

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)	BLOOD PRESSURE	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 Preschool: Yes No _____

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

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

BF TEETH (caries, white spots, staining) _____ NL

NECK _____ NL

LUNG _____ NL

HEART _____ NL

ABDOMEN _____ NL

GENITALIA _____ NL

BF NEUROLOGIC (language, speech, social interaction) _____ NL

EXTREMITIES _____ 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

Raising Readers book given

Counseled on nutrition and exercise

Discuss 5-2-1-0, fast food, avoid juice/soda/candy

Keep home/car smoke free

BRIGHT FUTURES

FAMILY SUPPORT
Show affection
Manage anger
Reinforce appropriate behavior
Reinforce limits
Find time for yourself

PLAYING WITH PEERS
Encourage appropriate play
Encourage fantasy play
Encourage play with peers

SAFETY
Car safety seat
Supervise play near streets, cars
Safety near windows
Guns

PROMOTING PHYSICAL ACTIVITY
Family exercise, activities
Limit screen time – maximum 1-2 hours/day
No TV in bedroom

ENCOURAGING LITERACY ACTIVITIES
Read, sing, play
Talk about pictures in books
Encourage child to talk

BRIGHT FUTURES

3 Years

WELL CHILD VISIT

Parent-child interaction

Communication: NL _____

Choices: NL _____

Cooperation: NL _____

Appropriate responses to behavior: NL _____

Development (if not reviewed in Previsit Questionnaire)

PHYSICAL DEVELOPMENT

*Builds tower (6-8 blocks)

*Stands on 1 foot

*Throws ball overhand

*Walks upstairs alternating feet

*Copies circle

*Draws person (2 body parts)

*Toilet trained during day

COMMUNICATIVE

*2-3 sentences

*Usually understandable

*Names a friend

SOCIAL-EMOTIONAL

*Self-care skills

*Imaginative play

COGNITIVE

*Names objects

*Knows if boy or girl

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

NAME	Male	Medical Record Number	DOB
	Female		Actual age (months): <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38

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 _____

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 _____

Vision 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

*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.

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 _____

Narrative Notes:

3 Years

WELL CHILD VISIT

EXAMINER'S SIGNATURE	DATE
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