type: none"> • Seat belts • Smoke/carbon monoxide detectors • No smoking in home • Sexual safety • How to prevent pregnancy, STDs, HIV • Sun exposure 	<ul style="list-style-type: none"> • Sports safety — helmets, water • Street safety • Alcohol • Tobacco • Drugs • Oral hygiene • Limit TV and screen time 	<ul style="list-style-type: none"> • Well-balanced diet, including breakfast • Healthy weight • Daily physical activity • Anger management
History	<ul style="list-style-type: none"> • Follow up previous visit • Medication review 	<ul style="list-style-type: none"> • Interval history • Special healthcare needs 	<ul style="list-style-type: none"> • Changes in family health
Nutrition	<ul style="list-style-type: none"> • Fruits • Vegetables • Meat • Appetite 	<ul style="list-style-type: none"> • Low-fat dairy • Eats breakfast 	<ul style="list-style-type: none"> • Water source: <ul style="list-style-type: none"> • Well, city or bottled, fluoridated
Social/family history	<ul style="list-style-type: none"> • Changes since last visit • More time with friends or alone 	<ul style="list-style-type: none"> • Begin interest in religion, politics, causes • Seek more control over life 	<ul style="list-style-type: none"> • Positive family relationships
Plan/referrals	<ul style="list-style-type: none"> • Immunizations status • Influenza 	<ul style="list-style-type: none"> • Catch-up immunizations • Fluoride — if indicated 	

18- to 21-year assessment

Physical exam	<ul style="list-style-type: none"> • Height/weight — BMI • TPR — BP • General appearance • Head • Neck • Eyes 	<ul style="list-style-type: none"> • Ears, nose, mouth/throat • Teeth— caries, gingival • Lungs • Heart • Abdomen • Femoral pulses 	<ul style="list-style-type: none"> • Breasts/genitalia • Sexual maturity • Spine • Musculoskeletal • Skin • Neuro
Risk assessment/screening	<ul style="list-style-type: none"> • Hearing • Vision exam • Anemia risk screening • Tuberculosis risk assessment • Dental assessment 	<ul style="list-style-type: none"> • Alcohol/drugs assessment • Cervical dysplasia risk screening • STI risk screening 	<ul style="list-style-type: none"> • Lipid screening once between 17 and 21 years old • Depression screening
Development	<ul style="list-style-type: none"> • Girls — full physical development • Boys — voice lowers, facial hair, gain muscle and height 	<ul style="list-style-type: none"> • Sense of self • Self-reliant • Makes own decisions 	<ul style="list-style-type: none"> • Sets goals • Plans for future work/education
Behavioral	<ul style="list-style-type: none"> • Responsibility for actions • Coping skills 		
Anticipatory guidance topics	<ul style="list-style-type: none"> • Seat belts • Smoke/carbon monoxide detectors • Work stress • Safe sex • How to prevent pregnancy, STDs, HIV 	<ul style="list-style-type: none"> • Sun exposure • Sports safety • Alcohol • Tobacco • Drugs • Oral hygiene • No texting while driving 	<ul style="list-style-type: none"> • Well-balanced diet, including breakfast • Healthy weight • Daily physical activity • Stress management
History	<ul style="list-style-type: none"> • Follow up previous visit • Medication review 	<ul style="list-style-type: none"> • Interval history • Special healthcare needs 	<ul style="list-style-type: none"> • Changes in family health
Nutrition	<ul style="list-style-type: none"> • Fruits • Vegetables • Meat • Appetite 	<ul style="list-style-type: none"> • Low-fat dairy • Eats breakfast 	<ul style="list-style-type: none"> • Water source: <ul style="list-style-type: none"> • Well, city or bottled, fluoridated
Social/family history	<ul style="list-style-type: none"> • Changes since last visit 	<ul style="list-style-type: none"> • Concern about relationships 	<ul style="list-style-type: none"> • Living on their own
Plan/referrals	<ul style="list-style-type: none"> • Immunizations status • Influenza 	<ul style="list-style-type: none"> • Catch-up immunizations • Fluoride — if indicated 	<ul style="list-style-type: none"> • Lipid profile — if at risk • TB test — if at risk

Please note: 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 the following:

- American Academy of Pediatrics — **aap.org**
- The Advisory Committee on Immunization Practices — **cdc.gov/vaccines/recs/acip**
- The American Academy of Family Physicians — **aafp.org**



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BNEPEC-0547-21 | State approval date: 05/06/2021