

ACCOMPANIED BY/INFORMANT		PREFERRED LANGUAGE	DATE/TIME	Name		
DRUG ALLERGIES		CURRENT MEDICATIONS		ID NUMBER		
WEIGHT (%)	HEIGHT (%)	BMI (%)	BLOOD PRESSURE	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 _____

Preschool: ☐ Yes ☐ No _____

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 trained: ☐ Yes ☐ No _____

Sleep: ☐ NL _____

Behavior/Temperament: ☐ NL _____

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

Toxic exposure: Passive smoking ☐ Yes ☐ No

Parent-child interaction

Communication: ☐ NL _____

Choices: ☐ NL _____

Cooperation: ☐ NL _____

Appropriate responses to behavior: ☐ NL _____

Development (if not reviewed in Previsit Questionnaire)

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

Physical Examination

☒ = NL

Bright Futures Priority

☐ **NEUROLOGIC**

☐ FINE MOTOR SKILLS

☐ GROSS MOTOR SKILLS

☐ LANGUAGE

☐ SPEECH

☐ THOUGHT PROCESS

☐ TEETH (caries, white spots, staining)

Additional Systems

☐ GENERAL APPEARANCE

☐ HEAD

☐ EARS

☐ NOSE

☐ MOUTH AND THROAT

☐ NECK

☐ LUNGS

☐ HEART

☐ ABDOMEN

☐ GENITALIA

☐ EXTREMITIES

☐ BACK

☐ SKIN

Abnormal findings and comments _____

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ SCHOOL READINESS

- Model behavior
- Be sensitive to child's feelings
- Encourage play with other children
- Consider preschool
- Daily reading
- Talk with child

☐ TV/MEDIA

- Limit TV/video to 1–2 hours/day
- No TV in bedroom

☐ CHILD AND FAMILY INVOLVEMENT

- 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

☐ SAFETY

- Appropriately restrained in all vehicles
- Supervise all outdoor play
- Guns

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ Vision ☐ Hearing

☐ Referral to _____

Follow-up/Next visit _____

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



**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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