

4.6 C/THP Periodicity Schedule

1. Summary of Contents of Health Supervision Visit (Age 0-5)

The periodic matrix displayed generally follows the recommendations of the Committee on Standards of Child Health Care of the American Academy of Pediatrics. The contents of the exam are the recommended standard for the specific age and should not preclude providers from performing additional tests if indicated. A star indicates the age at which the component of the exam should be performed. The footnote numbers indicated on the right side of the table are defined on page 5-8.

AGE 0-5

	2-4 Wks	2-3 Mos	4-5 Mos	6-7 Mos	9-10 Mos	12-13 Mos	14-15 Mos	16-19 Mos	23-25 Mos	3 yr	4 yr	5 yr
HISTORY												
initial	AT FIRST VISIT											
interval	*	*	*	*	*	*	*	*	*	*	*	*
MEASUREMENTS												
Height & Weight	*	*	*	*	*	*	*	*	*	*	*	*
Head Circumference	*	*	*	*	*	*			*			
Blood Pressure										*	*	*
SENSORY SCREENING												
SIGHT			GROSS SCREENING ----->							*	*	*
Hearing			GROSS SCREENING ----->							*	*	*
DEVELOPMENTAL APPRAISAL	*	*	*	*	*	*	*	*	*	*	*	*
PHYSICAL EXAM	*	*	*	*	*	*	*	*	*	*	*	*
DISCUSSION & COUNSELING	*	*	*	*	*	*	*	*	*	*	*	*
DENTAL CARE ASSESSMENT			GROSS SCREENING ----->							*	*	*
DENTIST's EXAM									*	*	*	*
NUTRITIONAL ASSESSMENT	*	*	*	*	*	*	*	*	*	*	*	*
IMMUNIZATION ASSESSMENT	*	*	*	*	*	*	*	*	*	*	*	*
PROCEDURES												
Tuberculin Risk Assessment						*			*	*	*	*
Hematocrit or Hgb.					*				*	*	*	*
Urinalysis										*	*	*
Newborn Screening	*											
Sickle Cell					*							
Lead Screening						*			*			

2. Summary of Contents of Health Supervision Visit (Age 6-20)

The periodic matrix displayed generally follows the recommendations of the Committee on Standards of Child Health Care of the American Academy of Pediatrics. The contents of the exam are the recommended standard for the specific age and should not preclude physicians from performing additional tests if indicated. A star indicates the age at which the component of the exam should be performed. The footnote numbers indicated on the right side of the table are defined on page 4-7.

AGE 6-20

	6 yr	8-9 yr	10-11 yr	12-13 yr	14-15 yr	16-17 yr	18-19 yr	20+ yr
HISTORY								
initial	AT FIRST VISIT							
interval	*	*	*	*	*	*	*	*
MEASUREMENTS								
Height & Weight	*	*	*	*	*	*	*	*
Head Circumference								
Blood Pressure	*	*	*	*	*	*	*	*
SENSORY SCREENING								
SIGHT	*	*	*	*	*	*	*	*
Hearing	*	*	*	*	*	*	*	*
DEVELOPMENTAL APPRAISAL	*	*	*	*	*	*	*	*
PHYSICAL EXAM	*	*	*	*	*	*	*	*
DISCUSSION & COUNSELING	*	*	*	*	*	*	*	*
DENTAL CARE ASSESSMENT	*	*	*	*	*	*	*	*
DENTIST's EXAM	*	*	*	*	*	*	*	*
NUTRITIONAL ASSESSMENT	*	*	*	*	*	*	*	*
IMMUNIZATION ASSESSMENT	*	*	*	*	*	*	*	*
PROCEDURES								
Tuberculin Risk Assessment	*	*	*	*	*	*	*	*
Hematocrit or Hgb.	*	*	*	*	*	*	*	*
Urinalysis	*	*	*	*	*	*	*	*
Newborn Screening								
Sickle Cell								
Lead Screening								
VDRL				*	*	*	*	*
GC				*	*	*	*	*
Chlamydia				*	*	*	*	*
Pap Test				*	*	*	*	*
HIV				*	*	*	*	*

FOOTNOTES

1. All children 2 years of age and over should be referred to a dentist or a dental program for diagnostic evaluation and necessary treatment and should continue to receive routine dental care as frequently as recommended by their dentist, with a minimum of one visit a year. See Subsection 4.2.5.9.
2. As indicated. See Subsection 4.2.5.8 (A).
3. Performed every two years after age of 5. See Subsection 4.2.5.8 (D).
4. At first encounter, obtain results of newborn screening tests for all children born in New York State. See Subsection 4.2.5.8 (B).
5. If not performed previously at birth or if newborn screening results cannot be obtained. See Subsection 4.2.5.8 (C).
6. At a minimum all children should be screened for lead at 1 and 2 years of age. Additional screenings may be needed as early as six months and at older ages based on lead exposure or risk as determined by risk assessment administered at routine well child visits. See Subsection 4.2.5.8 (E).
7. As indicated. See Subsection 4.2.5.8 (G).
8. Performed routinely for sexually active females. If examination cannot be done by the examining provider, patient should be referred to a gynecologist or gynecological clinic for tests. See Subsection 4.2.5.8 (F).
9. HIV prevention education should routinely be provided to adolescents. Pre-test counseling should be provided as indicated as well as testing with informed consent.