### WELL CHILD VISIT

**Name**

**Birth Date**

**Accompanied by/informant**

**Preferred Language**

<table>
<thead>
<tr>
<th>ID NUMBER</th>
<th>CURRENT MEDICATIONS</th>
<th>DRUG ALLERGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See other side for current medication list</td>
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</table>

<table>
<thead>
<tr>
<th>Weight (%)</th>
<th>Height (%)</th>
<th>BMI (%)</th>
<th>BMI Range</th>
<th>Head Circ. (%)</th>
<th>Temperature</th>
<th>Date/Time</th>
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#### History

- **BF** = Bright Futures Priority Item
- **BF =** Previsit Questionnaire reviewed
- **BF =** Child has a dental home
- **BF =** Child has special health care needs
- **BF =** Concerns/questions raised by
- **BF =** Follow-up on previous concerns
- **BF =** Medication Record reviewed and updated

#### Social/Family History

- **BF =** Family situation
- **BF =** Family situation
- **BF =** Parents working outside home
- **BF =** Changes since last visit

#### Review of Systems

- **BF =** Tobacco Exposure

**Date of last visit**

#### Physical Examination

- **=** Reviewed w/findings
- **=** NL = Reviewed/Normal
- **BF =** GENERAL APPEARANCE
- **BF =** SKIN (nevi, café au lait, bruising)
- **BF =** HEAD / FONTANELLE
- **BF =** EYES (red reflex, cover/uncover test)
- **BF =** TEETH (caries, white spots, staining)
- **BF =** NECK
- **BF =** LUNGS
- **BF =** HEART
- **BF =** FEMORAL PULSES
- **BF =** ABDOMEN
- **BF =** GENITALIA
- **BF =** Male/Testes down
- **BF =** Female

#### Assessment

- **BF =** Well Child

#### Anticipatory Guidance

- **=** Discussed and/or handout given
- **BF =** Car safety seat (infant rear facing)
- **BF =** Raising Readers book given
- **BF =** Home/car smoke free
- **BF =** Car safety seat (infant rear facing)
- **BF =** Poisons
- **BF =** Burns
- **BF =** Smoke detectors
- **BF =** Guns
- **BF =** Falls

**ASQ Developmental Elimination:**

- **<5% (under)**
- **5-84% (healthy)**
- **85-94% (over)**
- **95-98% (obese)**
- **≥99% (obese)**

**Family time**

- Time for self and other children
- Reinforce limits
- Prepare for new sibling (if necessary)

**Toilet training readiness**

- Wait until child is ready
- Reading books/praise

**Language promotion/HEARING**

- Read, talk, and sing
- Simple words
- Feelings and emotions

- **BF =** Family time
- **BF =** Toilet training readiness
- **BF =** Language promotion/HEARING
Eighteen Months WELL CHILD VISIT

<table>
<thead>
<tr>
<th>NAME</th>
<th>Male</th>
<th>Female</th>
<th>Medical Record Number</th>
<th>DOB</th>
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Actual age (months): O 17 O 18 O 19 O 20

Current Medications

________________________________________________________________________

Plan

BF Patient is up to date, based on CDC/ACIP immunization schedule.
If no, immunizations given today.

ImmPact2 record reflects current immunization status:

☐ Immunization plan/comments _____________________________________________

☐ Ask about WIC

BF Laboratory/Screening results

☐ Hearing screen

☐ Previously done Date completed ________________________________

PPD / Lead* / Anemia**

☐ PPD done (if exposure risk) / date done ______/______/______

☐ PPD result if done ☐ Neg ☐ Pos

☐ Lead drawn in office

☐ Lead test ordered / date done ______/______/______

☐ Lead range ☐ <10 ☐ 10-14 ☐ 15-19 ☐ >19

☐ Lead plan/comments ______________________________________________________

☐ Hgb/Hct ordered / date done ______/______/______ Hgb/Hct result: Hgb ______/______/______

☐ Hgb/Hct plan/comments ____________________________________________________

☐ Hgb/Hct results shared with WIC

*All children enrolled in MaineCare should be lead tested at 1 year old and at 2 years old. All other children should be tested at these ages, unless lead risk assessment indicates they are not at risk for lead exposure.

**WIC recommends anemia testing at 9-12 months with re-test in 6 months (15 to 18 months).

If normal, re-test annually to age 5. If abnormal, re-test every 6 months; convert to annual testing once normal result is obtained. WIC may perform anemia testing.

Oral Health

☐ Oral health risk assessment ☐ Completed ☐ Low ☐ Mod ☐ High

☐ Has a dental home ☐ Yes ☐ No

☐ Dental fluoride varnish applied ☐ Yes ☐ No

☐ Dental Visit in Past Year ☐ Yes ☐ No

☐ Well water testing ☐ Yes ☐ No

MaineCare Member Support Requested

☐ Transportation to appointments

☐ Find dentist

☐ Find other provider

☐ Make doctor’s appointment

☐ Public Health Nurse referral

☐ Family aware

BF Referral to ________________

BF Follow-up/Next Visit ________________

________________________________________________________________________

Narrative Notes:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

EXAMINER'S SIGNATURE ____________________________/DATE ________________