

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** After-school 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 \_\_\_\_\_

Sleep:  \_\_\_\_\_ NL \_\_\_\_\_  
Physical activity Playtime (60 min/day)  Yes  No

Screen time (<2 hrs/day)  Yes  No

School: Grade \_\_\_\_\_ Special Education  Yes  No

Social Interaction  NL \_\_\_\_\_

Performance  NL \_\_\_\_\_

Behavior  NL \_\_\_\_\_

Attention  NL \_\_\_\_\_

Homework  NL \_\_\_\_\_

Parent/Teacher concerns  NL \_\_\_\_\_ Home: \_\_\_\_\_

Parent-child-sibling interaction  NL \_\_\_\_\_

Cooperation/Oppositional behavior  None \_\_\_\_\_

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

MOTOR  LEARNING

- \*Balances on 1 foot
- \*Hops and skips
- \*Able to tie knot
- \*Good articulation/language skills
- \*Draws person (6+ body parts)
- \*Prints some letters and numbers
- \*Copies squares, triangles
- \*Counts to 10
- \*Names 4 or more colors
- \*Follow simple direction
- \*Listens and attends

**Physical Examination**

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

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

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

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

**BF**  EYES \_\_\_\_\_  NL

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

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

THROAT \_\_\_\_\_  NL

**BF**  MOUTH/TEETH (caries, gingival) \_\_\_\_\_  NL

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

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

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

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

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

**BF**  NEUROLOGIC (fine/gross motor) \_\_\_\_\_  NL

**BF**  GAIT \_\_\_\_\_  NL

**BF**  LANGUAGE \_\_\_\_\_  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

BRIGHT FUTURES

- SCHOOL READINESS
  - Establish routines
  - After-school care/activities
  - Friends
  - Bullying
  - Communicate with teachers
  - Education: expectations, preparation, and options
- MENTAL HEALTH
  - Family time
  - Anger management
  - Discipline for teaching not punishment
  - Limit TV
- NUTRITION AND PHYSICAL ACTIVITY
  - Healthy weight
  - Well-balance diet, including breakfast
  - Fruits, vegetables, whole grains
  - Adequate calcium
  - 60 minutes of exercise/day
- ORAL HEALTH
  - Regular dentist visits
  - Brushing/Flossing
  - Fluoride
- SAFETY
  - Sexual safety
  - Pedestrian safety
  - Safety helmets
  - Swimming safety
  - Fire escape plan
  - Smoke/carbon monoxide detectors
  - Guns
  - Sun
  - Appropriately restrained in all vehicles

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

NAME	Male  Female	Medical Record Number	DOB  Actual age Years: _____ Months: _____
------	--------------------	-----------------------	--

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 \_\_\_\_\_  
 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.

**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:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EXAMINER'S SIGNATURE	DATE
----------------------	------