Infancy Well Visit Schedule



Vaccines/ Age	HepB (Hepatitis B)	RV (Rotavirus)	Dtap (Diphtheria, tetanus, & acellular pertussis)	IPV (Polio)	HiB (Haemophilus influenza type B)	PCV (Pneumococcal conjugate)	<u>Flu</u> (<u>Influenza)</u>	Vitals	Tests/ Screens	Notes
Birth	©								Hearing, Newborn Screen	None
3-5 days								Height, Weight, Head Circumfrence		Check hearing results, Start Vitamin D if breastfeeding
2 weeks								Weight		This is NOT a well visit
1 Month	%							Height, Weight, Head Circumfrence	Maternal Depression Screen Tuberculosis risk assessment	Check newborn screen,
2 Months		©	©	©	©	(S)		Height, Weight, Head Circumfrence	Maternal Depression Screen	None
4 Months		©	©	©	©	(S)		Height, Weight, Head Circumfrence	Developmental Screen, Maternal Depression Screen	None
6 Months		©	©	©	©	©	©	Height, Weight, Head Circumfrence	Maternal Depression Screen, Lead Screen, Tuberculosis risk assessment	Consider starting fluoride
9 Months	©							Height, Weight, Head Circumfrence	Developmental Screen, Lead Screen	Consider fluoride