

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 Trained:  Yes  No \_\_\_\_\_

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

Behavior/Temperament:  NL \_\_\_\_\_

Physical activity Playtime (60 min/day)  Yes  No  
Screen time (<2 hrs/day)  Yes  No

Parent-child interaction  
Communication:  NL \_\_\_\_\_  
Choices:  NL \_\_\_\_\_  
Cooperation:  NL \_\_\_\_\_  
Appropriate responses to behavior:  NL \_\_\_\_\_

**Development** (if not reviewed in Previsit Questionnaire)

<input type="checkbox"/> PHYSICAL DEVELOPMENT *Builds tower (8 blocks) *Hops on 1 foot *Balances on 1 foot for 2 seconds *Copies a cross *Brushes own teeth *Dresses self	<input type="checkbox"/> COMMUNICATIVE *Usually understandable *Knows name, age, gender <input type="checkbox"/> SOCIAL-EMOTIONAL *Interactions with peers *Fantasy play <input type="checkbox"/> COGNITIVE *Names 4 colors *Draws person (3 body parts) *Plays board/card games
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**Physical Examination**

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

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

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

HEAD \_\_\_\_\_  NL

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

EARS \_\_\_\_\_  NL

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

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

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

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

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

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

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

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

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

**BF**  FINE MOTOR SKILLS  LANGUAGE  SPEECH

**BF**  GROSS MOTOR SKILLS  THOUGHT PROCESS

EXTREMITIES \_\_\_\_\_  NL

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

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

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

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

**Assessment**

**BF**  Well Child

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

= 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

**BRIGHT FUTURES**

- |                                                                                                                                                                                                                                                                    |                                                                                                                                      |                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> SCHOOL READINESS<br>• Model behavior<br>• Be sensitive to child's feelings<br>• Encourage play with other children<br>• Consider preschool<br>• Daily reading<br>• Talk with child<br>• Education: expectations, preparation, and options | <input type="checkbox"/> HEALTHY PERSONAL HABITS<br>• Calm bedtime routine<br>• Brush teeth twice daily<br>• Daily physical activity | <input type="checkbox"/> SAFETY<br>• Appropriately restrained in all vehicles<br>• Supervise all outdoor play<br>• Guns |
| <input type="checkbox"/> CHILD AND FAMILY INVOLVEMENT<br>• Community activities<br>• Expect curiosity about body – answer questions using proper terms<br>• Safety rules with adults<br>• Good and bad touches<br>• How to seek help when needed                   | <input type="checkbox"/> TV/MEDIA<br>• Limit TV/video to 1-2 hours/day<br>• No TV in bedroom                                         |                                                                                                                         |

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

