

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**  Teen has a dental home

**BF**  Teen 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** Menstrual problems \_\_\_\_\_

Medication Record reviewed and updated

**Physical Examination**

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

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

**BF**  SKIN \_\_\_\_\_  NL

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

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

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

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

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

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

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

GI / ABDOMEN \_\_\_\_\_  NL

**BF**  BREASTS (discuss self-exam) \_\_\_\_\_  NL

**BF**  GENITALIA \_\_\_\_\_  NL

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

TESTICLE (discuss self-exam) \_\_\_\_\_  NL

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

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

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

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

**BF**  BACK/SPINE \_\_\_\_\_  NL

**Social/Family History**

Single Parent

**BF** Changes since last visit \_\_\_\_\_

**BF** Teen lives with \_\_\_\_\_

**BF** Relationship with parents/siblings \_\_\_\_\_

Tobacco Exposure

**Risk Assessment**

If not reviewed in Supplemental Questionnaire (Use other side if risks identified.)

= NL    Date of last visit \_\_\_\_\_

**HOME**

Eats meals with family  Yes  No

Has family member/adult to turn to for help  Yes  No

Is permitted and is able to make independent decisions  Yes  No

**EDUCATION**

Grade \_\_\_\_\_

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

Behavior/Attention  NL \_\_\_\_\_

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

**EATING**

Eats regular meals including adequate fruits and vegetables  Yes  No

Drinks non-sweetened liquids  Yes  No

Calcium source  Yes  No

Has concerns about body or appearance  Yes  No

**ACTIVITIES**

Has friends  Yes  No

At least 1 hour of physical activity/day  Yes  No

Screen time (except for homework) less than 2 hours/day  Yes  No

Has interests/participates in community activities/volunteers  Yes  No

**DRUGS** (Substance use / abuse)

Uses tobacco/alcohol/drugs  Yes  No

**SAFETY**

Home is free of violence  Yes  No

Uses safety belts/safety equipment  Yes  No

Impaired/Distracted driving  Yes  No

Has relationships free of violence  Yes  No

**SEX**

Has had oral sex  Yes  No

Has had sexual intercourse (vaginal, anal)  Yes  No

**SUICIDALITY / MENTAL HEALTH**

Has ways to cope with stress  Yes  No

Displays self-confidence  Yes  No

Has problems with sleep  Yes  No

Gets depressed, anxious, or irritable/has mood swings  Yes  No

Has thought about hurting self or considered suicide  Yes  No

**Assessment**

**BF**  Well Teen

**Anticipatory Guidance**

= Discussed and/or handout given

Identified at least one child and parent strength     Know friends and activities

Counseled on smoking cessation if tobacco user     Safe Dating

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

Help with homework when needed

**BRIGHT FUTURES**

PHYSICAL GROWTH AND DEVELOPMENT

- Balanced diet
- Physical activity
- Limit TV
- Protect hearing
- Brush/Floss teeth
- Regular dentist visits

SOCIAL AND ACADEMIC COMPETENCE

- Age-appropriate limits
- Friends/relationships
- Family time
- Community involvement
- Encourage reading/school
- Rules/Expectations
- Planning for after high school
- Education: expectations, preparation, and options

RISK REDUCTION

- Tobacco, alcohol, drugs
- Prescription drugs
- Sex

VIOLENCE AND INJURY PREVENTION

- Seat belts
- Guns
- Conflict resolution
- Driving restriction
- Sports/Recreation safety

**BRIGHT FUTURES**

EMOTIONAL WELL-BEING

- Decision-making
- Dealing with stress
- Mood changes
- Sexuality/Puberty

