## **Primary Care**

CHPCC Screening Schedule														
	6m	9m	18m	1y	2y	Зу	4y	5y	9-11	17-21				
Fluoride Varnish		Х												
Non-Fasting LDL + HDL								·	X	х				

	В	MC	C	Hir	nic	S	cre	en	ing	Q	ue	sti	on	na	ire	e S	Ch	1e	du	le		
Visits:	All new patients	1m	2m	4m	6m	9m	12m	15m	18m	24m	2.5y	Зу	4у	5у	бу	7у	8y	9у	10y	11y	12y	13+: yearly
Tools:																						
PEDS																						
THRIVE																						
M-CHAT-R																						
PSC-17																						
PHQ-2/9																						
EPDS																						

	Autism Management in Primary Care Clinic* (CHOP EBG)
Who to Screen	Children ages 12 months or older (AAP recommends screening at 18 mo and 24mo or 30mo)  • Risk factors for ASD: sibling w/ ASD, unusual social responses, genetic disorder
How to Screen	PEDS questionnaire @ every visit:  "Do you have any concerns about your child's development or behavior?"  MCHAT-R or MCHAT-R/F (modified checklist for autism in toddlers) @ 18mo, 24mo
Developmental Red Flags	<ul> <li>Diminished, atypical, or no babbling by 12 months</li> <li>Diminished, atypical, or no gesturing (e.g., pointing, waving bye-bye) by 12 months</li> <li>Lack of response to name by 12 months</li> <li>No single words by 16 months</li> <li>Diminished, atypical, or no two-word spontaneous phrases (excluding echolalia or repetitive speech) by 24 months</li> <li>Loss of any language or social skill at any age</li> <li>Lack of joint attention</li> </ul>
Positive Screening – What Now?	<ul> <li>Formal audiology testing</li> <li>El referral (&lt;5 years old)(El services end at 2 years and 9 months</li> <li>DBP clinic referral for all</li> <li>Other specialty referrals as needed</li> </ul>
Follow Up	1 month after positive screening w/ primary provider for continuity     Ensure El referral was placed, answer family questions, make sure school is involved for children > 2.9 years