

Name, BIRTH DATE, AGE, ACCOMPANIED BY/INFORMANT, PREFERRED LANGUAGE, ID NUMBER, CURRENT MEDICATIONS, DRUG ALLERGIES, WEIGHT (%), HEIGHT (%), BMI (%), BMI RANGE, HEAD CIRC (%), TEMPERATURE, DATE/TIME

See growth chart.

BF = Bright Futures Priority Item

History

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

Social/Family History

BF Family situation, Parents working outside home, Child care, Changes since last visit, Tobacco Exposure

Review of Systems

BF = NL, Date of last visit, Changes since last visit, Nutrition, Elimination, Sleep, Behavior, Activity (playtime, no TV)

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

BRIGHT FUTURES

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

Physical Examination

Reviewed w/Findings, GENERAL APPEARANCE, SKIN, HEAD / FONTANELLE, EYES (red reflex, cover/uncover test), EARS/APPEARS TO HEAR, NOSE, MOUTH AND THROAT, TEETH (caries, white spots, staining), NECK, LUNGS, HEART, FEMORAL PULSES, ABDOMEN, HERNIA, GENITALIA, Male/Testes down, Female, NEUROLOGIC / GAIT (tone, strength, gait), EXTREMITIES, MUSCULOSKELETAL (torticollis), HIPS, HYGIENE, BACK

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, FAMILY SUPPORT, FEEDING AND APPETITE CHANGES, SAFETY, ESTABLISHING ROUTINES, ESTABLISHING A DENTAL HOME

BRIGHT FUTURES

