

ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME
DRUG ALLERGIES	CURRENT MEDICATIONS	
WEIGHT (%) <small>See growth chart.</small>	LENGTH (%)	WEIGHT FOR LENGTH (%)
		HEAD CIRC (%)

Name
ID NUMBER
TEMPERATURE
BIRTH DATE
AGE
M F

## History

<input type="checkbox"/> Previsit Questionnaire reviewed	<input type="checkbox"/> Child has special health care needs
<input type="checkbox"/> 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**

Structured developmental screen  NL Tool \_\_\_\_\_

Autism-specific screen  NL Tool \_\_\_\_\_

**Developmental Surveillance** (if not reviewed in Previsit Questionnaire)

<input type="checkbox"/> SOCIAL-EMOTIONAL	<input type="checkbox"/> COMMUNICATIVE	<input type="checkbox"/> PHYSICAL DEVELOPMENT
• Helps in the house	• Speaks 6 words	• Stacks 2 small blocks
• Laughs in response to others	<input type="checkbox"/> COGNITIVE	• Runs
	• Knows name of favorite book	• Walks up steps
	• Points to 1 body part	• Uses spoon and cup without spilling most of the time

## Physical Examination

= NL

**Bright Futures Priority**

- EYES (red reflex, cover/uncover test)
- SKIN (nevi, café au lait, bruising)
- NEUROLOGIC (gait, coordination)
- TEETH (caries, white spots, staining)

**Additional Systems**

- GENERAL APPEARANCE
- HEAD/FONTANELLE
- EARS/APPEARS TO HEAR
- NOSE
- LUNGS
- MOUTH AND THROAT

- HEART
- Femoral pulses
- ABDOMEN
- GENITALIA
- Male/Testes down
- Female
- EXTREMITIES/HIPS
- BACK

Abnormal findings and comments

## Assessment

Well child

## Anticipatory Guidance

Discussed and/or handout given

- FAMILY SUPPORT
  - Family time
  - Time for self and other children
  - Reinforce limits
  - Prepare for new sibling (if necessary)
  - Smoke-free environment
- CHILD DEVELOPMENT AND BEHAVIOR
  - Anticipate anxiety
  - Praise
  - Consistent discipline
  - Daily playtime
- LANGUAGE PROMOTION/HEARING
  - Read, talk, and sing
  - Simple words
  - Feelings and emotions
- TOILET TRAINING READINESS
  - Wait until child is ready
  - Reading books/praise
- SAFETY
  - Car safety seat
  - Falls
  - Burns
  - Smoke detectors
  - Guns
  - Poisons

## 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	



SAMPLE

**This American Academy of Pediatrics Visit Documentation Form is consistent with  
*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition.***

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