

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 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 NL _____

Home: Parent-child-sibling interaction NL _____
Cooperation/Oppositional behavior None _____

Development (if not reviewed in Previsit Questionnaire)

<input type="checkbox"/> MOTOR *Balances on 1 foot *Hops and skips *Able to tie knot	<input type="checkbox"/> LEARNING *Draws person (6+ body parts) *Prints some letters and numbers *Copies squares, triangles *Counts to 10 *Names 4 or more colors *Follow simple direction *Listens and attends
<input type="checkbox"/> LANGUAGE *Good articulation/ language skills	

Physical Examination

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

GENERAL APPEARANCE _____ NL

SKIN _____ NL

HEAD _____ NL

BF EYES _____ NL

EARS _____ NL

NOSE _____ NL

THROAT _____ NL

BF MOUTH/TEETH (caries, gingival) _____ NL

NECK _____ NL

LUNGS _____ NL

HEART _____ NL

ABDOMEN _____ NL

GENITALIA _____ NL

BF NEUROLOGIC (fine/gross motor) _____ NL

BF GAIT _____ NL

BF LANGUAGE _____ 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

Raising Readers book given

Counseled on nutrition and exercise

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

<input type="checkbox"/> SCHOOL READINESS • Establish routines • After-school care/activities • Friends • Bullying • Communicate with teachers • Education: expectations, preparation, and options	<input type="checkbox"/> NUTRITION AND PHYSICAL ACTIVITY • Healthy weight • Well-balance diet, including breakfast • Fruits, vegetables, whole grains • Adequate calcium • 60 minutes of exercise/day	<input type="checkbox"/> SAFETY • Sexual safety • Pedestrian safety • Safety helmets • Swimming safety • Fire escape plan • Smoke/carbon monoxide detectors • Guns • Sun • Appropriately restrained in all vehicles
<input type="checkbox"/> MENTAL HEALTH • Family time • Anger management • Discipline for teaching not punishment • Limit TV	<input type="checkbox"/> ORAL HEALTH • Regular dentist visits • Brushing/Flossing • Fluoride	

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

BRIGHT FUTURES

BRIGHT FUTURES

