

ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME
DRUG ALLERGIES	CURRENT MEDICATIONS	
WEIGHT (%) <small>See growth chart.</small>	HEIGHT (%)	BMI (%)
BLOOD PRESSURE		TEMPERATURE

Name
ID NUMBER
BIRTH DATE
AGE
M F

History

<input type="checkbox"/> Previsit Questionnaire reviewed	<input type="checkbox"/> Child has special health care needs
<input type="checkbox"/> Child has a dental home	

Concerns and questions None Addressed (see other side)

Follow-up on previous concerns None Addressed (see other side)

Interval history None Addressed (see other side)

Medication Record reviewed and updated

Physical Examination

= NL

Bright Futures Priority

- EYES (red reflex, cover/uncover test)
- TEETH (caries, white spots, staining)
- NEUROLOGIC (language, speech, social interaction)

Additional Systems

- GENERAL APPEARANCE
- HEAD
- EARS
- NOSE
- MOUTH AND THROAT
- NECK
- LUNGS
- HEART
- ABDOMEN
- GENITALIA
- EXTREMITIES
- BACK
- SKIN

Abnormal findings and comments _____

Social/Family History

See Initial History Questionnaire. No interval change

Family situation

Parents working outside home: Mother Father

Child care: Yes No Type _____

Preschool: Yes No _____

Changes since last visit _____

Assessment

Well child

Review of Systems

See Initial History Questionnaire and Problem List.

No interval change

Changes since last visit _____

Nutrition _____

Elimination: NL _____

Toilet training: Yes In process _____

Sleep: NL _____

Behavior/Temperament: NL _____

Physical activity

Play time (60 min/d) Yes No

Screen time (<2 h/d) Yes No

Parent-child interaction

Communication: NL _____

Choices: NL _____

Cooperation: NL _____

Appropriate responses to behavior: NL _____

Anticipatory Guidance

Discussed and/or handout given

- FAMILY SUPPORT
 - Show affection
 - Manage anger
 - Reinforce appropriate behavior
 - Reinforce limits
 - Find time for yourself
- ENCOURAGING LITERACY ACTIVITIES
 - Read, sing, play
 - Talk about pictures in books
 - Encourage child to talk
- PLAYING WITH PEERS
 - Encourage appropriate play
 - Encourage fantasy play
 - Encourage play with peers
- PROMOTING PHYSICAL ACTIVITY
 - Family exercise, activities
 - Limit screen time—maximum 1–2 hours/day
 - No TV in bedroom
- SAFETY
 - Car safety seat
 - Supervise play near streets, cars
 - Safety near windows
 - Guns

Development (if not reviewed in Previsit Questionnaire)

<input type="checkbox"/> SOCIAL-EMOTIONAL <ul style="list-style-type: none"> Self-care skills Imaginative play 	<input type="checkbox"/> COMMUNICATIVE <ul style="list-style-type: none"> 2–3 sentences Usually understandable Names a friend 	<input type="checkbox"/> PHYSICAL DEVELOPMENT <ul style="list-style-type: none"> Builds tower (6–8 blocks) Stands on 1 foot Throws ball overhand Walks upstairs alternating feet Copies circle Draws person (2 body parts) Toilet trained during day
<input type="checkbox"/> COGNITIVE <ul style="list-style-type: none"> Names objects Knows if boy or girl 		

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: Vision _____

Referral to _____

Follow-up/Next visit _____

See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	



**This American Academy of Pediatrics Visit Documentation Form is consistent with
*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition.***

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
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