

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
☐ 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: ☐ Breast ☐ Bottle ☐ Cup

Milk _____ Ounces per day _____

Solid foods _____

Juice _____

Source of water _____ Vitamins/Fluoride _____

Elimination: ☐ NL _____

Sleep: ☐ NL _____

Behavior: ☐ NL _____

Activity (playtime, no TV): ☐ NL _____

Development (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL • Tries to do what you do • Helps in the house • Listens to a story	☐ COMMUNICATIVE • Says 2 to 3 words • Brings toys over to show you ☐ COGNITIVE • Scribbles • Follows simple commands	☐ PHYSICAL DEVELOPMENT • Bends down without falling • Walks well • Puts block in a cup • Drinks from a cup with very little spilling
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Physical Examination

☒ = NL

Bright Futures Priority

- ☐ EYES (red reflex, cover/uncover test)
- ☐ NEUROLOGIC
- ☐ TEETH (caries, white spots, staining)

Additional Systems

☐ GENERAL APPEARANCE	☐ ABDOMEN
☐ HEAD/FONTANELLE	☐ GENITALIA
☐ EARS/APPEARS TO HEAR	☐ Male/Testes down
☐ NOSE	☐ Female
☐ MOUTH AND THROAT	☐ EXTREMITIES/HIPS
☐ LUNGS	☐ BACK
☐ HEART	☐ SKIN
☐ Femoral pulses	

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given	☐ TEMPER TANTRUMS AND DISCIPLINE • Distraction • Praise • Consistency	☐ SAFETY • Car safety seat • Home safety • Poisons • Falls • Burns • Smoke detectors • Carbon monoxide detectors
☐ COMMUNICATION AND SOCIAL DEVELOPMENT • Give limited choices • Stranger anxiety • Read and talk with child	☐ SLEEP ROUTINES AND ISSUES • Consistent routines • Night waking	☐ HEALTHY TEETH • First dentist visit • Healthy oral habits • No bottle

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results _____

☐ Referral to _____

Follow-up/Next visit _____

☐ See other side

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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