

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

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

School: Grade

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)

- | | |
|---|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Is doing well in school Is getting chances to make own decisions Feels good about self Does an activity really well; describe: |
|---|---|

Physical Examination

☑=NL

Bright Futures Priority

☐ SKIN (tattoos, piercing, bruising, nevi)

☐ BACK (scoliosis)

☐ BREASTS/GENITALIA

SEXUAL MATURITY

RATING

Additional Systems

☐ GENERAL APPEARANCE

☐ HEAD

☐ EYES

☐ EARS

☐ NOSE

☐ MOUTH, THROAT, TEETH

☐ NECK

☐ LUNGS

☐ HEART

☐ ABDOMEN

☐ SKIN

☐ EXTREMITIES

☐ NEUROLOGIC

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ SCHOOL

- Show interest in school
- Quiet space for homework
- Address bullying

☐ 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

- Expect preadolescent behaviors
- Answer questions and discuss puberty
- Safety rules with adults

☐ 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 guards during sports
- ☐ SAFETY
- Booster seat
- Teach to swim/water safety
- Sunscreen
- Avoid tobacco, alcohol, drugs
- 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

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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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