

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

BRIGHT FUTURES

BRIGHT FUTURES

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

