

Name		BIRTH DATE	AGE	ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE
			<input type="checkbox"/> M <input type="checkbox"/> F		
ID NUMBER	CURRENT MEDICATIONS See other side for current medication list		DRUG ALLERGIES		
WEIGHT (%)	HEIGHT (%)	BMI (%)	BMI RANGE: <input type="checkbox"/> <5% (under) <input type="checkbox"/> 5-84% (healthy) <input type="checkbox"/> 85-94% (over) <input type="checkbox"/> 95-98% (obese) <input type="checkbox"/> ≥99% (obese)	HEAD CIRC (%)	TEMPERATURE
					DATE/TIME

See growth chart.

**BF** = Bright Futures Priority Item

**History**

**BF**  Previsit Questionnaire reviewed  Child has special health care needs

**BF**  Child has a dental home

**BF** Concerns/questions raised by \_\_\_\_\_  
 None  Addressed (see other side)

**BF** Follow-up on previous concerns  None  Addressed (see other side)

**BF**  Medication Record reviewed and updated

**Social/Family History**

**BF** Family situation  Single Parent

**BF** Parents working outside home:  Mother  Father

**BF** Child care:  Yes  No Type \_\_\_\_\_

**BF** Changes since last visit \_\_\_\_\_

Heat source \_\_\_\_\_

**BF**  Tobacco Exposure

**Review of Systems**

= NL Date of last visit \_\_\_\_\_

Changes since last visit \_\_\_\_\_

Nutrition \_\_\_\_\_  
 Off bottle  Nutrition, balanced, eats with family  
Source of water \_\_\_\_\_ Vitamins/Fluoride \_\_\_\_\_

Elimination:  NL \_\_\_\_\_

Toilet Training:  Yes  In process \_\_\_\_\_

Sleep:  NL \_\_\_\_\_

Behavior/Temperament:  NL \_\_\_\_\_

Physical activity Playtime (60 min/day)  Yes  No  
Screen time (<2 hrs/day)  Yes  No

**Development** (if not reviewed in Previsit Questionnaire)

Structured developmental screen  NL

**Developmental Screening Tool**

ASQ score \_\_\_\_\_  pass  refer

PEDS score \_\_\_\_\_  pass  refer

Autism-specific screen  NL

MCHAT Part I score \_\_\_\_\_  pass  refer

MCHAT Part II (only if part I fails) score \_\_\_\_\_  pass  refer

<input type="checkbox"/> PHYSICAL DEVELOPMENT	<input type="checkbox"/> COMMUNICATIVE
*Stacks small blocks (5-6)	*When talking, puts 2 words together
*Kicks a ball	(eg, "my book")
*Walks up and down stairs	<input type="checkbox"/> SOCIAL-EMOTIONAL
one step at a time alone while	*Copies things that you do
holding wall or railing	*Plays pretend
*Throws a ball overhand	*Plays alongside other children
*Jumps up	<input type="checkbox"/> COGNITIVE
*Turns book pages 1 at a time	*Names 1 picture (eg, cat, dog, ball)
	*Follows 2-step commands

(see other side for plan, immunizations and follow-up)

**Physical Examination**

= Reviewed w/Findings **OR**  NL = Reviewed/Normal

GENERAL APPEARANCE \_\_\_\_\_  NL

SKIN \_\_\_\_\_  NL

HEAD / FONTANELLE \_\_\_\_\_  NL

**BF**  EYES (red reflex, cover/uncover test) \_\_\_\_\_  NL

EARS/APPEARS TO HEAR \_\_\_\_\_  NL

NOSE \_\_\_\_\_  NL

MOUTH AND THROAT \_\_\_\_\_  NL

**BF**  TEETH (caries, white spots, staining) \_\_\_\_\_  NL

NECK \_\_\_\_\_  NL

LUNGS \_\_\_\_\_  NL

HEART \_\_\_\_\_  NL

FEMORAL PULSES \_\_\_\_\_  NL

ABDOMEN \_\_\_\_\_  NL

GENITALIA \_\_\_\_\_  NL

Male/Testes down \_\_\_\_\_  NL

Female \_\_\_\_\_  NL

**BF**  NEUROLOGIC (coordination, language, socialization) \_\_\_\_\_  NL

EXTREMITIES/HIPS \_\_\_\_\_  NL

MUSCULOSKELETAL \_\_\_\_\_  NL

HYGIENE \_\_\_\_\_  NL

BACK \_\_\_\_\_  NL

**BF** Comments \_\_\_\_\_

**Assessment**

**BF**  Well Child

**Anticipatory Guidance**

= Discussed and/or handout given

Identified at least one child and parent strength

Raising Readers book given

Counseled on nutrition and exercise

Discuss 5-2-1-0, fast food, avoid juice/soda/candy

Keep home/car smoke free

<input type="checkbox"/> ASSESSMENT OF LANGUAGE DEVELOPMENT	<input type="checkbox"/> TOILET TRAINING	<input type="checkbox"/> SAFETY
• Model appropriate language	• When child is ready	• Car safety seat
• Daily reading	• Plan for frequent toilet breaks	• Bike helmet
• Following 1-2 step commands	• Personal hygiene	• Supervise outside
• Listen and respond to child		• Guns
<input type="checkbox"/> TEMPERAMENT AND BEHAVIOR	<input type="checkbox"/> TV VIEWING	
• Praise, respect	• Limit TV viewing to no more than 1-2 hours/day	
• Help express feelings	• TV alternatives: reading, games, singing	
• Self-expression	• Encourage physical activity	
• Playing with other children		
• Your child's behavior		

BRIGHT FUTURES

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