

Member Name: \_\_\_\_\_

Member DOB: \_\_\_\_\_

Member I.D. Number: \_\_\_\_\_

	<b>CHILD HEALTH CHECK UP VISITS</b> (each age listed below) <ul style="list-style-type: none"> <li>• Complete physical exam</li> <li>• Health and developmental history</li> <li>• Anticipatory guidance/health education</li> </ul>	<b>LEAD SCREENING</b> (at 12 months and 24 months; between 36 months and 72 months if not tested previously)	<b>*BMI PERCENTILE</b> (annually age 2 through 17 years)	<b>*COUNSELING</b> -Nutrition -Physical activity (annually age 2 through 17 years)	<b>REVIEW/UPDATE IMMUNIZATION SCHEDULE</b> (each visit)
<b>DATE:</b>					
Newborn					
1 month					
2 months					
4 months					
6 months					
9 months					
12 months					
15 months					
18 months					
2 years **					
3 years **					
4 years **					
5 years **					
6 years **					
7 years **					
8 years **					
9 years **					
10 years **					
11 years **					
12 years **					
13 years **					
14 years **					
15 years **					
16 years **					
17 years **					
18 years					
19 years					
20 years					

**Remember to submit the appropriate claims/encounters for each service provided to your Plan!**