## **Child Healthcare Associates**

## **Routine Visit Schedule**

## **Revised 4/17/18**

3-5 DAYS OLD: WEIGHT/JAUNDICE CHECK

2 WEEK VISIT: ROUTINE NEWBORN CHECKUP, POSTNATAL SCREEN

2 MONTH VISIT: GROWTH & DEVELOPMENT CHECK, IMMUNIZATIONS, POSTNATAL SCREEN

4 MONTH VISIT: GROWTH & DEVELOPMENT CHECK, IMMUNIZATIONS, POSTNATAL SCREEN

6 MONTH VISIT: GROWTH & DEVELOPMENT CHECK, IMMUNIZATIONS

9 MONTH VISIT: GROWTH & DEVELOPMENT CHECK, VISION CHECK

**12 MONTH VISIT:** GROWTH & DEVELOPMENT CHECK, SCREEN FOR TB, HEMOGLOBIN/LEAD LEVEL, IMMUNIZATIONS

15 MONTH VISIT: GROWTH & DEVELOPMENT CHECK, IMMUNIZATIONS

**18 MONTH VISIT:** GROWTH & DEVELOPMENT CHECK, IMMUNIZATIONS, HEMOGLOBIN LEVEL IF NECESSARY

**2 YEARS:** GROWTH & DEVELOPMENT CHECK, SCREEN TB, HEMOGLOBEN/LEAD LEVEL, VISION CHECK

**3-4 YEARS:** GROWTH & DEVELOPMENT CHECK, SCREEN FOR TB, VISION CHECK, HEARING SCREEN, LEAD SCREEN AS NEEDED

**5 YEARS:** GROWTH & DEVELOPMENT CHECK, SCREEN FOR TB, IMMUNIZATIONS, VISION CHECK, LEAD SCREEN AS NEEDED

**6-10 YEARS:** GROWTH & DEVELOPMENT CHECK, SCREEN FOR TB, VISION CHECK, MAKE UP IMMUNIZATIONS IF NECESSARY, LEAD SCREEN AS NEEDED

**11 YEARS:** GROWTH & DEVELOPMENT CHECK, SCREEN FOR TB, VISION CHECK, IMMUNIZATIONS, LIPID PANEL

**12-18 YEARS:** GROWTH & DEVELOPMENT CHECK, SCREEN FOR TB, VISION CHECK, CARDIAC SCREEN, MAKE UP IMMUNIZATIONS AS NECESSARY, ADOLESCENT SCREENS

**19-21 YEARS:** GROWTH & DEVELOPMENT CHECK, SCREEN FOR TB, VISION CHECK, CARDIAC SCREEN, MAKE UP IMMUNIZATIONS AS NECESSARY, ADOLESCENT SCREENS, TRANSFER TO ADULT PHYSICIAN