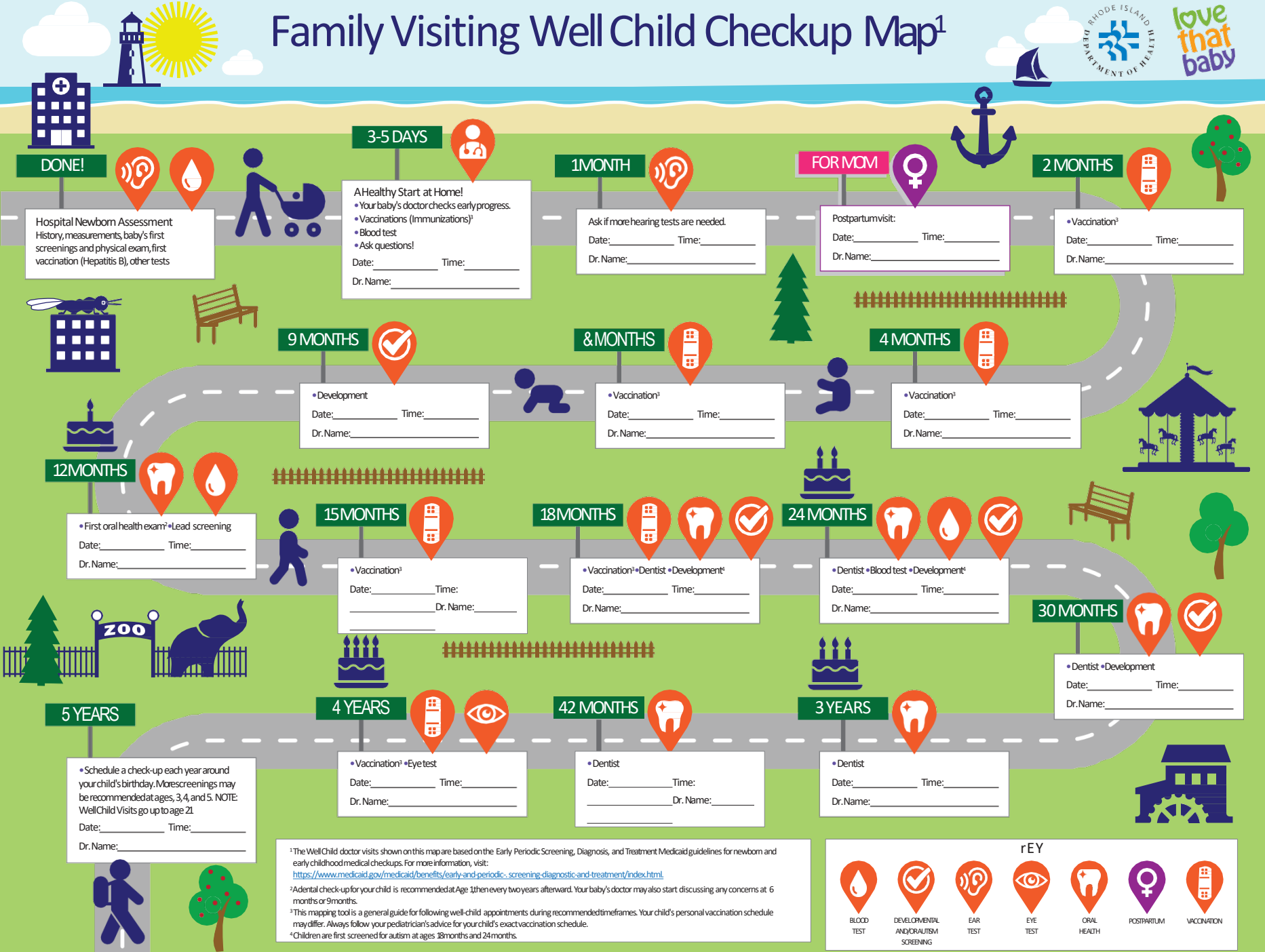


# Family Visiting Well Child Checkup Map<sup>1</sup>



**DONE!**

Hospital Newborn Assessment  
History, measurements, baby's first screenings and physical exam, first vaccination (Hepatitis B), other tests

**3-5 DAYS**

A Healthy Start at Home!  
 • Your baby's doctor checks early progress.  
 • Vaccinations (Immunizations)<sup>2</sup>  
 • Blood test  
 • Ask questions!  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**1 MONTH**

Ask if more hearing tests are needed.  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**FOR MOM**

Postpartum visit:  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**2 MONTHS**

• Vaccination<sup>3</sup>  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**9 MONTHS**

• Development  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**& MONTHS**

• Vaccination<sup>3</sup>  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**4 MONTHS**

• Vaccination<sup>3</sup>  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**12 MONTHS**

• First oral health exam<sup>4</sup> • Lead screening  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**15 MONTHS**

• Vaccination<sup>3</sup>  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**18 MONTHS**

• Vaccination<sup>3</sup> • Dentist • Development<sup>4</sup>  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**24 MONTHS**

• Dentist • Blood test • Development<sup>4</sup>  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**30 MONTHS**

• Dentist • Development  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**5 YEARS**

• Schedule a check-up each year around your child's birthday. More screenings may be recommended at ages 3, 4, and 5. NOTE: Well Child Visits go up to age 21.  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**4 YEARS**

• Vaccination<sup>3</sup> • Eyetest  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**42 MONTHS**

• Dentist  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

**3 YEARS**

• Dentist  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_

<sup>1</sup> The Well Child doctor visits shown on this map are based on the Early Periodic Screening, Diagnosis, and Treatment Medicaid guidelines for newborn and early childhood medical checkups. For more information, visit: <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>  
<sup>2</sup> A dental check-up for your child is recommended at Age 1 then every two years afterward. Your baby's doctor may also start discussing any concerns at 6 months or 9 months.  
<sup>3</sup> This mapping tool is a general guide for following well-child appointments during recommended timeframes. Your child's personal vaccination schedule may differ. Always follow your pediatrician's advice for your child's exact vaccination schedule.  
<sup>4</sup> Children are first screened for autism at ages 18 months and 24 months.

**KEY**

- BLOOD TEST
- DEVELOPMENTAL AND/OR AUTISM SCREENING
- EAR TEST
- EYE TEST
- ORAL HEALTH
- POSTPARTUM
- VACCINATION