

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

Elimination: ☐ NL _____

Toilet training: ☐ Yes ☐ In process _____

Sleep: ☐ NL _____

Behavior/Temperament: ☐ NL _____

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

Development

☐ Autism-specific screen ☐ NL Tool _____

Developmental Surveillance (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL • Copies things that you do • Plays pretend • Plays alongside other children	☐ COMMUNICATIVE • When talking, puts 2 words together (eg, "my book") ☐ COGNITIVE • Names 1 picture (eg, cat, dog, ball) • Follows 2-step commands	☐ PHYSICAL DEVELOPMENT • Stacks small blocks (5–6) • Kicks a ball • Walks up and down stairs 1 step at a time alone while holding wall or railing • Throws a ball overhand • Jumps up • Turns book pages 1 at a time
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Physical Examination

☒ = NL

Bright Futures Priority

☐ EYES (red reflex, cover/uncover test)

☐ TEETH (caries, white spots, staining)

☐ NEUROLOGIC (coordination, language, socialization)

Additional Systems

☐ GENERAL APPEARANCE

☐ HEAD/FONTANELLE

☐ EARS/APPEARS TO HEAR

☐ NOSE

☐ MOUTH AND THROAT

☐ NECK

☐ LUNGS

☐ HEART

☐ FEMORAL PULSES

☐ ABDOMEN

☐ GENITALIA

☐ MALE/TESTES DOWN

☐ FEMALE

☐ EXTREMITIES/HIPS

☐ BACK

☐ SKIN

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ ASSESSMENT OF LANGUAGE DEVELOPMENT

- Model appropriate language
- Daily reading
- Following 1–2-step commands
- Listen and respond to child

☐ TOILET TRAINING

- When child is ready
- Plan for frequent toilet breaks
- Personal hygiene

☐ TV VIEWING

- Limit TV viewing to no more than 1–2 hours/day
- TV alternatives: reading, games, singing
- Encourage physical activity

☐ SAFETY

- Car safety seat
- Bike helmet
- Supervise outside
- Guns

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ Lead _____

☐ 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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