



Gateway Health Plan[®]
Your Child's Health Maintenance Schedule
 (Birth to under age 21)

	Infancy					Early Childhood										Adolescence		
	Birth - 1 mo	2 - 3 mo	4 - 5 mo	6 - 8 mo	9 - 11 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3	4 - 6	7 - 8	9 - 10	11 - 12	13-18	19-20	
Physical & Developmental Exam	Every visit					Every visit. BMI strongly recommended 2-20yrs.										Every visit		
Developmental Screening						9-11mo					18 mo					30mo		
Autism Screening						18 mo					24 mo					If needed		
Dental Exam and Risk Assessment – No referral needed for dental care.	Every visit by PCP – See dentist by age 12 months					Every visit					See dentist by age 3 & every 6 mos.					See a dentist every 6 months.		
Hearing & Vision Assessment	Hearing at birth	Every visit				Every visit					Testing every year starting at 3 yr					Every year		
Blood Lead Level						Test					If not done					Test		
Anemia Test						Test					If not done					Starting at 12yrs after onset of menses & as needed		
Cholesterol Screening											Assess every 2 years as needed ages 2-19 years.					Test at age 20.		
Pelvic Exam/Breast Exam – No referral needed for OB/Gyn care																When sexually active or age 18, every year.		
Safety & Healthy Habits Counseling	Every visit					Every visit										Every visit		
Screening/Counseling for Tobacco, Alcohol, Substance Abuse																Every visit beginning at age 11		
Sexually Transmitted Disease Testing/Counseling																If sexually active - every year		
Chlamydia																If sexually active - every year		
HPV (Human Papillomavirus Vaccine)																3 doses 13-20 if needed		
Prenatal - No referral needed for Obstetrical midwife care																Seek prenatal care as soon as pregnancy suspected.		
TB Screening	If needed					If needed										If needed		
Sickle Cell	If needed					If needed										If needed		
Hepatitis B (Hep B)	1 st birth	2 nd dose		3 rd dose							If needed to catch up					If needed to catch up		
Hepatitis A						1 st dose					2 nd dose in 6mo							
Diphtheria/Tetanus/Pertussis (Dtap)			1 st dose	2 nd dose	3 rd dose	4 th dose					5 th dose					1 dose Tdap	1 dose Tdap age 13-18 if not had before	1 dose Tdap if not given earlier
Rotavirus			1 st dose	2 nd dose														
Measles/Mumps/Rubella (MMR)						1 st dose					2 nd dose					If needed	If needed	
Polio			1 st dose	2 nd dose	3 rd dose – 6 mo - 18 mo										If needed	If needed	If needed	
Haemophilus B (Hib)			1 st dose	2 nd dose	3 rd dose	4 th dose												
Chicken Pox (VZV)						1 st dose					2 nd dose					If needed	If needed	
Pneumococcal			1 st dose	2 nd dose	3 rd dose	4 th dose												
Influenza						Yearly for ages 6 months -10 years										Yearly for ages 11 – 20 years		
Meningococcal																Single dose at 11-12 or 13-18 if not previously given or a freshman living in a college dorm		