	Name				BIRTH DATE		AGE		ACCOMPANIED BY/INFO	ORMANT	PREFERRED LANGUAG	GE .
							□M	□F				
	ID NUMBER		CURRENT MEDICATION	2			DRUG ALLERGI	ES				
			See other side for cu	rrent medication list								
	WEIGHT (%)	HEIGHT (%)	BMI (%)	BMI RANGE: □<5% (u □5-84% (□85-94% □95-98% □≥99% ((healthy) (over) (obese)	LOOD PR	ESSURE	TEMPERA	ATURE	DATE/TIME		
	See growth chart.	ı	I	BF = Bright		Prior	rity Item	ı		1		
	History						Physic	al Ex	amination			
BF			☐ Child has	special health care i	needs		í = Reviewed		0		NL = Reviewed/N	Normal
BF							I GENERAL A	APPEAR	ANCE			□NL □NL
BF	Concerns/questions	•					HEAD					□NL
	☐ None		☐ Addressed (se	e other side)			EYES (red re	eflex, co	over/uncover test)			
BF	Follow-up on previo	ous concerns 🔲 N	lone 🛭 Addre	ssed (see other side)		I EARS I NOSE					□NL □NL
							IA HTUOM I		ROAT			□NL
BF	☐ Medication Recor	rd reviewed and up	pdated			BF 🗆	I TEETH (ca	aries, w	vhite spots, stair	ning)		
	Social/Famil	ly History					LUNGS					
							I HEART					□NL
BF	Family situation	n [☐ Single Parent				I ABDOMEN I GENITALIA					
BF	Parents working outs	side home:	☐ Mother ☐	1 Father		BF ⊔	NEUROLO	OGIC _				□NL
BF	Child care:	□ No Type				BF BF				LANGUAGE THOUGHT PROC	□SPEEC ESS	н
	Preschool: Yes						EXTREMITI	ES				□NL
	Changes since last vis											
	☐ Tobacco Exposure						BACK					ONL
ы	Review of S		-	-		BF C	omments					
	✓ = NL	ysterris										
	Date of last visit Changes since last vis											
							Asses	smen	t			
	Nutrition					BF C	Well Child					
	☐ Nutrition, balanced, eats with family Source of water Vitamins/Fluoride											
	Source Elimination:			· · · · · · · · · · · · · · · · · · ·								
	Toilet Trained:											
	Sleep:											
	Behavior/Temperame						Antici	ipato	ry Guidance			
BRIGHT FUTURES	Physical activity	,	nin/day) □ Ye <2 hrs/day) □ Ye		_							
	Parent-child interaction	,	-2 m 3/day) 🛥 10	3 2 110					r handout given	_		
	Communication: NL						□ Identified a □ Raising Re		one child and pare	ent strength		
	Choices: NL					1	☐ Counseled	on nut	rition and exercise			
	Cooperation: NL						☐ Discuss 5-	2-1-0, fa	ast food, avoid juic	:e/soda/candy		
	Appropriate responses to behavior: NL Development (if not reviewed in Previsit Questionnaire)						□ SCHOOL			THY PERSONAL HA		
	□ PHYSICAL DEVELOPMENT □ COMMUNICATIVE						Model behBe sensitive			bedtime routine teeth twice daily	 Appropr restraine 	
	*Builds tower (8 blocks) *Usually understandable					RES	feelings		Daily	physical activity	vehicles	11
	*Hops on 1 foot *Knows name, age, gender *Balances on 1 foot for 2 seconds □ SOCIAL-EMOTIONAL					FUTURES	 Encourage children 	play wit	th other	D AND FAMILY	 Supervise outdoor 	
	*Copies a cross *Interactions with peers						• Consider	preschoo)	LVEMENT	Guns	
	*Brushes own teeth *Fantasy play					Daily reading Community activities Fypect curiosity about body —				_ TV/MED	IA	
	*Dresses self					allswei questions using proper					er • Limit TV	
			*Draws perso	on (3 body parts)		8	preparation, and options				I-2 hours ● No TV ir	,
(se	e other side for	nlan immun	*Plays board/	J					• Good	y rules with adults d and bad touches to seek help when nee	bedroom	

4	Year	S

WELL CHILD VISIT

NAME		Medical Record Number	DOB			
F	emale		Actual age (months): O 46 O 47 O 48 O		
Current Medications						
Plan Plan						
*						
If no, immunizations given today.	Yes □No Yes □No Yes □No	Has a dental home	□ Completed	□Low □Mod □High □Yes □No □Yes □No		
☐ Immunization plan/comments		Dental Visit in Past Year		□Yes □No □Yes □No		
BF Laboratory/Screening results						
Hearing screen						
□Previously done Date completed						
Vision screen		■ Make doctor's appointment				
□Previously done Date completed						
Hyperlipidemia risk (if hx unknown consider screening)		,				
Assess level of risk of developmental delay						
PPD / Lead* / Anemia**						
☐ PPD done (if exposure risk) / date done///						
PPD result if done ☐ Neg ☐ Pos						
PPD plan/comments		_				
☐ Lead drawn in office						
☐ Lead test ordered / date done / / / /		_				
Lead range □ <10 □ 10-14 □ 15-19 □ >19 Lead plan/comments		BF Referral to				
☐ Hgb/Hct ordered / date done / / / Hgb/Hct result: Hgb Hct ☐ Referral at 6 months if Hgb/Hct plan/comments	still anemi	BF Follow-up/Next Visit	BF Follow-up/Next Visit			
□ Hgb/Hct results shared with WIC *All children enrolled in MaineCare should be lead tested at 1 year old and at 2 year other children should be tested at these ages, unless lead risk assessment indicates trisk for lead exposure. **WIC recommends anemia testing at 9-12 months with re-test in 6 months (15 to normal, re-test annually to age 5. If abnormal, re-test every 6 months; convert to an once normal result is obtained. WIC may perform anemia testing. Narrative Notes:	they are not 18 months)					

Department of Health and Human Services

Maine People Uning Safe, Healthy and Productive Lives