

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

See growth chart.

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

After-school care: ☐ Yes ☐ No

Changes since last visit

Review of Systems

See Initial History Questionnaire and Problem List.

☐ No interval change

Changes since last visit

Nutrition

Sleep: ☐ NL

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

School: Grade Special education ☐ Yes ☐ No

Social interaction ☐ NL

Performance ☐ NL

Behavior ☐ NL

Attention ☐ NL

Homework ☐ NL

Parent/Teacher concerns ☐ None

Home: Parent-child-sibling interaction ☐ NL

Cooperation/Oppositional behavior ☐ NL

Development (if not reviewed in Previsit Questionnaire)

☐ MOTOR	☐ LANGUAGE	• Counts to 10
• Balances on 1 foot	• Good articulation/language skills	• Names 4 or more colors
• Hops and skips	☐ LEARNING	• Follows simple directions
• Able to tie knot	• Draws person (6+ body parts)	• Listens and attends
	• Prints some letters and numbers	
	• Copies squares, triangles	

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Physical Examination

☒ = NL

Bright Futures Priority

☐ EYES

☐ MOUTH/TEETH (caries, gingival)

☐ NEUROLOGIC (fine/gross motor)

☐ GAIT

☐ LANGUAGE

Additional Systems

☐ GENERAL APPEARANCE ☐ HEART

☐ HEAD ☐ ABDOMEN

☐ EARS ☐ GENITALIA

☐ THROAT ☐ EXTREMITIES

☐ NOSE ☐ BACK

☐ NECK ☐ SKIN

☐ LUNGS

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

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

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ Vision ☐ Hearing

☐ Referral to

Follow-up/Next visit

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

WELL CHILD/5 to 6 years

**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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