

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						○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
	Fluoride Supplementation						○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
Developmental, Psychosocial, and Behavioral Health	Caregiver Depression Screening	○	○	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
	Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Developmental Screening							●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
	Autism Screening									○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Behavioral/Social/Emotional Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Tobacco, Alcohol and Drug Use Assessment																					○	○	○	○	○	○	○	○	○	○	○	○	○
	Depression and Suicide Risk Screening																					○	○	○	○	○	○	○	○	○	○	○	○	○
Anxiety Screening																			○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
Anticipatory Guidance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Nutrition/Obesity Prevention Assess/Educate		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Screening/Procedures	Newborn - Blood Screening	●	●	→																														
	Newborn Bilirubin Screening	●																																
	Newborn Critical Congenital Heart disease	●																																
	Immunization	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Hemoglobin/Anemia					○		○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
	Lead Testing						○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
	Lipid Screening											○		○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
	STI Screening																					○	○	○	○	○	○	○	○	○	○	○	○	
	HIV Screening																					○	○	○	○	○	○	○	○	○	○	○	○	○
	Hepatitis B Virus Infection	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Hepatitis C Virus Infection																																	
	Sudden Cardiac Arrest/Death																					○	○	○	○	○	○	○	○	○	○	○	○	○
	Tuberculosis			○		○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Cervical Dysplasia Screening																																	●

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