

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** | **Physical Examination**

**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)

Menarche age \_\_\_\_\_ Regularity \_\_\_\_\_

**BF**  Medication Record reviewed and updated

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

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

**BF**  SKIN (tattoos, piercing, bruising, nevi) \_\_\_\_\_  NL

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

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

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

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

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

MOUTH/TEETH \_\_\_\_\_  NL

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

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

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

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

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

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

TANNER STAGE \_\_\_\_\_  NL

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

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

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

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

**BF**  BACK (scoliosis) \_\_\_\_\_  NL

**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 \_\_\_\_\_

Do both parent/child ask questions?

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
- Has a caring/supportive family
- Is doing well in school
- Is getting chances to make own decisions
- Feels good about self

Tobacco use

BRIGHT FUTURES

**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

**BRIGHT FUTURES**

SCHOOL

- Show interest in school
- Quiet space for homework
- Address bullying
- Education: expectations, preparation, and options

DEVELOPMENT AND MENTAL HEALTH

- Encouraging independence and self-responsibility
- Be a positive role model – discuss respect, anger
- Know child's friends and importance of peers

NUTRITION AND PHYSICAL ACTIVITY

- Encourage proper nutrition
- 60 minutes of physical activity daily
- Limit TV and screen time

SCHOOL

- Expect preadolescent behaviors
- Answer questions and discuss puberty
- Safety rules with adults

**ORAL HEALTH**

- Dental visits twice a year
- Brush teeth twice a day
- Floss teeth daily
- Wear mouth guard during sports

SAFETY

- Booster seat
- Teach to swim/water safety
- Sunscreen
- Avoid tobacco, alcohol, drugs
- Guns

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

