

EARLY CHILDHOOD

●- To be performed
 S- Subjective by history
 O- Objective by testing
 A- At risk
 Δ- If not performed at school

	12 MONTH	15 MONTH Optional	18 MONTH	24 MONTH	3 YRS	4 YRS	5 YRS
HISTORY							
Initial/Interval	●	●	●	●	●	●	●
MEASUREMENTS							
Height and Weight	●	●	●	●	●	●	●
Head Circumference	●	●	●	●			
Blood Pressure					●	●	●
BMI						●	●
SENSORY SCREENING							
Vision	<-----O----->	S	S	S	<-----O----->		
Hearing	S	S	S	S	S	O	Δ
DEVELOPMENTAL / BEHAVIORAL ASSESSMENT	●	●	●	●	●	●	●
PHYSICAL EXAMINATION	●	●	●	●	●	●	●
PROCEDURES - GENERAL							
Hereditary / Metabolic Screening							
Immunization	●	●	●	●	●	●	●
Hematocrit or Hemoglobin	<-----●----->	A	A	A	A	A	
Urinalysis							
PROCEDURES - PATIENTS AT RISK							
Lead Screening	<-----●----->	S	S	●	Test if not previously tested		
Tuberculin Test	A	A	A	A	A	A	A
Cholesterol Screening				A	A	A	A
STD Screening							
Pelvic Exam							
ANTICIPATORY GUIDANCE							
Injury Prevention	●	●	●	●	●	●	●
Violence Prevention	●	●	●	●	●	●	●
Sleep Positioning Counseling							
Nutrition Counseling	●	●	●	●	●	●	●
DENTAL REMINDER	<-----●----->					S	S