

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 Child has special health care needs

BF Child has a dental home

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

Anticipatory Guidance

= 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

BF SCHOOL

- Show interest in school
- Communicate with teachers
- Education: expectations, preparation, and options

BF DEVELOPMENT AND MENTAL HEALTH

- Encourage independence
- Praise strengths
- Be a positive role model
- Discuss expected body changes

BF NUTRITION AND PHYSICAL ACTIVITY

- Encourage proper nutrition
- Eat meals as a family
- 60 minutes of physical activity daily
- Limit TV and screen time

BF ORAL HEALTH

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

BF SAFETY

- 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

BRIGHT FUTURES

BRIGHT FUTURES

