

PEDIATRIC HEALTH MAINTENANCE CHECKLIST

Name: _____ D.O.B. _____ Allergies: _____
 Age: _____ Sex: Male Female TB Risk: Y N (1,6,12 months and then annually)
 Advanced Directive: 18 & older
 Y N Date Discussed: _____ Primary Language: _____ Interpreter: Y N Interpreter Name: _____

Examination & Tests	Age Range	Frequency	DATE DONE	DATE DONE	DATE DONE
INITIAL HEALTH ASSESSMENT	Newborn-20 years old	Within 120 days of effective date with Plan or effective date with the PCP			
Health Risk Assessment (ACE, PEARLS, or SDOH)	Newborn-20 years old	Within 120 days of effective date with Plan or effective date with the PCP. Review yearly.			
IHEBA/"Staying Healthy"	Newborn-20 years old	Not mandated but continues to help with obtaining information for certain screenings	Document on Form (IHEBA)		
Well Check Visit	Newborn-20 years old	Per AAP Guidelines			
Alcohol Use Disorder Screening and Behavioral Counseling	11 and older	Every Well Check Visit. Use CRAFFT, TAPS etc. If positive refer for counseling and/or treatment			
Anemia Screening	4, 15, 18, 24, 30 months and 3 years old	Test Serum Hemoglobin at 12 months Assess annually and document risk after 3 years old.			
Anthropometric Measurements	WHO chart 0-2years CDC growth chart 2 years and older	Every Well Check Visit. Measure and track BMI at each Well Visit. Head circumference- Infant to 24 months			
Anticipatory Guidelines	0-20 years old	Age Appropriate with each Well Check Visit			
Autism Screening	18 and 24 months	Based on AAP Bright Futures periodicity			
Blood Lead Screening	Assess at 6 months- 72 months	Blood Lead screening at 12 months and 24 months if no record up to 72 months of age			
Blood Pressure Screening	3 years and older	With each Well Check Visit			
Dental /Oral Health Assessment	First Health assessment and through age 20	Identify and document dental home-12 months and older is to be referred to a dentist.			
Fluoride Supplementation	6 months-16 years	Assess and provide fluoride supplementation per AAP guidelines			
Fluoride Varnish	Once first tooth has erupted- 5th year birthday	May be applied by PCP or dentist every 3-6 months per AAP			
Depression Screening	12 years-20 years	Per USPTF guidelines starting at 12 years old at each Well Check Visit (PHQ9A etc..)			
Maternal Depression Screening	Starting at 1 month	Maternal depression screening at 1, 2, 4, and 6-month visits.			
Developmental Disorder Screening	Starting at 9 months	Screening at 9th, 18th and 30th month visits. (May be done at 24 months).			
Developmental Surveillance Screen	0-20 years old	Every Well Check Visit			
Drug Use Screening/Behavior Counseling	11-20 years old	Every Well check visit beginning at age 11 (CRAFFT, TAPS etc..). If positive refer for counseling and/or treatment			
Dyslipidemia	Risk assessment 2,4,6,8 years	Annual risk screening after 8 years old 9-11 one-time lipid panel and again at 17-21			
Folic Acid Supplementation	Females 12-20 years old	Assess each Well Check Visit			
Hearing Screening	2m-3years non audio 4-20 years old audio	Age appropriate screen per AAP guidelines			
Hep B Screening	0-20 years old	Assess with each Well Check Visit			
Hep C Screening	18-20 years old	Assess with each Well Check Visit			
HIV screening	Assess beginning age 11years old	If high risk test and assess yearly. Test once between 15-18 years old			
TB screening	0-20 years old	Assess at 1m,6m,12months old and annually thereafter			
Psychosocial/Behavioral Assessment	0-20 years	Assess and document with each Well Check Visit			
Suicide Risk Assessment	12-20 years old unless clinically indicated for younger individuals	Assess with each Well Check Visit. Example is Ask Suicide Questions form, etc..			
Contraceptive Care/ STI screening on all sexually active adolescents	Assess at 11-20 years old	Assess at each Well Check Visit			
Tobacco Product Use: Screening/Prevention/Cessation	11 years-20 years	Screen at each Well Check Visit(TAPS)			
Sudden Cardiac Arrest and Sudden Cardiac Death Screening	11 years old -20 years	Assess on each Well Check visit starting at age 11.			

Vision Screening	3-20 years	Age-appropriate screen per AAP			
Immunizations-Documentation Verification (CAIR)/ Immunization Record	0-20 years	Assess on each Well Check Visit and verify using CAIR			