

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

History

☐ Previsit Questionnaire reviewed	☐ Child has special health care needs
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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

Parental support—work/family balance _____

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: ☐ Breast milk Minutes per feeding _____

Hours between feeding _____ Feedings per 24 hours _____

Problems with breastfeeding _____

☐ Formula Ounces per feeding _____

Source of water _____ Vitamins/Fluoride _____

Elimination: ☐ NL _____

Sleep: ☐ NL _____

Behavior: ☐ NL _____

Activity (tummy time): ☐ NL _____

Development (if not reviewed in Previsit Questionnaire)

☐ PHYSICAL DEVELOPMENT	☐ COGNITIVE	☐ SOCIAL-EMOTIONAL
• Pushes chest up to elbows	• Responds to affection	• Social smile
• Good head control	• Indicates pleasure and displeasure	• Elicits social interactions
• Symmetry in movements	☐ COMMUNICATIVE	• Can calm down on own
• Begins to roll and reach for objects	• Spontaneous expressive babbling	

Physical Examination

☒ = NL

Bright Futures Priority

☐ SKIN (rashes, bruising)

☐ HEAD/FONTANELLE (positional skull deformities)

☐ EYES (red reflex/strabismus/ appears to see)

☐ HEART

☐ FEMORAL PULSES

☐ MUSCULOSKELETAL (torticollis)

☐ HIPS

☐ NEUROLOGIC (tone, strength, symmetry)

Additional Systems

☐ GENERAL APPEARANCE ☐ GENITALIA

☐ LUNGS ☐ Male/Testes down

☐ EARS/APPEARS TO HEAR ☐ Female

☐ NOSE ☐ EXTREMITIES

☐ MOUTH AND THROAT ☐ BACK

☐ ABDOMEN

Abnormal findings and comments _____

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given	☐ INFANT DEVELOPMENT	☐ SAFETY
☐ FAMILY FUNCTIONING	• Social development	• Car safety seat
☐ NUTRITIONAL ADEQUACY AND GROWTH	• Communication skills	• Burns
• Breastfeeding (vitamin D, iron supplement)	• Physical (tummy time)	• Hot liquids
• Iron-fortified formula	• Daily routines	• Water heaters
• Solid foods	• Sleep	• Falls
• When and how to add	☐ ORAL HEALTH	• Walkers
• Weight gain and growth spurts	• Don't share utensils/pacifier	• Choking
• Elimination	• Avoid bottle in bed	• Drowning
		• Lead poisoning

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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