

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																				○	○	○	○	←●→		○	○	○	○	○		
	Tuberculosis			○		○		○			○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
	Cervical Dysplasia Screening																															●	