



PEDIATRICS

**Well Child Schedule**

Castle Rock Pediatrics follows the well child schedule recommended by the American Academy of Pediatrics. Below you will see a schedule of our recommended well child visits with the immunizations, labs, and screenings that occur at each.

Age	Immunizations	Labs	Forms/Assessments	Other Screening
3-5 days	HepB (if not given in the hospital)	Bilirubin (if needed)	EPDS	
2 weeks		Newborn Screen #2	EPDS	
1 month			EPDS	
2 months	Vaxelis (HepB-DTaP-HiB-IPV) Vaxneuvance (PCV15) Rotateq (RV)		ASQ-3 EPDS	
4 months	Vaxelis (HepB-DTaP-HiB-IPV) Vaxneuvance (PCV15) Rotateq (RV)		ASQ-3 EPDS	
6 months	Vaxelis (HepB-DTaP-HiB-IPV) Vaxneuvance (PCV15) Rotateq (RV)		ASQ-3 EPDS	Vision screening
9 months		Hemoglobin (if needed)	ASQ-3 EPDS	Vision screening
1 year	MMR VZV HepA	Hemoglobin (if needed) Lead (if needed)	ASQ-3 EPDS	Vision screening
15 months	Pentacel (DTaP-HiB-IPV) Vaxneuvance (PCV15)	Hemoglobin (if needed)	ASQ-3	Vision screening
18 months	HepA		ASQ-3 MCHAT	Vision screening
2 years			ASQ-3 MCHAT	Vision screening
30 months			ASQ-3	Vision screening
3 years			ASQ-3	Vision screening
4 years	Proquad (MMRV) Quadracel (DTaP-IPV)		ASQ-3	Vision screening
5 years			ASQ-3	Vision screening
6-10 years old				

(annual visit)				
11 years old	Tdap MCV4 HPV	Lipid panel		
12 years old	HPV		PHQ-A Sports form	
13-15 years old (annual visit)			PHQ-A Sports form Teen Screen	
16 years old	MCV4 MenB	STI Screening	PHQ-A Sports form Teen Screen	
17 years old		STI Screening	PHQ-A Sports form Teen Screen	
18 years old	MenB	STI Screening	PHQ-A Sports form Teen Screen	

An age-appropriate history, measurements (height, weight, head circumference), vital signs, physical exam, vision (3 and up) and hearing (4 and up) surveillance, psychosocial/behavioral assessment, and anticipatory guidance will be done at every well-child check. Lead and Tuberculosis screening surveillance and Oral Health Surveillance are done at every well child check after the age of 1. Social Determinants of Health screenings are done at every well visit.

If you have any questions about vaccines, feel free to ask us or visit [cdc.gov/vaccines](https://www.cdc.gov/vaccines). This schedule does not include the annual flu vaccine or the COVID-19 vaccine. It is recommended that the flu vaccine be given to children 6 months and older during flu season. It is recommended that children are given the COVID-19 vaccine in accordance with CDC recommendations.

## Glossary

### Screening

EPDS (Edinburgh Postpartum Depression Screen): Depression Screening for Parents

ASQ-3 (Ages and Stages Questionnaire 3): Developmental Screening

MCHAT (Modified Checklist for Autism in Toddlers): Autism Spectrum Disorder Screening

PHQ-A (Patient Health Questionnaire A): Depression Screening

### Vaccines

HepB: Hepatitis B

DTaP/Tdap: Diphtheria, Tetanus, and Pertussis

HiB: Haemophilus influenzae B

IPV: Inactivated poliovirus

PCV: Pneumococcal

RV: Rotavirus (oral vaccine)

HepA: Hepatitis A

MMR: Measles, Mumps, Rubella

VZV: Varicella zoster virus

MMRV: Measles, Mumps, Rubella, Varicella

MCV4: Meningococcal

HPV: Human papillomavirus

MenB: Meningococcal B