

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

**BF**  Child has a dental home

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** 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  None \_\_\_\_\_ Home: \_\_\_\_\_

Cooperation  NL \_\_\_\_\_  
 Parent-child interaction  NL \_\_\_\_\_ Sibling interaction  NL \_\_\_\_\_  
 Oppositional behavior  None \_\_\_\_\_

**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

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

**Physical Examination**

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

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

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

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

EYES \_\_\_\_\_  NL

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

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

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

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

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

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

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

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

**BF**  BREASTS/GENITALIA \_\_\_\_\_  NL

**BF**  SEXUAL MATURITY RATING \_\_\_\_\_  NL

NEUROLOGIC/GAIT \_\_\_\_\_  NL

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
- Counseled on avoiding tobacco/drugs
- Discuss 5-2-1-0, fast food, avoid juice/soda/candy

- |  |   |   |
|--|---|---|
| <p><b>BF</b> <input type="checkbox"/> SCHOOL</p> <ul style="list-style-type: none"> <li>• Show interest in school</li> <li>• Communicate with teachers</li> <li>• Education: expectations, preparation, and options</li> </ul> <p><b>BF</b> <input type="checkbox"/> DEVELOPMENT AND MENTAL HEALTH</p> <ul style="list-style-type: none"> <li>• Encourage independence</li> <li>• Praise strengths</li> <li>• Be a positive role model</li> <li>• Discuss expected body changes</li> </ul> | <p><b>BF</b> <input type="checkbox"/> NUTRITION AND PHYSICAL ACTIVITY</p> <ul style="list-style-type: none"> <li>• Encourage proper nutrition</li> <li>• Eat meals as a family</li> <li>• 60 minutes of physical activity daily</li> <li>• Limit TV and screen time</li> </ul> <p><b>BF</b> <input type="checkbox"/> ORAL HEALTH</p> <ul style="list-style-type: none"> <li>• Dental visits twice a year</li> <li>• Brush teeth twice a day</li> <li>• Floss teeth daily</li> <li>• Wear mouth guard during sports</li> </ul> | <p><b>BF</b> <input type="checkbox"/> SAFETY</p> <ul style="list-style-type: none"> <li>• Know child's friends</li> <li>• Home emergency plan</li> <li>• Safety rules with adults</li> <li>• Appropriate vehicle restraint</li> <li>• Helmets and pads</li> <li>• Supervise around water</li> <li>• Smoke-free environment</li> <li>• Guns</li> <li>• Monitor computer use</li> </ul> |
|--|---|---|

BRIGHT FUTURES

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