

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)

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

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

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
  - Does an activity really well; describe: \_\_\_\_\_
- Tobacco use

**Physical Examination**

= 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

**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
- 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
- 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)

BRIGHT FUTURES

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