

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	
History Initial/Interval		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Physical Exam Well Visit		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Measurements	Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Weight for Length	●	●	●	●	●	●	●	●	●	●																						
	Body Mass Index											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Head Circumference	●	●	●	●	●	●	●	●	●	●	●																					
	Blood Pressure	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Sensory Screening	Vision	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Hearing	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	←●→		←●→		←●→		←●→		←●→		←●→	
Oral Health	Screening and Risk Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Fluoride Varnish Applications						●	●	●	●	●	●	●	●	●	●																	
Developmental and Behavioral Health	Caregiver Depression Screening	○	○	●	●	●	●																										
	Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Developmental Screening							●			●		●																				
	Autism Screening										●	●																					
	Psychosocial/Behavioral Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Tobacco, Alcohol and Drug Use Assessment																					○	○	○	○	○	○	○	○	○	○	○	○
Depression Screening																						●	●	●	●	●	●	●	●	●	●	●	
Anticipatory Guidance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Nutrition/Obesity Prevention Assess/Educate		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Procedures	Newborn Screening - blood, bilirubin, hearing, critical congenital heart disease	●	←●→																														
	Immunization	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Hemoglobin/Anemia					○			○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Lead Testing						○	○	○	○	○	○	○	○	○	○	○																
	Lipid Screening											○		○		○		○		←●→	→	○	○	○	○	○	○	○	○	○	○	○	○
	STI Screening																					○	○	○	○	○	○	○	○	○	○	○	○
	HIV Screening																					○	○	○	○	←●→		○	○	○	○	○	
	Hepatitis C Virus Infection																																→
	Tuberculosis			○			○		○			○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Cervical Dysplasia Screening																																●

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