

# Appendix B: Well Child Screen Chart

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## Periodicity Schedule

Montana Medicaid has adopted the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care. This schedule can be found at [brightfutures.aap.org](http://brightfutures.aap.org). Click on the Clinical Practice tab and choose the Recommendation for Preventive Pediatric Health Care option.

### Periodicity Schedule

Well-Child Visits	Well-Child Visits and Shots	Vision Screening	Hearing Screening	Dental Visits
Birth–1 month 2 months 4 months 6 months 9 months 12 months 15 months 18 months 2 years 3 years 4 years 5 years 6 years 8 years 10 years 12 years 14 years 16 years 18 years 20 years	Birth–1 month 2 months 4 months 6 months 12 months 15 months 18 months 2 years 4 years 5 years (before kindergarten) 12 years (before 7th grade) 16 years	During each Well-Child screen, appropriate to age	All newborns before leaving the hospital; during each Well-Child screen, appropriate to age.	Performed by dentists, after eruption of first tooth and at least every 6 months thereafter.

# Well-Child Screen Chart

Well Child Screen Component	Age Requirements	Date Completed
<b>A. Initial/Interval History</b>		
Developmental history	All ages	
Nutritional history	All ages	
Complete dental history	All ages	
<b>B. Assessments</b>		
<b>Appropriate developmental screen</b>		
Motor	All ages	
Social	All ages	
Cognitive	All ages	
Speech	All ages	
<b>Nutritional Screen</b>	All ages	
<b>Age Appropriate Risk Assessment Screen</b>		
Emotional	All ages	
Risky behaviors	All ages	
Blood Lead	All ages	
TB	All ages	
<b>C. Unclothed Physical Inspection</b>		
Height/weight	All ages	
Head circumference	Newborn through 2 years old	
Standard body systems	All ages	
Check for signs of abuse	All ages	
Blood pressure	3 years on	
<b>D. Vision Screen</b>		
External inspection for gross abnormalities or obvious strabismus	All ages	
Gross visual acuity with fixation test	Birth to 2 years	
Light sensation with papillary light reflex test	Birth to 2 years	
Observation and report of parent	Birth to 2 years	
Examination of red reflex	All ages	
Alternate cover test	2 years to 5 years	
Corneal light reflex	2 years to 5 years	
Visual acuity using the Illiterate Snellen E chart (or similar)	4 years and over	
Color discrimination on all boys (once)	5 years and over	
<b>E. Hearing Screen</b>		
History, physical and developmental assessment	All ages	
Middle ear exam by otoscopy	All ages	
Administration of high risk criteria	6 months <b>or</b> 2 years	
Assess hearing capability	6 months <b>or</b> 2 years	
Administration of puretone audiometry	5 years and over	
<b>F. Laboratory Tests (use medical judgment and risk assessment to determine need EXCEPT for blood lead)</b>		
Hematocrit or hemoglobin	9–15 months if indicated by risk assessment	
Urinalysis	If indicated by risk assessment	
Tuberculin	If indicated by risk assessment	
Cholesterol	If indicated by risk assessment and age appropriate (8–14)	
Hereditary/metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia)	Newborn	
Blood lead	12 and 24 months and other ages if at risk	
STD screening	Sexually active adolescents	
Pap smear	Sexually active adolescents	
Other tests as needed		

Well Child Screen Component	Age Requirements	Date Completed
<b>G. Immunizations (the immunization schedule approved by the Advisory Committee on Immunization Practices (ACIP); if the committee has released an updated schedule, that schedule supersedes this one)</b>		
Hepatitis B (Hep B)	1 at birth, 2nd by 4 months, 3rd between 6–18 months, and "catch up" at any time	
Diphtheria, tetanus, pertussis (DTaP)	2 months, 4 months, 6 months 15–18 months, 4–6 years	
H. influenza type b (Hib)	2 months, 4 months, 6 months, 12–15 months	
Inactivated polio (IPV)	2 months, 4 months, 6–18 months, 4–6 years	
Pneumococcal conjugate (PCV)	2 months, 4 months, 6 months, 12–15 months	
Measles, mumps, rubella (MMR)	12–15 months, 4–6 years, "catch-up" any time	
Varicella (Var) (if given after 12 years, 2 doses separated by 1 month should be given)	12–18 months, "catch-up" any time	
Tetanus (Td)	11–12 years; then every 10 years	
<b>H. Dental Screen (to be done by medical health provider)</b>		
Counseling on oral hygiene	All ages	
Counseling for non-nutritive habits (thumb-sucking, etc.)	Through age 6 years	
Initial/interval dental history	All ages	
Oral inspection of mouth, teeth, gums	All ages	
<b>I. Discussion and Counseling/Anticipatory Guidance</b>		
Address needs and topics appropriate for age level per risk assessment	All ages	