

Child's Name: _____

COLORADO DEPARTMENT OF HUMAN SERVICES PASSPORT EPSDT SCREENING PERIODICITY SCHEDULE

		Health Maintenance	DPT & Polio	Immunizations MMR	HIB	Urinalysis	HCT or HGB	Tine	Sickle Prep	Lead
Year 1	2 weeks	x								
	2 months	x	x		x					
	3 months	x	x		x					
	6 months	x	x		x	x				
	9 months	x					x	x		
	12 months	x	x	x		x	x		x	X
Year 2	15 months	x	x	x	x					
	18 months	x	X							
	24 months	x			x*	x				
Year 3	30 months	x						x		x
	36 months	x				x				x
Year 4		x				x	x	x		
Year 5		x	X			x		x		x
Year 8		x	x	x		x		x		x
Year 11		x				x		x		
Year 14		x				x		x		
Year 17		x	DT			x		x		
Year 20		x				x		x		

* HIB immunization to be given at age 18 months if the child is at high risk (i.e. child in day care center)

This schedule represents the maximum frequency in performing the various procedures for which payment can be provided under the EPSDT program. The schedule should not be interpreted as indicating that health professional must conform to the exact frequencies in the treatment of their patients. Any medically necessary treatment identified during the EPSDT screening is covered under Medicaid regulations. **Enter date service provided (if known) on schedule over appropriate "x".**

Medical or Dental Problem List:

Problem	Date Identified	Date Resolved	Treating Health Professional (Name and Address)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			