

ACCOMPANIED BY/INFORMANT		PREFERRED LANGUAGE	DATE/TIME	Name		
DRUG ALLERGIES		CURRENT MEDICATIONS		ID NUMBER		
WEIGHT (%)	HEIGHT (%)	HEAD CIRC (%)	BMI (%)	TEMPERATURE	BIRTH DATE	AGE
See growth chart.						M F

History

☐ Previsit Questionnaire reviewed	☐ Child has special health care needs
☐ 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

Social/Family History

See Initial History Questionnaire. ☐ No interval change

Family situation

Parents working outside home: ☐ Mother ☐ Father

Child care: ☐ Yes ☐ No Type _____

Changes since last visit _____

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

Development

☐ Structured developmental screen ☐ NL Tool _____

Developmental Surveillance (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL • Plays pretend • Plays with other children (eg, tag)	☐ COMMUNICATIVE • Other people can understand what your child is saying half of the time • When talking, puts 3 or 4 words together	☐ PHYSICAL DEVELOPMENT • Jumps up and down in place • Puts on clothes with help • Washes and dries hands without help • Brushes teeth with help
☐ COGNITIVE • Points to 6 body parts • Knows correct animal sounds (eg, cat meows, dog barks)		

Physical Examination

☒ = NL

Bright Futures Priority

☐ EYES (red reflex, cover/uncover test)

☐ NEUROLOGIC (coordination, language, socialization)

Additional Systems

☐ GENERAL APPEARANCE	☐ LUNGS
☐ HEAD	☐ HEART
☐ EARS	☐ ABDOMEN
☐ NOSE	☐ GENITALIA
☐ MOUTH AND THROAT	☐ Male/Testes down
☐ NECK	☐ Female
☐ TEETH	☐ EXTREMITIES/HIPS
	☐ BACK
	☐ SKIN

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given		
☐ FAMILY ROUTINES • Family meals • Family activities	☐ SOCIAL DEVELOPMENT • Supervised play with other children • Setting limits • Emerging independence	☐ SAFETY • Car safety seat • Water • Appropriate supervision • Sun exposure • Fire safety • Smoke detectors • Outdoor safety • Playground • Dogs
☐ LANGUAGE PROMOTION AND COMMUNICATION • Limit TV • Daily reading • Listen and repeat to child	☐ PRESCHOOL CONSIDERATIONS • Group activities/ preschool (if possible) • Toilet training	

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results _____

☐ Referral to _____

Follow-up/Next visit _____

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

American Academy of Pediatrics

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**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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