

# Iowa Department of Human Services



		Infancy							Early Childhood				Mid. Childhood						Adolescence															
		New born	2-5 days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr	21 yr		
<b>History</b> Initial/Interval		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>Physical Exam</b> Well Visit		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>Measurements</b>	Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Weight for Length	●	●	●	●	●	●	●	●	●	●	●	●	●	●																			
	Body Mass Index											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Head Circumference	●	●	●	●	●	●	●	●	●	●	●	●	●	●																			
	Blood Pressure	○	○	○	○	○	○	○	○	○	○	○	○	○	○	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>Sensory Screening</b>	Vision	○	○	○	○	○	○	○	○	○	○	○	○	○	○	●	●	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○
	Hearing	●	●	○	○	○	○	○	○	○	○	○	○	○	○	●	●	●	●	●	●	←●→			←●→			←●→						
<b>Oral Health</b>	Screening and Risk Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Fluoride Varnish Applications					●	●	●	●	●	●	●	●	●	●	●																		
<b>Developmental and Behavioral Health</b>	Caregiver Depression Screening	○	○	●	●	●	●	●	●																									
	Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Developmental Screening							●	●	●	●	●	●	●	●																			
	Autism Screening										●	●	●	●	●																			
	Psychosocial/Behavioral Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Tobacco, Alcohol and Drug Use Assessment																					○	○	○	○	○	○	○	○	○	○	○	○	○
Depression Screening																						●	●	●	●	●	●	●	●	●	●	●	●	
<b>Anticipatory Guidance</b>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>Nutrition/Obesity Prevention</b> Assess/Educate		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>Procedures</b>	Newborn Screening - blood, bilirubin, hearing, critical congenital heart disease	●	←●→																															
	Immunization	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Hemoglobin/Anemia					○			○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
	Lead Testing						○	○	○	○	○	○	○	○	○	○	○																	
	Lipid Screening											○		○		○		○		○	○	←●→			○	○	○	○	○	○	←●→			
	STI Screening																					○	○	○	○	○	○	○	○	○	○	○	○	○
	HIV Screening																					○	○	○	○	←●→			○	○	○	○	○	
	Tuberculosis			○			○		○			○		○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Cervical Dysplasia Screening																																	●

**KEY:** ● To be performed    ○ Assess risk    ←●→ Screen at least once during time period indicated