ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

WEIGHT (%)	LENGTH (%)	WEIGHT FOR LENGTH (%)	HEAD CIRC (%)	TEMPERATURE	BIRTH DATE	AGE
See growth chart.						☐ M ☐ F

History

☐ Previsit Questionnaire reviewed
☐ Child has a dental home
☐ Child has special health care needs

Concerns and questions ☐ None ☐ Addressed (see other side)

Follow-up on previous concerns ☐ None ☐ Addressed (see other side)

Interval history ☐ None ☐ Addressed (see other side)

☐ Medication Record reviewed and updated

Social/Family History

See Initial History Questionnaire. ☐ No interval change

Family situation

Parents working outside home: ☐ Mother ☐ Father

Child care: ☐ Yes ☐ No Type _____

Changes since last visit _____

Review of Systems

See Initial History Questionnaire and Problem List.

☐ No interval change

Changes since last visit _____

Nutrition: ☐ Breast ☐ Bottle ☐ Cup
Milk _____ Ounces per day _____
Solid foods _____
Juice _____
Source of water _____ Vitamins/Fluoride _____

Elimination: ☐ NL _____

Sleep: ☐ NL _____

Behavior: ☐ NL _____

Activity (playtime, no TV): ☐ NL _____

Development (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- Tries to do what you do
- Helps in the house
- Listens to a story

☐ COMMUNICATIVE
- Says 2 to 3 words
- Brings toys over to show you

☐ COGNITIVE
- Scribbles
- Follows simple commands

☐ PHYSICAL DEVELOPMENT
- Bends down without falling
- Walks well
- Puts block in a cup
- Drinks from a cup with very little spilling

Physical Examination

☑=NL

Bright Futures Priority
- ☐ **EYES (red reflex, cover/uncover test)**
- ☐ **NEUROLOGIC**
- ☐ **TEETH (caries, white spots, staining)**

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ HEAD/FONTANELLE
- ☐ EARS/APPEARS TO HEAR
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ LUNGS
- ☐ HEART
  - ☐ Femoral pulses
- ☐ ABDOMEN
- ☐ GENITALIA
  - ☐ Male/Testes down
  - ☐ Female
- ☐ EXTREMITIES/HIPS
- ☐ BACK
- ☐ SKIN

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

- ☐ COMMUNICATION AND SOCIAL DEVELOPMENT
  - Give limited choices
  - Stranger anxiety
  - Read and talk with child
- ☐ SLEEP ROUTINES AND ISSUES
  - Consistent routines
  - Night waking
- ☐ TEMPER TANTRUMS AND DISCIPLINE
  - Distraction
  - Praise
  - Consistency
- ☐ HEALTHY TEETH
  - First dentist visit
  - Healthy oral habits
  - No bottle
- ☐ SAFETY
  - Car safety seat
  - Home safety
  - Poisons
  - Falls
  - Burns
  - Smoke detectors
  - Carbon monoxide detectors

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results _____

☐ Referral to _____

Follow-up/Next visit _____

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

This American Academy of Pediatrics Visit Documentation Form is consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 3rd Edition.