



ROUTINE PREVENTIVE SERVICES FOR CHILDREN AND ADOLESCENTS (12 YEARS – 20 YEARS)

The following guideline provides recommendations for routine preventive services for children 12 years to 20 years. Children at increased risk may warrant additional services.

Recommendation	12 Years	13 Years	14 Years	15 Years	16 Years	17 Years	18 Years	19 Years	20 Years
History: Documentation must contain an initial health history and each subsequent checkup must contain information on an interim history.	X	X	X	X	X	X	X	X	X
Mental Health Screening: Mental health screening is required at each checkup and includes behavioral, social, and emotional development. One of the following validated, standardized mental health screening tools is required when screening annually 12 through 18 years of age: •Patient Health Questionnaire (PHQ-9, PHQ-A [anxiety, eating problems, mood problems and substance abuse]) •Patient Health Questionnaire Modified for Adolescents(PHQ-A [depression screen]) •Pediatric Symptom Checklist (PSC-17 and PSC-35) •Pediatric Symptom Checklist Youth Report (Y-PSC) •Car, Relax, Alone, Forget, Family, and Trouble Questionnaire (CRAFT) •Rapid Assessment for Adolescent Preventive Services (RAAPS) https://toolkits.solutions.aap.org/DocumentLibrary/BFTK2e_Links_Screening_Tools.pdf	X	X	X	X	X	X	X	X	X
	Recommended screening annually 12 through 18 years of age								
Tuberculosis Screening: TB Questionnaire must be administered annually beginning at 12 months of age. A Tuberculin Skin Test is to be administered when the screening tool indicates a risk for possible exposure	X	X	X	X	X	X	X	X	X
Nutrition Screening: Dietary practices should be assessed to identify unusual eating habits such as pica, extended use of baby bottle feedings, or eating disorders in older children and adolescents. For nutritional problems, further assessment is indicated.	X	X	X	X	X	X	X	X	X
Age Appropriate Screening & Administration of Immunizations: Providers must assess the immunization status of clients at every medical checkup and vaccines must be administered according to the current Advisory Committee on Immunization Practices (ACIP). “Recommended Childhood and Adolescent Immunization Schedule. https://www.cdc.gov/vaccines/schedules/	X	X	X	X	X	X	X	X	X
Laboratory Tests: • Risk Based Tests: Screenings performed based on risk assessments include screenings for type 2 diabetes (dia), hyperlipidemia (dys), gonorrhea, chlamydia, syphilis (std) and HIV (hiv). Document screening or reason why member was not screened.	dia dys std hiv	dia dys std hiv	dia dys std hiv	dia dys std hiv	dia dys std hiv	dia dys std hiv	dia dys std hiv	dia dys std hiv	dia dys std hiv
• Mandatory Screenings					hiv (Once at 16 - 18 years)		dys (Once at 18 - 20 years)		

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