



Pediatric Wellness Care

The following guidelines are meant to guide general wellness screenings for most people under age eighteen. Talk to your doctor about your specific health recommendations.

Infant Schedule							
Measurements	Newborn	3-5 day	1 month	2 month	4 month	6 month	9 month
Length, Height, Weight	X	X	X	X	X	X	X
Head Circumference	X	X	X	X	X	X	X
Weight for length	X	X	X	X	X	X	X
Sensory Screen	Newborn	3-5 day	1 month	2 month	4 month	6 month	9 month
Vision	Test sometime in first year						
Hearing		X					
Developmental & Behavioral	Newborn	3-5 day	1 month	2 month	4 month	6 month	9 month
Developmental Screening	X	X	X	X	X	X	X
Developmental Surveillance	X	X	X	X	X	X	
Psychosocial & Behavioral		X	X	X	X	X	X
Physical Exam	Newborn	3-5 day	1 month	2 month	4 month	6 month	9 month
Newborn blood screen	May occur in this range						
Congenital Heart Defect Screen		X					
Immunization		X	X	X	X	X	X
Hematocrit or hemoglobin						X	X
Lead Screen						X	X
TB test	Screen if at high risk						

Early Childhood Schedule							
Measurements	12 months	15 months	18 months	24 months	30 months	3 years	4 years
Length, Height, Weight	X	X	X	X	X	X	X
Head Circumference	X	X	X				
Weight for length	X	X	X				
BMI				X	X	X	X
Blood Pressure					X	X	X
Sensory Screen	12 months	15 months	18 months	24 months	30 months	3 years	4 years
Vision							X
Hearing							X
Developmental & Behavioral	12 months	15 months	18 months	24 months	30 months	3 years	4 years
Developmental Screening			X	X		X	X
Autism			X	X		X	
Developmental Surveillance	X	X	X	X	X	X	X
Psychosocial & Behavioral	X	X	X	X	X	X	X
Physical Exam	12 months	15 months	18 months	24 months	30 months	3 years	4 years
Immunization	X	X	X	X	X	X	X
Hematocrit or hemoglobin	X	X	X	X	X	X	X
Lead Screen	X			X			
TB test	Screen if at high risk						
Dyslipidemia				X			X

Middle Childhood Schedule							
Measurements	5 year	6 year	7 year	8 year	9 year	10 year	
Length, Height, Weight	X	X	X	X	X	X	
BMI	X	X	X	X	X	X	
Blood Pressure	X	X	X	X	X	X	
Sensory Screen	5 year	6 year	7 year	8 year	9 year	10 year	
Vision	X	X	X	X	X	X	
Hearing	X	X	X	X	X	X	
Developmental & Behavioral	5 year	6 year	7 year	8 year	9 year	10 year	
Developmental Surveillance	X	X	X	X	X	X	
Psychosocial & Behavioral	X	X	X	X	X	X	
Physical Exam	5 year	6 year	7 year	8 year	9 year	10 year	
Immunization	X	X	X	X	X	X	
Hematocrit or hemoglobin	X	X	X	X	X	X	
Lead Screen	Screen if at high risk						
TB test	Screen if at high risk						
Dyslipidemia		X		X		X	

Adolescent Schedule								
Measurements	11 year	12 year	13 year	14 year	15 year	16 year	17 year	18 year
Length, Height, Weight	X	X	X	X	X	X	X	X
BMI	X	X	X	X	X	X	X	X
Blood Pressure	X	X	X	X	X	X	X	X
Sensory Screen	11 year	12 year	13 year	14 year	15 year	16 year	17 year	18 year
Vision		X			X			
Hearing	Screen annually if hearing impairment previously diagnosed							
Developmental & Behavioral	11 year	12 year	13 year	14 year	15 year	16 year	17 year	18 year
Developmental Surveillance	X	X	X	X	X	X	X	X
Psychosocial & Behavioral	X	X	X	X	X	X	X	X
Substance use	X	X	X	X	X	X	X	X
Depression	X	X	X	X	X	X	X	X
Reproductive health counseling	X	X	X	X	X	X	X	X
Physical Exam	11 year	12 year	13 year	14 year	15 year	16 year	17 year	18 year
Immunization	X	X	X	X	X	X	X	X
Hematocrit or hemoglobin	X	X	X	X	X	X	X	X
TB test	Screen if at high risk							
Dyslipidemia	Screen if at high risk							
STI/HIV	Annually once sexually active							

The following is the CDC recommended vaccine schedule. Vitality NW is happy to work with you and your family to personalize these recommendations but only recommend two vaccines per visit.

	Hep B	RSV	DTaP	Hib	PCV	Polio	Flu	MMR	Varicella	Hep A	
Birth	X										
1 month	Catch up										
2 months		X	X	X	X	X					
4 months		X	X	X	X	X					
6 months	Catch up	X	X	X	X	Catch up	X				
12 months				Catch up	Catch up		Catch up	X	X	X	X
15 months				Catch up				X	X	X	X
18 months								X			X
19-23 months							X			X	
2-3 years							X				
4-6 years			X				X		X		
	Hep B	HPV	TDaP	MenACWY	MenB	Polio	Flu	MMR	Varicella	Hep A	
7-8 year	Catch up			High risk		Catch up	X	Catch up	Catch up	High risk	
9-10 year		X					X				
11-12 year		X	X	X			X				
13-15 year							X				
16-18 year				X			X				