



MARTIN'S POINT HEALTH CARE

Name:

Pediatric Preventive Care Checklist

Keep this checklist for your own records.

Three easy steps to stay on track with your child's preventive care.

1	<p>Take this form to your child's next visit with their primary care provider (PCP) or pediatrician.</p>	2	<p>Ask IF and WHEN they might need each screening/exam.</p>	3	<p>Write down the date they received, or will receive, each needed item.</p>
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At your child's visit, talk with the doctor about:

- Your child's height, weight, body mass index (BMI) and growth percentile
- Reviewing your child's current diagnosed conditions and medications
- Reviewing your child's nutrition
- How much physical activity is right for your child
- When your child needs vision and hearing exams
- For teen girls, review when your child needs chlamydia screening

Well-Child Exams

(Six or more visits before turning 15 months old. Write the date each visit is scheduled.)

- Vist 1** (0-15 months old) —
- Vist 2** (0-15 months old) —
- Vist 3** (0-15 months old) —
- Vist 4** (0-15 months old) —
- Vist 5** (0-15 months old) —
- Vist 6** (0-15 months old) —

(Two or more visits between 15-30 months old)

- Vist 1** (15-30 months old) —
- Vist 2** (15-30 months old) —

Recommended Vaccine Schedule (Fill in the dates as your child receives these vaccines.)

Vaccinations	Birth	1 Mon.	2 Mos.	4 Mos.	6 Mos.	12 Mos.	15 Mos.	18 Mos.	24 Mos.	4-6 Years	11-12 Years	13-15 Years	16-18 Years
Tetanus, Diphtheria, Pertussis			<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>			<input type="text"/>	<input type="text"/>		
Inactivated Poliovirus			<input type="text"/>	<input type="text"/>		<input type="text"/>				<input type="text"/>			
Measles, Mumps, Rubella (MMR)							<input type="text"/>			<input type="text"/>			
Haemophilus Influenzae Type B (Hib)			<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>						
Hepatitis B	<input type="text"/>		<input type="text"/>		<input type="text"/>								
Chickenpox (Varicella Zoster)							<input type="text"/>			<input type="text"/>			
Pneumococcal Conjugate			<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>						
Hepatitis A									<input type="text"/>				
Rotavirus			<input type="text"/>	<input type="text"/>	<input type="text"/>								
Influenza (Annually, 6 Mo. +)						<input type="text"/>		<input type="text"/>					
Meningococcal											<input type="text"/>	<input type="text"/>	<input type="text"/>
Human Papilloma Virus (HPV)											<input type="text"/>	<input type="text"/>	



Medication Tips

Talk to your child's doctor, nurse, or pharmacist to understand what each medication is treating and why it's being taken.

Here are some questions you might ask:

- What is the name of the medication?
- Why is my child taking it?
- When and how should it be taken?
- How long is my child supposed to take it?
- Should my child avoid anything (food, other medications)?
- What are the side effects?
- What happens if my child doesn't take it or if a dose is missed?

Here are some tips to help give your child medications correctly if your child takes several medications:

- **Use an alarm** on your smart phone or watch to remind you when to give your child their medication.
- **Use a daily planner** to schedule your child's "medication appointments."
- **Request refills of prescriptions before you run out** so your child doesn't miss any doses.