

Name		BIRTH DATE	AGE	ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE
			<input type="checkbox"/> M <input type="checkbox"/> F		

ID NUMBER	CURRENT MEDICATIONS See other side for current medication list	DRUG ALLERGIES
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WEIGHT (%)	HEIGHT (%)	BMI (%)	BMI RANGE: <input type="checkbox"/> <5% (under) <input type="checkbox"/> 5-84% (healthy) <input type="checkbox"/> 85-94% (over) <input type="checkbox"/> 95-98% (obese) <input type="checkbox"/> ≥99% (obese)	HEAD CIRC (%)	TEMPERATURE	DATE/TIME
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See growth chart.

**BF** = Bright Futures Priority Item

History

**BF**  Previsit Questionnaire reviewed  Child has special health care needs

**BF**  Child has a dental home

**BF** Concerns/questions raised by \_\_\_\_\_  
 None  Addressed (see other side)

**BF** Follow-up on previous concerns  None  Addressed (see other side)

**BF**  Medication Record reviewed and updated

Social/Family History

**BF** Family situation  Single Parent

**BF** Parents working outside home:  Mother  Father

**BF** Child care:  Yes  No Type \_\_\_\_\_

**BF** Changes \_\_\_\_\_ since \_\_\_\_\_ last \_\_\_\_\_ visit \_\_\_\_\_

**BF**  Tobacco Exposure

Review of Systems

= NL

Date of last visit \_\_\_\_\_

Changes since last visit \_\_\_\_\_

Nutrition:  Breast  Bottle  Cup  
 Milk (24oz/day) \_\_\_\_\_ Ounces per day \_\_\_\_\_  
 Solid Foods  
 Juice  
 Meals \_\_\_\_\_ times/day \_\_\_\_\_  
 Nutrition, balanced, eats with family  
Source of water: \_\_\_\_\_ Vitamins/Fluoride \_\_\_\_\_

Elimination:  NL \_\_\_\_\_

Sleep:  NL \_\_\_\_\_

Behavior:  NL \_\_\_\_\_

Activity (playtime, no TV):  NL \_\_\_\_\_

Development (if not reviewed in Previsit Questionnaire)

PHYSICAL DEVELOPMENT  
\*Bends down without falling  
\*Walks well  
\*Puts blocks in a cup  
\*Drinks from a cup with Very little spilling

COMMUNICATIVE  
\*Says 2 to 3 words  
\*Brings toys over to show you

SOCIAL-EMOTIONAL  
\*Tries to do what you do  
\*Helps in the house  
\*Listens to a story

COGNITIVE  
\*Scribbles  
\*Follows simple commands

Physical Examination

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

GENERAL APPEARANCE \_\_\_\_\_  NL

SKIN \_\_\_\_\_  NL

HEAD / FONTANELLE \_\_\_\_\_  NL

**BF**  EYES (red reflex, cover/uncover test) \_\_\_\_\_  NL

EARS/APPEARS TO HEAR \_\_\_\_\_  NL

NOSE \_\_\_\_\_  NL

MOUTH AND THROAT \_\_\_\_\_  NL

**BF**  TEETH (caries, white spots, staining) \_\_\_\_\_  NL

NECK \_\_\_\_\_  NL

LUNGS \_\_\_\_\_  NL

HEART \_\_\_\_\_  NL

FEMORAL PULSES \_\_\_\_\_  NL

ABDOMEN \_\_\_\_\_  NL

GENITALIA \_\_\_\_\_  NL

Male/Testes down \_\_\_\_\_  NL

Female \_\_\_\_\_  NL

**BF**  NEUROLOGIC \_\_\_\_\_  NL

EXTREMITIES/HIPS \_\_\_\_\_  NL

MUSCULOSKELETAL \_\_\_\_\_  NL

HYGIENE \_\_\_\_\_  NL

BACK \_\_\_\_\_  NL

**BF** Comments \_\_\_\_\_

Assessment

**BF**  Well Child

Anticipatory Guidance

= Discussed and/or handout given

Identified at least one child and parent strength

Keep home/car smoke free

**BRIGHT FUTURES**  COMMUNICATION AND SOCIAL DEVELOPMENT  
• Give limited choices  
• Stranger anxiety  
• Read and talk with child

SLEEP ROUTINES AND ISSUES  
• Consistent routines  
• Night waking

TEMPER TANTRUMS AND DISCIPLINE  
• Distraction  
• Praise  
• Consistency

HEALTHY TEETH  
• First dentist visit  
• Healthy oral habits  
• No bottle

SAFETY  
• Car safety seat (infa rear facing)  
• Poisons  
• Burns  
• Smoke detectors  
• Carbon Monoxide detectors  
• Home safety  
• Falls

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

NAME	Male Female	Medical Record Number	DOB Actual age (months): <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16
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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  
 ImmPact2 record reflects current immunization status:  Yes  No  
 Immunization plan/comments \_\_\_\_\_  
 Ask about WIC

**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**  
 Hearing 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 \_\_\_\_\_  
 Lead range  <10  10-14  15-19  >19  
 Lead plan/comments \_\_\_\_\_  
 Hgb/Hct ordered / date done \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hgb/Hct  
 result: Hgb \_\_\_\_\_ Hct \_\_\_\_\_  Referral at 6 months if still anemic  
 Hgb/Hct plan/comments \_\_\_\_\_  
 Hgb/Hct results shared with WIC

**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** \_\_\_\_\_  
 \_\_\_\_\_

\*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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EXAMINER'S SIGNATURE	DATE
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