WEST VIRGINIA EPSDT/HEALTHCHECK PROGRAM PERIODICITY SCHEDULE (Newborn - 3 Years Old)

(Immunizations can be given at 9, 30, and 36 months if missed at scheduled times)

	INFANCY							EARLY CHILDHOOD					
Age	NB	3-5 D	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24mo	30 mo	36 mo
HISTORY	*	*	*	*	*	*	*	*	*	*	*	*	*
MEASUREMENTS													
Length/Height and Weight	*	*	*	*	*	*	*	*	*	*	*	*	*
Head Circumference	*	*	*	*	*	*	*	*	*	*	*		
Weight for Length	*	*	*	*	*	*	*	*	*	*			
Body Mass Index (BMI)											*	*	*
Blood Pressure													*
SENSORY SCREENING													
Vision Screening	+	+	+	+	+	+	+	+	+	+	+	+	+
Hearing Screening	*	*	*	*	+	+	+	+	+	+	+	+	*
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENTS													
Maternal Depression Screening			*	*	*	*							
Develop./Autism Surveillance	*	*	*	*	*	*	*	*	*	*	*	*	*
Development Screening							*			*		*	
Autism Screening								+	+	*	*		
Psycho./Behavioral Screening	*	*	*	*	*	*	*	*	*	*	*	*	*
PHYSICAL EXAMNATION													
PROCEDURES													
Newborn Metabolic Screen	*	*											
Newborn Billirubin Screen	*												
Critical Congenital Heart Defect Screen	*												
Immunizations	*			*	*	*		*	*	*	*		

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Anemia Risk Assessment					+				+	+	+	+	+
Hemoglobin/Hematocrit Screen								*					
Lead Risk Assessment						+	+		+	+		+	+
Blood Lead Screen								*			*		
Tuberculosis Risk Assessment			+			+		+			+	+	+
Dyslipidemia Risk Assessment											+		
ORAL HEALTH													
Fluoride Varnish										*			
Fluoride Supp. Assessment						+	+	+	+	+	+	+	+
ANTICIPATORY GUIDANCE	*	*	*	*	*	*	*	*	*	*	*	*	*
KEY	*** = to be performed + = risk assessment to be performed with appropriate action to follow**												