## WELL CHILD VISIT

### History

**BF** = Bright Futures Priority Item

<table>
<thead>
<tr>
<th>BF</th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>Previsit Questionnaire reviewed</td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>Child has a dental home</td>
<td></td>
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<tr>
<td>☑</td>
<td>Child has special health care needs</td>
<td></td>
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<tr>
<td>☑</td>
<td>Concerns/questions raised by</td>
<td>None</td>
</tr>
<tr>
<td>☑</td>
<td>Follow-up on previous concerns</td>
<td>None</td>
</tr>
<tr>
<td>☑</td>
<td>Medication Record reviewed and updated</td>
<td></td>
</tr>
</tbody>
</table>

### Social/Family History

- Family situation: Single Parent
- After-school care: Yes
- Changes since last visit: 
- Tobacco Exposure

### Review of Systems

- Date of last visit
- Changes since last visit
- Nutrition
  - Source of water
  - Vitamins/Fluoride
- Sleep
  - Physical activity
  - Playtime (60 min/day)
- No
  - Screen time (<2 hrs/day)
- School: Grade
  - Special Education
- Social Interaction
- Performance
- Behavior
- Attention
- Homework
- Parent/Teacher concerns
- Home
- Cooperation
- Parent-child interaction
- Sibling interaction
- Oppositional behavior

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

- Eats healthy meals and snacks
- Participates in an after school activity
- Has friends
- Is vigorously active for 1 hour a day
- Is doing well in school
- Does chores when asked
- Gets along with family

### Physical Examination

- = Reviewed w/Findings
- OR = NL = Reviewed/Normal
- Date/TIME

### Assessment

- = Discussed and/or handout given
- Identified at least one child and parent strength
- Counseled on avoiding tobacco/drugs
- Discuss 5-2-1-0, fast food, avoid juice/soda/candy

### Nutrition and Physical Activity

- Know child’s friends
- Home emergency plan
- Safety rules with adults
- Appropriate vehicle restraint
- Helmets and pads
- Supervise around water
- Smoke-free environment
- Guns
- Monitor computer use
7 to 8 Years WELL CHILD VISIT

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

Current Medications ________________________________

Plan

BJ Patient is up to date, based on CDC/ACIP immunization schedule. ❑ Yes ❑ No
If no, immunizations given today. ❑ Yes ❑ No
ImmiPact2 record reflects current immunization status: ❑ Yes ❑ No
❑ Immunization plan/comments

❑ Oral Health
MaineCare Member Support Requested
❑ 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

BJ Laboratory/Screening results

❑ Hearing screen
❑ Vision screen
❑ Hyperlipidemia risk (if hx unknown consider screening)
❑ Assess level of risk of developmental delay
❑ Parents/grandparents hx CVD <55 yo
❑ Parent’s cholesterol >240 mg/dl
❑ Obesity, HTN, tobacco use, DM, inactivity

PPD
❑ PPD done (if exposure risk) / date done / _____ / _____ / ______
❑ PPD result if done ❑ Neg ❑ Pos
❑ PPD plan/comments

BF Referral to ________________

BF Follow-up/Next Visit ________________

Narrative Notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

STATE OF MAINE
Department of Health and Human Services