### History

**BF** Previsit Questionnaire reviewed  
**BF** Child has a dental home  
**BF** Child has special health care needs  
**BF** Concerns/questions raised by  
**BF** Addressed (see other side)  
**BF** Follow-up on previous concerns  
**BF** Addressed (see other side)  
**BF** Medication Record reviewed and updated

### Social/Family History

**BF** Family situation  
**BF** Single Parent  
**BF** After-school care:  
**BF** Yes  
**BF** No  
**BF** Type  
**BF** Changes since last visit  
**BF** Tobacco Exposure

### Review of Systems

**BF** = Bright Futures Priority Item

#### Physical Examination

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

- **BF** GENERAL APPEARANCE  
- **BF** SKIN  
- **BF** HEAD  
- **BF** EYES  
- **BF** EARS  
- **BF** NOSE  
- **BF** THROAT  
- **BF** MOUTH/TEETH (caries, gingival)  
- **BF** NECK  
- **BF** LUNGS  
- **BF** HEART  
- **BF** ABDOMEN  
- **BF** GENITALIA  
- **BF** NEUROLOGIC (fine/gross motor)  
- **BF** GAIT  
- **BF** LANGUAGE  
- **BF** EXTREMITIES  
- **BF** MUSCULOSKELETAL  
- **BF** HYGIENE  
- **BF** BACK  

### Assessment

**BF** = Well Child

- Discussed and/or handbook 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

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

- **BF** MOTOR  
- **BF** LEARNING  
- **BF** Language skills  
- **BF** Articulation  
- **BF** Copies  
- **BF** Draws person (6+ body parts)  
- **BF** Prints letters and numbers  
- **BF** Counts to 10  
- **BF** Names 4 or more colors  
- **BF** Follows simple direction  
- **BF** Listens and attends

- **BF** SCHOOL READINESS  
- **BF** NUTRITION AND PHYSICAL ACTIVITY  
- **BF** SAFETY

### (see other side for plan, immunizations and follow-up)
# WELL CHILD VISIT

## 5 to 6 Years

<table>
<thead>
<tr>
<th>Name</th>
<th>Male</th>
<th>Medical Record Number</th>
<th>Female</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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### Current Medications

__________________________

### Plan

**BF** Patient is up to date, based on CDC/ACIP immunization schedule.

- [ ] Yes
- [ ] No

If no, immunizations given today.

- [ ] Yes
- [ ] No

ImmuFact2 record reflects current immunization status:

- [ ] Immunization plan/comments

**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

**BF Laboratory/Screening results**

- [ ] 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

### Oral Health

**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

### Current Medications

__________________________

### Laboratory/Screening results

- [ ] Hearing screen

- [ ] Date completed

- [ ] Email screen

- [ ] Date completed

- [ ] Hyperlipidemia risk
  - [ ] Yes
  - [ ] No

- [ ] Immunization plan/comments

- [ ] Immunization plan/comments

- [ ] Immunization plan/comments

- [ ] Immunization plan/comments

### PPD / Lead* / Anemia**

- [ ] PPD done (if exposure risk) / date done

- [ ] Lead drawn in office

- [ ] Lead test ordered / date done

- [ ] Lead range
  - [ ] <10
  - [ ] 10-14
  - [ ] 15-19
  - [ ] >19

- [ ] Lead results

- [ ] Lead plan/comments

- [ ] Hgb/Hct results
  - [ ] Referral at 6 months if still anemic

- [ ] Hgb/Hct results shared with WIC

### Narrative Notes:

__________________________

__________________________

__________________________

__________________________

### Examiner's Signature

__________________________

__________________________

__________

DATE

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

WIC may perform anemia testing.