WELL CHILD VISIT

Name

ID NUMBER

CURRENT MEDICATIONS

See other side for current medication list

DRUG ALLERGIES

WEIGHT (%)

HEIGHT (%)

BMI (%) = 5-84% (healthy)

BMI RANGE: <5% (underweight)

<5% (under)

85-94% (overweight)

≥95% (obese)

≥95% (obese)

BLOOD PRESSURE

TEMPERATURE

DATE/TIME

History

BF = Bright Futures Priority Item

BF ❑ Previsit Questionnaire reviewed

❑ Child has special healthcare needs

BF ❑ Child has a dental home

❑ 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

Review of Systems

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)

❑ PHYSICAL DEVELOPMENT

❑ COMMUNICATIVE

❑ COGNITIVE

❑ NAMES 4 colors

❑ Draws person (3 body parts)

❑ Plays board/card games

❑ KNOWS name, age, gender

❑ Interactions with peers

❑Fantasy play

❑SOCIAL-EMOTIONAL

❑ Builds tower (8 blocks)

❑Hops on 1 foot

❑ Balances on 1 foot for 2 seconds

❑ Copies a cross

❑ Brushes own teeth

❑ Dresses self

Assessment

BF ❑ Well Child

❖ = Reviewed w/Findings

❖ OR NL = Reviewed/Normal

❑ GENERAL APPEARANCE

❑ SKIN

❑ HEAD

❑ EYES (red reflex, cover/uncover test)

❑ EARS

❑ NOSE

❑ MOUTH AND THROAT

BF ❑ TEETH (caries, white spots, staining)

❑ NECK

❑ LUNGS

❑ HEART

❑ ABDOMEN

❑ GENITALIA

BF ❑ NEUROLOGIC

BF ❑ FINE MOTOR SKILLS

BF ❑ LANGUAGE

BF ❑ SPEECH

BF ❑ GROSS MOTOR SKILLS

BF ❑ THOUGHT PROCESS

❑ EXTREMITIES

❑ MUSCULOSKELETAL

❑ HYGIENE

❑ BACK

BF ❑ Comments

School Readiness

❑ Healthy Personal Habits

❑ Safety

❑ Raising Readers book given

❑ Identified at least one child and parent strength

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

❑ Encourage play with other children

❑ Consider preschool

❑ Daily reading

❑ Talk with child

❑ Education: expectations, preparation, and options

❑ Calm bedtime routine

❑ Brush teeth twice daily

❑ Daily physical activity

❑ Child and Family Involvement

❑ Community activities

❑ Expect curiosity about body – answer questions using proper terms

❑ Safety rules with adults

❑ Good and bad touches

❑ How to seek help when needed

❑ Limit TV/video to 1-2 hours/day

❑ No TV in bedroom

❑ Supervise all outdoor play

❑ Guns
4 Years

WELL CHILD VISIT

NAME
Male
Female
Medical Record Number
DOB
Actual age (months): 0 46 0 47 0 48 0 49

Current Medications

Plan

BF Patient is up to date, based on CDC/ACIP immunization schedule.
If no, immunizations given today.
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

MaineCare Member Support Requested
☐ Transportation to appointments
☐ Find dentist
☐ Find other provider
☐ Make doctor’s appointment
☐ Public Health Nurse referral
☐ Family aware

Laboratory/Screening results

Hearing screen
☐ Previously done Date completed

Vision screen
☐ Previously done Date completed

Hyperlipidemia risk (if hx unknown consider screening)
Assess level of risk of developmental delay

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.

BF Referral to

BF Follow-up/Next Visit

Narrative Notes:

EXAMINER’S SIGNATURE
DATE

STATE OF MAINE
Department of Health and Human Services