3 Years

WELL CHILD VISIT

BIRTH DATE: 
AGE: 
ACCOMPANIED BY/INFORMANT: 
PREFERRED LANGUAGE: 

ID NUMBER: 
CURRENT MEDICATIONS: 
See other side for current medication list

DRUG ALLERGENS:

WEIGHT (%)
HEIGHT (%)
BMI (%)
BMI RANGE: 
<5% (underweight) 
5-84% (healthy) 
85-94% (overweight) 
95-98% (obese) 
≥99% (obese)

BLOOD PRESSURE: 
TEMPERATURE: 
DATE/TIME: 

BF = Bright Futures Priority Item

History

BF  ❑ Previsit Questionnaire reviewed 
BF  ❑ Child has a dental home 
BF  ❑ Child has special health care needs

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:
    ❑ Toilet Training: 
    ❑ Yes

❑ In process

Sleep:
    ❑ Behavior/Temperament:
    ❑ Physical activity 
    Playtime (60 min/day)
    ❑ Yes
    ❑ No

Screen time (<2 hrs/day)
    ❑ Yes
    ❑ No

Physical Examination

☐ = Reviewed w/Findings
☐ = Reviewed/Normal

☐ GENERAL APPEARANCE
☐ SKIN
☐ HEAD

☐ EYES (red reflex, cover/uncover test)
☐ EARS
☐ NOSE

☐ MOUTH AND THROAT

☐ TEETH (caries, white spots, staining)
☐ NECK
☐ LUNG

☐ HEART

☐ ABDOMEN

☐ GENITALIA

☐ NEUROLOGIC (language, speech, social interaction)

☐ EXTREMITIES

☐ MUSCULOSKELETAL

☐ 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
❑ Counseled on nutrition and exercise
❑ Discuss 5-2-1-0, fast food, avoid juice/soda/candy
❑ Keep home/car smoke free

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

❑ ENCORE LANGUAGING ACTIVITIES
    Read, sing, play
    Talk about pictures in books
    Encourage child to talk

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

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

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


**3 Years**

**Current Medications**

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### Plan

**BF: Patient is up to date, based on CDC/ACIP immunization schedule.**

- If yes, immunizations given today.
- [ ] Yes [ ] No

**Immunization plan/comments**

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**Laboratory/Screening results**

- Hearing screen:
  - [ ] Previously done
  - Date completed

- Vision screen:
  - [ ] Previously done
  - Date completed

**PPD / Lead**

- PPD if exposure risk
  - [ ] done if done
  - [ ] done

- PPD result:
  - [ ] Neg
  - [ ] Pos

**Lead test**

- [ ] Lead drawn in office
- [ ] Lead test ordered / date done

**Hgb/Hct test**

- [ ] Hgb
- [ ] Hct

**MaineCare Member Support Requested**

- Transportation to appointments
- Find dentist
- Find other provider
- Make doctor’s appointment
- Public Health Nurse referral
- Family aware

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**BF: Follow-up/Next Visit**

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**Narrative Notes**

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