

Name BIRTH DATE AGE ACCOMPANIED BY/INFORMANT PREFERRED LANGUAGE

ID NUMBER CURRENT MEDICATIONS DRUG ALLERGIES

WEIGHT (%) LENGTH (%) WEIGHT FOR LENGTH (%) HEAD CIRC (%) TEMPERATURE DATE/TIME

See growth chart. BF = Bright Futures Priority Item

History Physical Examination

BF Previsit Questionnaire reviewed Child has special health care needs
BF Concerns/questions raised by
BF Follow-up on previous concerns
BF Medication Record reviewed and updated

Reviewed w/Findings OR NL = Reviewed/Normal
GENERAL APPEARANCE SKIN (rashes, bruising) HEAD / FONTANELLE
EYES (red reflex/strabismus/appears to see) EARS/APPEARS TO HEAR NOSE MOUTH AND THROAT TEETH NECK LUNGS HEART FEMORAL PULSES ABDOMEN HERNIA GENITALIA NEUROLOGIC / GAIT EXTREMITIES MUSCULOSKELETAL (torticollis) HIPS HYGIENE BACK

Social/Family History

BF Family situation Single Parent
BF Parental support-work/family balance
BF Maternal Depression Yes No PHQ 9 PHQ 2 Edinburgh
BF Parents working outside home: Mother Father
BF Child care: Yes No Type
BF Changes since last visit
BF Tobacco Exposure

Review of Systems

Date of last visit Changes since last visit
Nutrition: Breast milk Minutes per feeding Hours between feeding Feedings per 24 hours Problems with breastfeeding Formula Ounces per feeding Solid foods Source of water Vitamins/Fluoride
Elimination: NL
Sleep: NL
Behavior: NL
Activity (tummy time, no TV): NL

Development (if not reviewed in Previsit Questionnaire)
PHYSICAL DEVELOPMENT COMMUNICATIVE
SOCIAL-EMOTIONAL COGNITIVE

Assessment

BF Well Child

Anticipatory Guidance

Discussed and/or handout given
Identified at least one child and parent strength Raising Readers book given
FAMILY FUNCTIONING NUTRITION AND FEEDING INFANT DEVELOPMENT SAFETY
ORAL HEALTH

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

