

# HERRIN PEDIATRIC CLINIC

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## WELL BABY VISITS:

**Newborn Hospitalization:** Newborn Admission Examination; Hospital care, Discharge Examination & Instruction by hospitalist physician ~ ~HBV #1

**1-2 Week Visit:** Check-up, Neonatal Metabolic Screen, (HBV#1 if not given at birth), Post-natal Screen

**1 Month Visit:** Check-up, Post-natal Screen

**2 Month Visit:** Check-up, Vaxelis #1, Pevnar-13 #1, Rotateq #1, Post-natal Screen

**4 Month Visit:** Check-up, Vaxelis #2, Pevnar-13 #2, Rotateq #2

**6 Month Visit:** Check-up, Vaxelis #3, Pevnar-13 #3, Rotateq #3

**9 Month Visit:** Check-up, Complete Blood Count (CBC)

**12 Month Visit:** Check-up, MMR #1, Varivax #1. Fill out TB and Lead Screen Assessment

**15 Month Visit:** Check-up, Pentacel #4, Pevnar-13 #4

**18 Month Visit:** Check-up, Hep A #1, Fill out M-CHAT

## WELL CHILD VISITS:

**2 Year Visit:** Check-up, Hep A #2 (Must be at least 6 months after Hep A#1). M-CHAT

**3 Year Visit:** Check-up for general health and age-appropriate milestones

**4 Year Visit:** Check-up, MMR/Varicella (Proquad), Dtap/IPV (Kinrix or Quadracel), Vision/Hearing Screen, TB Screen

**5 Year Visit:** Check-up, Review for Kindergarten Readiness

**6-8 Year Visit:** Check-up, Review for School Performance/Readiness

## WELL PREADOLESCENT-ADOLESCENT VISITS:

**9 &10 YEAR VISITS:** Annual Check-up

**11-12 YEAR VISITS:** Physical check-up, Tdap (booster every 10 yrs), MCV4 #1. *Depression/Anxiety & Tobacco use screen*

**11-18 YEAR VISITS:** HPV Series (optional but recommended) 2 Series for 11-14 yr olds #1 , #2- 6 mos after #1

HPV for 15yr+ 3 series #1 , 2 mos later #2, 6 mos from #1 give #3 *Depression/Anxiety & Tobacco use screen*

MCV4 #2 Booster (16-18 yrs). Start Trumenba 2 Series (16-18 yrs optional but recommended) #1, 6 mos later #2

\*\*\*\* **FLU Vaccine** is recommended annually (Oct-Feb) for all patients 6 months and older\*\*\*\*

## IMMUNIZATION ABBREVIATIONS:

- HBV**-Hepatitis B
- Pevnar 13**-Pneumococcal Conjugate
- dTap**-Diphtheria, Tetanus, Acellular Pertussis
- Rotateq**-Rotavirus
- HiB**-Influenza-type B Conjugate
- IPV**-Inactivated Polio Virus Vaccine
- Pentacel**-Dtap, HiB, IPV
- Vaxelis**- Dtap, Hib, IPV,HBV
- MMR**-Measels, Mumps, & Rubella
- VARIVAX**-Varicella (Chickenpox)
- KINRIX/QUADRACEL**(4 yr old only)-Dtap & IPV
- PROQUAD**-MMR, Varivax (4 yr old only)
- HPV**-Human Papillomavirus Vaccine
- Flu**-Influenza Vaccine
- Trumenba**- Meningococcal B
- MCV4** (Menactra)-Meningococcal Polysaccharide Conjugate, quadrivalent