

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**  Child has a dental home

Child 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)

**BF**  Medication Record reviewed and updated

**Social/Family History**

**BF** **Family situation**                       Single Parent

**BF** Parents working outside home:     Mother     Father

**BF** Child care:  Yes    No   Type \_\_\_\_\_

**BF** Preschool:  Yes    No \_\_\_\_\_

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

Elimination:  NL \_\_\_\_\_

Toilet Trained:  Yes    No \_\_\_\_\_

Sleep:  NL \_\_\_\_\_

Behavior/Temperament:  NL \_\_\_\_\_

Physical activity    Playtime (60 min/day)    Yes    No  
Screen time (<2 hrs/day)  Yes    No

Parent-child interaction  
Communication:  NL \_\_\_\_\_  
Choices:  NL \_\_\_\_\_  
Cooperation:  NL \_\_\_\_\_  
Appropriate responses to behavior:  NL \_\_\_\_\_

**Development** (if not reviewed in Previsit Questionnaire)

<input type="checkbox"/> <b>PHYSICAL DEVELOPMENT</b> *Builds tower (8 blocks) *Hops on 1 foot *Balances on 1 foot for 2 seconds *Copies a cross *Brushes own teeth *Dresses self	<input type="checkbox"/> <b>COMMUNICATIVE</b> *Usually understandable *Knows name, age, gender	<input type="checkbox"/> <b>SOCIAL-EMOTIONAL</b> *Interactions with peers *Fantasy play	<input type="checkbox"/> <b>COGNITIVE</b> *Names 4 colors *Draws person (3 body parts) *Plays board/card games
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**Physical Examination**

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

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

SKIN \_\_\_\_\_  NL

HEAD \_\_\_\_\_  NL

EYES (red reflex, cover/uncover test) \_\_\_\_\_  NL

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

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

MOUTH AND THROAT \_\_\_\_\_  NL

**BF**  **TEETH (caries, white spots, staining)** \_\_\_\_\_  NL

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

LUNGS \_\_\_\_\_  NL

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

ABDOMEN \_\_\_\_\_  NL

GENITALIA \_\_\_\_\_  NL

**BF**  **NEUROLOGIC** \_\_\_\_\_  NL

**BF**  **FINE MOTOR SKILLS**                       **LANGUAGE**                       **SPEECH**

**BF**  **GROSS MOTOR SKILLS**                       **THOUGHT PROCESS**

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

Raising Readers book given

Counseled on nutrition and exercise

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

<input type="checkbox"/> <b>SCHOOL READINESS</b> • Model behavior • Be sensitive to child's feelings • Encourage play with other children • Consider preschool • Daily reading • Talk with child • Education: expectations, preparation, and options	<input type="checkbox"/> <b>HEALTHY PERSONAL HABITS</b> • Calm bedtime routine • Brush teeth twice daily • Daily physical activity	<input type="checkbox"/> <b>SAFETY</b> • Appropriately restrained in all vehicles • Supervise all outdoor play • Guns
<input type="checkbox"/> <b>CHILD AND FAMILY INVOLVEMENT</b> • Community activities • Expect curiosity about body – answer questions using proper terms • Safety rules with adults • Good and bad touches • How to seek help when needed	<input type="checkbox"/> <b>TV/MEDIA</b> • Limit TV/video to 1-2 hours/day • No TV in bedroom	

BRIGHT FUTURES

BRIGHT FUTURES

(see other side for plan, immunizations and follow-up)

