

# Pre-Visit Forms and Vaccine Schedule for Well Checks

Age/Visit	Screenings (Complete Forms Prior to Visit)	Vaccines
Newborn	PHQ-2(mom)	Hepatitis B (if not done in nursery)
1 month	PHQ-2 (mom), TB	
2 month	SWYC	PEDIARIX, Hib, Prevnar, RotaTeq
4 month	SWYC	PEDIARIX, Hib Prevnar, RotaTeq
6 month	SWYC	PEDIARIX, Prevnar, RotaTeq
6 months+		Annual Flu vaccine
6 months +		COVID-19 vaccine
9 month	SWYC	
12 month	SWYC	Varivax, MMR, Hep A, Prevnar
15 month	SWYC	DTaP, Hib
18 month	SWYC (includes Autism screening)	Hep A
24 month	SWYC (includes Autism screening)	
30 month	SWYC	
3 year	SWYC, 5210	
4 year	SWYC, 5210	Kinrix and ProQuad
5 year	SWYC, ACT (4-11), 5210, KG	
6 year	PSC-17 parent, FL/Lead/TB/Anemia, ACT (4-11), 5210	
7 year	PSC-17 parent, FL/TB/Anemia, ACT (4-11), 5210	
8 year	PSC-17 parent, FL/TB/Anemia, ACT (4-11), 5210	
9 year	PSC-17 parent, FL/TB/Anemia, ACT (4-11), 5210	
10 year	PSC-17 parent, FL/TB/Anemia, ACT (4-11), 5210	
11 year	FL/TB/Anemia/Lead, ACT 12+, 5210	Tdap/ Menveo/ HPV
12 year	FL/TB/Anemia, ACT 12+, 5210	HPV (if not completed)
13 and 14 year	FL/TB/Anemia, ACT 12+, 5210	HPV (if not completed)
15 year	FL/TB/Anemia, ACT 12+, 5210	HPV (if not completed)
16 and 17 year	FL/TB/Anemia, ACT 12+, 5210	Menveo/ HPV if needed
18 year	TB/Lead/Anemia, 5210	Menveo (if not completed)

Term	Description	Term	Description
5210	Healthy Weight and Activity Screen	MMR	Measles, Mumps, Rubella combination vaccine
ACT	Asthma Control Test, for asthmatics only	PEDIARIX	Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio & Hepatitis B combination vaccine
DTaP	Diphtheria, Tetanus & Acellular Pertussis combination vaccine	PHQ-2	Maternal Well-Being Screen
Hep A	Hepatitis A vaccine	ProQuad	Measles, Mumps, Rubella & Varicella vaccine
Hep B	Hepatitis B vaccine	Prevnar	Pneumococcal Conjugate (PCV13) vaccine
Hib	Haemophilus Influenzae Type B (HIB) vaccine	PSC-17	Mental Health Screen
HPV	Human Papillomaviruses vaccine	Rotateq	Rotavirus vaccine
KG	Kindergarten Health Assessment	Tdap	Tetanus, Diphtheria & Acellular Pertussis combination vaccine
Kinrix	Diphtheria, Tetanus, Acellular Pertussis & Inactivated Polio combination vaccine	Varivax	Varicella (Chicken Pox) vaccine
Menveo/Menactra	Meningococcal Groups A, B, C, Y & W135 vaccine		

Please know that there is a range of acceptable ages for each vaccine, so your individual practice schedule may vary slightly.

Your practice may send pre-visit paperwork via email prior to your well-child exam. You can also find the pre-visit forms at [LevineChildrens.org/PatientForms](http://LevineChildrens.org/PatientForms)

