Name

D.O.B.

No.

Child Preventive Care Flow Sheet

PUT PREVENTION INTO PRACTICE

Health Counseling

Suggested Topics (Circle if appropriate)	Age								
1. Drugs/Alcohol	Date								
2. Dental and Oral Health	Type(s)								
3. Nutrition	Date								
4. Physical Activity	Type(s)								
5. Safety/Injuries/Poisons	Date								
6. Sexual Activity	Type(s)								
7. STDs/HIV	Date								
8. Tobacco	Type(s)								
9. UV Exposure	Date								
10. Violent Behavior and Firearms	Type(s)								
11. _____	Date								
12. _____	Type(s)								

Screening and Tests

Suggested Examinations and Tests:*

EXAMINATIONS AND TESTS MAY INCLUDE:

Anemia, Blood Pressure, Cholesterol, Depression, Hearing, Height/Weight, Lead, Newborn Screening, Tuberculin Skin Testing, Urinalysis, Vision

** Specific preventive protocols should be tailored to the individual and individual's risk factors and based on discussion between the individual and provider*

Examinations and Tests	Schedule									
		Date								
		Result								
		Date								
		Result								
		Date								
		Result								
		Date								
		Result								
		Date								
		Result								
		Date								
		Result								

Suggested Result Codes: O = Ordered N = Result Normal A = Result Abnormal R = Refused E = Done Elsewhere

Immunizations

Polio (OPV)	2 mos.	4 mos.	6–18 mos. Depends on type of vaccination		4–6 yrs.	
Diptheria, Tetanus, Pertussis (DTaP/DTP, Td)	2 mos. DTaP/DTP	4 mos. DTaP/DTP	6 mos. DTaP/DTP	15–18 mos. DTaP/DTP	4–6 yrs. DTaP/DTP	11–16 yrs. Td
Measles, Mumps, Rubella (MMR)				12–15 mos.	4–6 yrs. or 11–12 yrs.	
Haemophilus influenzae type b (Hib)	2 mos.	4 mos.	6 mos.	12–15 mos.		
		(PRP-OMP once only, age 4–6 months)				
Hepatitis B (HBV)	Birth–2 mos.	1–4 mos.	6–18 mos.			
Varicella (VZV)				1–12 yrs. (1 dose) ***OR*** ≥ 13 yrs. (2 doses)		