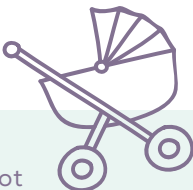





# RECOMMENDED WELL CHILD VISIT SCHEDULE

Well visits are about more than staying up-to-date on your immunizations (Although those are important, too!). We consider ourselves a partner and an advocate for your child’s well-being. Every visit is an opportunity to check and double-check your child’s development, their physical and mental health, and your family’s wellness goals.

	APPOINTMENT INFO	RECOMMENDED IMMUNIZATIONS
2 Weeks	weight, length, head circumference, blood work for newborn screening #2, health & developmental assessment	Hep B #1 (if not given at birth), seasonal RSV antibodies 
1 Month	weight, length, head circumference, health & developmental assessment	Seasonal RSV antibodies (if not already given)
2 Months	weight, length, head circumference, health & developmental assessment	Vaxelis (DTaP, Hib, Polio, Hep B) #1, PCV 20 #1, Rotateq #1, seasonal RSV antibodies (if not already given)
4 Months	weight, length, head circumference, health & developmental assessment	Vaxelis (DTaP, Hib, Polio, Hep B) #2, PCV 20 #2, Rotateq #2, seasonal RSV antibodies (if not already given)
6 Months	weight, length, head circumference, health & developmental assessment	Vaxelis (DTaP, Hib, Polio, Hep B) #3, PCV 20 #3, Rotateq #3, Seasonal Influenza & Covid, Seasonal RSV antibodies (if not already given)
9 Months	weight, length, head circumference, health & developmental assessment (ASQ -9 month questionnaire)	Seasonal Influenza & Covid
12 Months	weight, length, head circumference, blood work to check anemia and lead level, health & developmental assessment	Varicella #1, Hep A #1, MMR #1, Seasonal Influenza & Covid
15 Months	weight, length, head circumference, health/developmental & oral assessment, blood work to check for anemia if indicated	Pentacel (DTaP, Hib, Polio) #4, PCV 20 #4, Seasonal Influenza & Covid
18 Months	weight, length, head circumference, blood work to check anemia if indicated, vision screener, health & developmental assessment (ASQ - 18 month questionnaire & M-CHAT)	Hep A #2, Seasonal Influenza & Covid 
24 Months	weight, height, health/developmental & oral assessment (ASQ - 24 month questionnaire & M-CHAT)	MMR #2, Varicella #2, Seasonal Influenza & Covid
30 Months	weight, height, health & developmental assessment (ASQ - 30 month questionnaire)	Seasonal Influenza & Covid
3 Years	weight, height, blood pressure, vision screener, health/developmental & oral assessment	Seasonal Influenza & Covid
4 Years	weight, height, blood pressure, health/developmental & oral assessment	Quadracel (DTaP and Polio #5), Seasonal Influenza & Covid
5 Years	weight, height, blood pressure, hearing, fine motor assessment, vision and colorblindness screener, health/developmental & oral assessment	Quadracel (DTaP and Polio #5) if not given at 4 yr. visit, Seasonal Influenza & Covid 
6 to 8 Years	weight, height, blood pressure, vision screen if needed, health/developmental & oral assessment	Seasonal Influenza & Covid
9 to 10 Years	weight, height, blood pressure, vision screen, blood work to check cholesterol at 10 yr. visit, health/developmental & oral assessment	Tdap #1, HPV #1, Seasonal Influenza & Covid
11 to 13 Years	weight, height, blood pressure, vision screen if needed, health/developmental & oral assessment, (mental health questionnaire starting at 12 year visit)	HPV #2, Meningococcal ACWY #1, Seasonal Influenza & Covid
14 to 15 Years	weight, height, blood pressure, vision screen if needed, health/developmental, and oral assessment (mental health, substance use, and sexual orientation & gender identity questionnaires)	Seasonal Influenza & Covid
16 Years	weight, height, blood pressure, vision screen if needed, health/developmental & oral assessment (mental health, substance use, and sexual orientation & gender identity questionnaires)	Meningococcal ACWY #2, Meningococcal B #1, Seasonal Influenza & Covid 
17 to 18 Years	weight, height, blood pressure, vision screen if needed, health/developmental & oral assessment (mental health, substance use, and sexual orientation & gender identity questionnaires)	Meningococcal B #2 (if not already given), Seasonal Influenza & Covid