

TICKSHEET																											
Excelcare - Vineland Pediatrics																											
May 28, 2015																											
	Wk					Months					Years																
	2	2	4	6	9	12	15	18	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Ht & Wt	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Head Circ	X	X	X	X	X	X	X	X	X																		
Pulse																	X	X	X	X	X	X	X	X	X	X	X
B.P.									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Vision									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hearing									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dental Screen *5	X	X	X	X	X	*	*	X	X	*	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fluoride				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fluoride Varnish				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dev. Screen *4	X	X	X	X	X	X	X	X	X	X	*	*	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MCHAT								X	X																		
Accident Counc.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DTaP		X	X	X			X				X																
IPV		X	X	X							X																
HIB-D		X	X	X			X																				
Rotavirus *2		X	X	X																							
Prenvar		X	X	X			X																				
PPV										?																	
Hepatitis-B		X	?		X																						
Hepatitis-A (MI 1&2=6mo)						X		X																			
MMR *6						X					*																
Varicella						X			X																		
TDaP																		X									
Gardasil (HPV) *3																		XX	X								
Menactra																		X					X				
Flu				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cholesterol																	X								X		
H&H						X			X																X		
Lead Level						X			X																		
Lead Quest				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TB Quest.				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HIV Screen																										X	
Urine GC and Chlamydia NAAT																										X	
Sickle Cell Screen (if results not available)									X																		
Mat. Depression	X	X																									
Adol. Depr. Screen																		X	X	X	X	X	X	X	X	X	X
*1 = Accident prevention book + poison control center information sheet																											
*2 = Must start BEFORE 15 weeks of age. All doses should be completed BEFORE 8 Months of age																											
*3 = Gardasil = MI 1-2=4wk, 2-3=12wk																											
*4 = PRESS																											
*5 = Dental Screening Form																											
*6 = Need Special Consent for second dose																											