### WELL CHILD VISIT

**Name**

**BIRTH DATE**

**ACCOMPANYED BY/INFOMANT**

**PREFERRED LANGUAGE**

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

**WEIGHT (%)**

**HEIGHT (%)**

**BMI (%)**

**BMI RANGE:**
- <5% (underweight)
- 5-84% (healthy)
- 85-94% (overweight)
- 95-98% (obese)
- ≥99% (obese)

**BLOOD PRESSURE**

**TEMPERATURE**

**DATE/TIME**

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<table>
<thead>
<tr>
<th>BF</th>
<th>Bright Futures Priority Item</th>
</tr>
</thead>
</table>

#### History

- **BF** Previsit Questionnaire reviewed
- **BF** Child has dental home
- **BF** Child has special health care needs
- **BF** Concerns/questions raised by
  - **NL** None
  - **NL** Addressed (see other side)
- **BF** Follow-up on previous concerns
  - **NL** None
  - **NL** Addressed (see other side)
- **BF** Medication Record reviewed and updated

#### Social/Family History

- **BF** Family situation
  - **NL** Single Parent
- **BF** Parents working outside home
  - **NL** Mother
  - **NL** Father
- **BF** Child care
  - **NL** Yes
  - **NL** No
- **BF** Preschool
  - **NL** Yes
  - **NL** No
- **BF** Changes since last visit

#### Review of Systems

- **NL** Tobacco Exposure

#### Physical Examination

- **NL** = Reviewed w/Findings
- **NL** = Reviewed/Normal
- **BF** GENERAL APPEARANCE
- **BF** SKIN
- **BF** HEAD
- **BF** EYES (red reflex, cover/uncover test)
- **BF** EARS
- **BF** NOSE
- **BF** MOUTH AND THROAT
- **BF** TEETH (caries, white spots, staining)
- **BF** NECK
- **BF** LUNG
- **BF** HEART
- **BF** ABDOMEN
- **BF** GENITALIA
- **BF** NEUROLOGIC (language, speech, social interaction)
- **BF** EXTREMITIES
- **BF** MUSCULOSKELETAL
- **BF** HYGIENE
- **BF** BACK

#### Assessment

- **BF** Well Child

#### Anticipatory Guidance

- **NL** = Discussed and/or handout given
- **BF** Family Support
  - Show affection
  - Manage anger
  - Reinforce appropriate behavior
  - Reinforce limits
  - Find time for yourself
- **BF** Encouraging Literacy Activities
  - Read, sing, play
  - Talk about pictures in books
  - Encourage child to talk
- **BF** Playing With Peers
  - Encourage appropriate play
  - Encourage fantasy play
  - Encourage play with peers
- **BF** Promoting Physical Activity
  - Family exercise, activities
  - Limit screen time – maximum 1-2 hours/day
  - No TV in bedroom
- **BF** Safety
  - Car safety seat
  - Supervise play near streets, cars
  - Safety near windows
  - Guns
### 3 Years

#### WELL CHILD VISIT

<table>
<thead>
<tr>
<th>Parent-child interaction</th>
<th>Male</th>
<th>Medical Record Number</th>
<th>Female</th>
<th>DOB</th>
</tr>
</thead>
</table>

- Communication: □ NL __________  
- Choices: □ NL __________  
- Cooperation: □ NL __________  
  
  **Appropriate responses to behavior:** □ NL

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

- PHYSICAL DEVELOPMENT
  - *Builds tower (6-8 blocks)*
  - *Stands on 1 foot*
  - *Throws ball overhead*
  - *Walks upstairs alternating feet*
  - *Copies circle*
  - *Draws person (2 body parts)*
  - *Toilet trained during day*
- COMMUNICATIVE
  - *2-3 sentences*
  - *Usually understandable*
  - *Names a friend*
  - *Self-care skills*
  - *Imaginative play*
  - *Names objects*
  - *Knows if boy or girl*

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

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- Current Medications __________________________

### Plan

- **BE** Patient is up to date, based on CDC/ACIP immunization schedule.
  - □ Yes □ No
  - If no, immunizations given today.
  - ImmPact2 record reflects current immunization status:
    - □ Immunization plan/comments __________________________

#### Laboratory/Screening results

- Hearing screen
  - □ Previously done Date completed __________________________
- Vision screen
  - □ Previously done Date completed __________________________

#### PPD / Lead* / Anemia**

- □ PPD done (if exposure risk) / date done _________ / _________ / 
  
  - PPD result if done □ Neg □ Pos
  - PPD plan/comments __________________________
- □ Lead drawn in office
- □ Lead test ordered / date done _________ / _________ / 
  
  - Lead results __________________________
  
  - □ Hgb/Hct ordered / date done _________ / _________ / 
  
  - Hgb/Hct result: Hgb _________ Hct _________ □ Referral at 6 months if still anemic
  
  - □ Hgb/Hct plan/comments __________________________

*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.

### Narrative Notes:

______________________________

______________________________

______________________________
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<tr>
<th>EXAMINER'S SIGNATURE</th>
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3 Years WELL CHILD VISIT

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor
Richard W. Voorhees, Commissioner