

Routine Preventive Care Recommendations*

Use these recommendations as a guide in scheduling routine care appointments for your family. Your doctor can make more specific recommendations based on your own health risks, health status and lifestyle.

Pediatric	0–1 Year (Infancy)	1–4 Years (Early Childhood)	5–10 Years (Middle Childhood)	11–17 Years (Adolescence)
HEALTH MAINTENANCE VISIT				
Includes history and physical exam; age-appropriate developmental assessment and anticipatory guidance; behavioral health assessment; and immunizations	Ages 1 to 2 weeks and 1, 2, 4, 6, 9 and 12 months; assess breast-feeding babies between ages 3 and 5 days	Ages 15, 18 and 24 months and 3 and 4 years	Annually	
ROUTINE LABS				
Anemia	Once between ages 9 and 12 months	Conduct assessment including dietary iron sufficiency at clinician discretion	Annually at clinician discretion	
Blood Pressure	Selective screening from 0 to 3 years. At every routine visit starting at 3 years			
Cholesterol	Not routine	Older than age 2 at least once with family history of premature cardiovascular disease or other known risk factors		
Lead	Initial screening between ages 9 and 12 months	Annually at ages 2 and 3 years. Again at age 4 years if at high risk.	At entry into kindergarten if never screened	Not routine
Body Mass Index (BMI)	Screen annually for healthy growth and weight; screen annually for eating disorders starting in middle childhood.			
SENSORY SCREENING				
Hearing	Assess newborn before discharge or by age 1 month. Subjective assessment at all other routine checkups.	Objective hearing screening at ages 4, 5, 6, 8 and 10 years. Conduct audiological monitoring every six months until age 3 if there is a language delay or hearing loss. Subjective assessment at all other routine checkups.		
Vision/Eye Care	Assess newborn before discharge. Evaluation by age 6 months.	Visual acuity test at ages 3, 4, 5, 6, 8, 10, 12, 15 and 17 years. Screen for strabismus between 3 and 5 years.		
INFECTIOUS DISEASE SCREENING				
Sexually Transmitted Infections (Chlamydia, Gonorrhea, HPV and Syphilis)	Not routine		Counsel regarding schedule of HPV vaccine	Chlamydia and gonorrhea: All sexually active patients annually. HPV: Counsel regarding schedule of HPV vaccine. Syphilis: If at risk.
Hepatitis C	Not routine	After age 12 months for those with hepatitis C-infected mothers	Not routine	Periodic for those at high risk
Human Immunodeficiency Virus (HIV)	Not routine			Patients with risk factors and those age 13 or older
Tuberculosis (TB)	Tuberculin skin testing of all patients at high risk			

*Adapted from guidelines developed through Massachusetts Health Quality Partners, Inc. (MHQP). More information at www.mhqp.org.

**Adapted from the U.S. Centers for Disease Control and Prevention 2011 Child and Adolescent Immunization Guidelines. More information at www.cdc.gov.

Note: Ask your clinician if your child is at high risk for any of the conditions mentioned in these guidelines. This chart lists only routinely recommended vaccines; talk with your clinician about your child's risk for other diseases.

Pediatric

0–1 Year
(Infancy)

1–4 Years
(Early Childhood)

5–10 Years
(Middle Childhood)

11–17 Years
(Adolescence)

CANCER SCREENING

Pelvic Exam/Pap Test (Girls)	Not routine	At 3 years after first sexual intercourse, or by age 21 years. Every one to three years thereafter based on risk factors.
Testicular Exam (Boys)	Not routine	Clinical testicular exam and self-exam counseling annually beginning at age 15
Clinical Breast Exam (Girls)	Not routine	

GENERAL COUNSELING

All parents and patients should be periodically screened and counseled as appropriate regarding infant sleep positioning, alcohol/substance abuse, autism, bullying, tobacco, diet/nutrition, physical activity, weight management and eating disorders, safety/injury and violence prevention, motor vehicle injury prevention, family violence/abuse, media exposure, behavioral health, sleep habits, oral care, sun safety and sexual behavior.

Pediatric

0–1 Year
(Infancy)

1–4 Years
(Early Childhood)

5–10 Years
(Middle Childhood)

11–17 Years
(Adolescence)

IMMUNIZATIONS**

Hepatitis B	Three doses at birth and at ages 1 to 2 months and 6 to 18 months	Not routine
Diphtheria, Tetanus, Acellular Pertussis (DTaP and Tdap) and Tetanus, Diphtheria	Five doses of DTaP at ages 2, 4 and 6 months, 15 to 18 months and 4 to 6 years	One dose of Tdap ages 11 to 12 years; one dose for ages 13 to 18 years if not previously vaccinated with Tdap
Haemophilus Influenzae Type B (Hib)	Four doses at ages 2, 4 and 6 months and 12 to 15 months	Not recommended for ages 5 years and older
Inactivated Polio (IPV)	Four doses at ages 2 and 4 months, 6 to 18 months and 4 to 6 years	Not routine
Measles-Mumps-Rubella (MMR)	Two doses at ages 12 to 15 months and 4 to 6 years	Not routine
Pneumococcal Conjugate Vaccine (PCV)	Four doses at ages 2, 4 and 6 months and 12 to 15 months. For ages 2 to 5 years, administer PCV to those incompletely vaccinated.	Not recommended. High-risk children should receive PCV according to guidelines.
Pneumococcal Polysaccharide (PPV)	Not routine	For high-risk children age 2 or older only
Varicella (Chickenpox)	Two doses at ages 12 to 15 months and 4 to 6 years.	Not routine
Hepatitis A	Not routine	Two doses at ages 12 to 23 months. Second dose six months after the first.
Influenza	Annually for healthy children ages 6 months to 18 years.	At clinician discretion based on risk
HPV (Human Papillomavirus)	Not routine	Three doses for ages 11 to 12 years. Second dose two months after the first dose, third dose six months after the first dose.
Meningococcal Conjugate (MCV4) and Meningococcal Polysaccharide (MPSV4): MCV4 is preferred; MPSV4 is acceptable.	Not routine	One dose at ages 11 to 12; one dose for between ages 13 to 18 if not previously vaccinated; one dose for those at elevated risk and as needed for school/college entry requirements

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Adult	18–29 Years	30–39 Years	40–49 Years	50–64 Years	65+ Years
HEALTH MAINTENANCE VISIT					
Including history; physical exam; preventive screenings and counseling; and administration of appropriate immunizations	Annually for ages 18 to 21. Every one to three years depending on risk factors for ages 22 to 49.			Annually	
CANCER SCREENING					
Breast Cancer	Starting at age 20, clinical breast exam. Counseling on benefits and limitations of self-exam. Mammography or other imaging for patients at high risk.		Clinical breast exam and self-exam counseling. Mammography or other imaging at clinician/patient discretion.	Clinical breast exam and self-exam counseling. Discretionary imaging through age 74. 75+ based on health status.	
Cervical Cancer (Pap Test and Pelvic Exam)	Pelvic exam and Pap test every one to three years depending on risk factors. Initiate Pap test and pelvic exam within three years after first sexual intercourse or by age 21.			Every one to three years at clinician discretion	
Colorectal Cancer	Not routine except for patients at high risk		Colonoscopy at age 50 and then every 10 years, <i>OR</i> annual fecal occult blood test (FOBT) plus sigmoidoscopy every five years, <i>OR</i> double-contrast barium enema every five years, <i>OR</i> annual FOBT. Screening after age 75 at clinician/patient discretion.		
Testicular and Prostate Cancer (Men)	Clinical testicular exam and self-exam counseling. Prostate cancer screening not routine.		Digital rectal exam. Offer PSA screening at physician/patient discretion.		
Skin Cancer	Periodic total skin exams at clinician discretion based on risk factors.				
OTHER RECOMMENDED SCREENINGS					
Hypertension	At every acute/nonacute medical encounter and at least once every two years				
Cholesterol	Screen if not previously tested. Screen every five years with fasting lipoprotein profile (total, LDL and HDL cholesterol and triglycerides).				
Diabetes (Type 2)	Every three years beginning at age 45. More often and starting earlier for those with risk factors.				
Body Mass Index (BMI)	Screen for obesity, eating disorders, body image and dieting patterns.				
INFECTIOUS DISEASE SCREENINGS					
Sexually Transmitted Diseases — Chlamydia, Gonorrhea, Syphilis and HPV	Chlamydia and gonorrhea: Sexually active patients younger than age 25. Annually for patients ages 25 and older if at risk. Syphilis: Annually for patients at risk. HPV: For ages 26 and younger, if not previously vaccinated, counsel regarding HPV vaccine schedule.				
Human Immunodeficiency Virus (HIV)	Routine/annual testing of all patients at increased risk. Starting at age 13, CDC recommends universal screening.				
Hepatitis C	Periodic testing of all patients at high risk				
Tuberculosis (TB)	Tuberculin skin testing for all patients at high risk				

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SENSORY SCREENING					
Eye Exam for Glaucoma	At least once for patients with no risk factors. Every three to five years for patients at high risk.		Every two to four years		Every one to two years
GENERAL COUNSELING					
Periodic screening and counseling as appropriate regarding: depression/suicide, alcohol/substance abuse, tobacco, diet/nutrition, obesity and eating disorders, preconception counseling, physical activity, infectious diseases/STIs, safety/injury and violence prevention, family violence/abuse, skin cancer, menopause, osteoporosis, hearing and vision assessment, counseling on use of aspirin for the prevention of cardiovascular disease and dementia/cognitive impairment.					

Adult	18–29 Years	30–39 Years	40–49 Years	50–64 Years	65+ Years
IMMUNIZATIONS**					
Tetanus, Diphtheria, Pertussis (Td/Tdap)	For adults not previously vaccinated with Td: one dose of Tdap, followed by two doses of Td. Td booster every 10 years. For adults who have not previously received a dose of Tdap, Tdap should replace a single dose of Td.				Three doses of Td if not previously immunized. Td booster every 10 years.
Measles-Mumps-Rubella (MMR)	One or more doses if born after 1956 and no documentation of vaccination and no laboratory evidence of immunity to MMR			Additional doses based on risk factors and health history	
Varicella (Chickenpox)	Two doses (four to eight weeks apart) if not previously immunized and no history of chickenpox or shingles, or if at high risk				
Influenza	Annually for all ages				
Pneumococcal (Polysaccharide)	One dose if at high risk and not previously immunized. Revaccinate once after five years for persons with chronic renal or nephrotic syndrome, asplenia, sickle cell disease or immunosuppressive disorders.				One dose after age 65, even if vaccinated before age 65
Hepatitis B	Three doses if at high risk and not previously immunized				
Hepatitis A	Two doses if at high risk and not previously immunized				
Herpes zoster	Not routine		Single dose for all adults ages 60 and older		
Human papillomavirus (HPV) (Women)	Three doses for females ages 26 and younger	Not routine			
Meningococcal (Polysaccharide) MPSV4	Adults younger than age 56: MCV4 preferred, MPSV4 acceptable		Adults older than age 55: MPSV4 is the only licensed product for this age group.		
Meningococcal Conjugate MCV4	One dose for adults at elevated risk due to school-based, working, medical or travel conditions				

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** Adapted from the U.S. Centers for Disease Control and Prevention 2011 Adult Immunization Guidelines. More information at www.cdc.gov.

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