

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		
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					

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 _____
 Nutrition, balanced, eats with family
Source of water _____ Vitamins/Fluoride _____

Elimination: _____ NL _____
Toilet Training: Yes

In process _____

Sleep: _____ NL _____
Behavior/Temperament: _____

_____ NL _____
Physical activity Playtime (60 min/day) Yes No

Screen time (<2 hrs/day) Yes No

Development (if not reviewed in Previsit Questionnaire)

Structured developmental screen NL

Developmental Screening Tool

ASQ score _____ pass refer

PEDS score _____ pass refer

PHYSICAL DEVELOPMENT
*Jumps up and down in place
*Puts on clothes with help
*Washes and dries hands without help
Brushes teeth with help

COMMUNICATIVE
*Other people can understand what your child is saying half of the time
*When talking, puts 3 or 4 words together

SOCIAL-EMOTIONAL
*Plays pretend
*Plays with other children (eg, tag)

COGNITIVE
*Points to 6 body parts
*Knows correct animal sounds (eg, cat meows, dog barks)

Physical Examination

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

GENERAL APPEARANCE _____ NL

SKIN _____ NL

HEAD _____ NL

BF EYES (red reflex, cover/uncover test) _____ NL

EARS _____ NL

NOSE _____ NL

MOUTH AND THROAT _____ NL

TEETH (caries, dental injuries) _____ NL

NECK _____ NL

LUNGS _____ NL

HEART _____ NL

ABDOMEN _____ NL

GENITALIA _____ NL
 Male/Testes down _____ NL
 Female _____ NL

BF NEUROLOGIC (coordination, language, socialization) _____ NL

EXTREMITIES/HIPS _____ NL

MUSCULOSKELETAL _____ NL

HYGIENE _____ NL

BACK _____ NL

BF Comments _____

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

BF @Well Child

Anticipatory Guidance

= Discussed and/or handout given

Identified at least one child and parent strength

Raising Readers book given

Keep home/car smoke free

FAMILY ROUTINES
• Family meals
• Family activities

SOCIAL DEVELOPMENT
• Supervised play with other children
• Setting limits
• Emerging independence

SAFETY
• Car safety seat
• Water
• Appropriate supervision
• Sun exposure
• Fire safety
• Smoke detectors
• Outdoor safety
• Playground
• Dogs

LANGUAGE PROMOTION AND COMMUNICATION
Limit TV
Daily reading
Listen and repeat to child

PRESCHOOL CONSIDERATIONS
• Group activities/ preschool (if possible)
• Toilet training

BRIGHT FUTURES

BRIGHT FUTURES

