

Visit Documentation Form User Guide

for WELL CHILD/2 to 5 days (first week) Through WELL CHILD/10 years

The newly revised American Academy of Pediatrics (AAP) Visit Documentation Forms are designed to provide health care professionals with the resource they need to appropriately document activities within the typical well-child visit, support appropriate coding, and secure appropriate payment for their activities. With an increase in pay-for-performance programs, quality improvement initiatives, audits, and legal review, documentation is more critical than ever. The AAP Visit Documentation Forms will assist in simplifying the documentation process. By providing an organized and consistent layout, clinicians can use the forms for more effective documentation, which can improve performance, limit liability, and support efforts to obtain appropriate payment for services. While the electronic medical record will be the future for most medical practices, these documentation forms provide a clear, concise way for practitioners to meet their current documentation needs.

Key Features

Single-Page Forms

For each visit from the first week through the 10th year, the Visit Documentation Forms are limited to a single page. The front contains unique prompts for visits, tailored to the recommendations for each visit by age. Check boxes are used where feasible, but space is provided for written information where appropriate. The back of the forms provides space for additional notes as needed, including addressing chronic illnesses and minor illnesses that may coincide with a well visit.

Reduced Duplication

To decrease the need for duplication of information, the Visit Documentation Forms extensively reference other key components from the AAP collection of documentation products. These include references to the Initial History Questionnaire (birth, past, and family histories), Problem List, Medication Record, Bright Futures Previsit Questionnaire (completed by the family prior to the visit), and Vaccine Administration Record.

Universality

No documentation form will completely satisfy all practitioners. However, these forms conform to the most widely recognized set of information that should be obtained during the visit. The forms are also consistent with documentation guidelines to support evaluation and management coding. While efforts have been made to address common documentation requirements for Early and Periodic Screening, Diagnosis, and Treatment, states vary in their required elements. Additional elements may be needed to meet your state's requirements.

Peer Reviewed

The Visit Documentation Forms have been reviewed by multiple AAP committees, including the Committee on Adolescence, Committee on Coding and Nomenclature, Committee on Medical Liability and Risk Management, Committee on Practice and Ambulatory Medicine, and Council on Clinical Information Technology.

Developmental/Psychosocial Screening

While some practitioners may use a structured developmental or psychosocial screening at each visit, space is only provided for universal screenings. (Ample space is available on the back of each form for any additional screenings required.) The Committee on Coding and Nomenclature recommends indicating the name of the tool used, the results of the screening, the informant, and areas of concern somewhere on the form.

Significant Updates

Consistent With Bright Futures and "Recommendations for Preventive Pediatric Health Care"

The AAP Visit Documentation Forms are consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 3rd Edition, and the AAP "Recommendations for Preventive Pediatric Health Care." Forms are organized by visits recommended by age group, and the content to be addressed at each visit is consistent. In particular, the Anticipatory Guidance section reflects the 5 priorities outlined in the Bright Futures Guidelines and provides practitioners an easy way to document this important activity.

Clinical Issues

The following components are included:

- Space to note body mass index (2 years and older) and blood pressure measurements (3 years and older)
- Space to identify children with special health care needs
- Simplified check box to indicate developmental issues have been covered
- More opportunities to use a check box when the patient's status is normal
- Documentation for complete, streamlined, and age-specific physical examination
- Space to note blood pressure for children older than 3 years. (Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.)

Visit Documentation Form User Guide

for WELL CHILD/2 to 5 days (first week) Through WELL CHILD/10 years

- ◆ Checks indicate normal.
- ◆ Not checked and no comment indicates not done.

Conforms to evaluation and management (E/M) documentation guidelines.

References to Initial History Questionnaire, Previsit Questionnaire, and Problem List decrease need to repeat pertinent information.

Increased emphasis on psychosocial aspects.

Conforms to E/M requirements for review of systems while focusing on aspects of care appropriate to the child in good health.

ACCOMPANIED BY/INFORMANT		PREFERRED LANGUAGE	DATE/TIME	Name	
DRUG ALLERGIES		CURRENT MEDICATIONS		ID NUMBER	
WEIGHT (%)	HEIGHT (%)	HEAD CIRC (%)	BMI (%)	TEMPERATURE	BIRTH DATE
See growth chart				AGE	M F
History			Physical Examination		
<input type="checkbox"/> Previsit Questionnaire reviewed <input type="checkbox"/> Child has a dental home <input type="checkbox"/> Child has special health care needs Concerns and questions: <input type="checkbox"/> None <input type="checkbox"/> Addressed (see other side) Follow-up on previous concerns: <input type="checkbox"/> None <input type="checkbox"/> Addressed (see other side) Interval history: <input type="checkbox"/> None <input type="checkbox"/> Addressed (see other side) <input type="checkbox"/> Medication Record reviewed and updated			<input type="checkbox"/> NL Bright Futures Priority <input type="checkbox"/> EYES (red reflex, cover/uncover test) <input type="checkbox"/> TEETH (caries, white spots, staining) <input type="checkbox"/> NEUROLOGIC (coordination, language, socialization) Additional Systems: <input type="checkbox"/> GENERAL APPEARANCE <input type="checkbox"/> HEAD/FONTANELLE <input type="checkbox"/> EARS/APPEARS TO HEAR <input type="checkbox"/> NOSE <input type="checkbox"/> MOUTH AND THROAT <input type="checkbox"/> NECK <input type="checkbox"/> LUNGS <input type="checkbox"/> HEART <input type="checkbox"/> FEMORAL PULSES <input type="checkbox"/> ABDOMEN <input type="checkbox"/> GENITALIA <input type="checkbox"/> Male/Tests down <input type="checkbox"/> Female <input type="checkbox"/> EXTREMITIES/HIPS <input type="checkbox"/> BACK <input type="checkbox"/> SHIN		
Social/Family History			Assessment		
See Initial History Questionnaire. <input type="checkbox"/> No interval change Family situation Parents working outside home: <input type="checkbox"/> Mother <input type="checkbox"/> Father Child care: <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Changes since last visit: _____			<input type="checkbox"/> Well child Abnormal findings and comments: _____		
Review of Systems			Anticipatory Guidance		
See Initial History Questionnaire and Problem List. <input type="checkbox"/> No interval change Changes since last visit: _____ Nutrition: _____ Elimination: <input type="checkbox"/> NL Toilet training: <input type="checkbox"/> Yes <input type="checkbox"/> In process Sleep: <input type="checkbox"/> NL Behavior/Temperament: <input type="checkbox"/> NL Physical activity: Play time (60 min/d) <input type="checkbox"/> Yes <input type="checkbox"/> No Screen time (<2 h/d) <input type="checkbox"/> Yes <input type="checkbox"/> No Development <input type="checkbox"/> Autism-specific screen <input type="checkbox"/> NL Tool Developmental Surveillance (if not reviewed in Previsit Questionnaire) <input type="checkbox"/> SOCIAL/EMOTIONAL • Copies things that you do • Plays pretend • Plays alongside other children <input type="checkbox"/> COMMUNICATIVE • When talking, puts 2 words together (eg, "my book") <input type="checkbox"/> COGNITIVE • Names 1 picture (eg, cat, dog, ball) • Follows 2-step commands			<input type="checkbox"/> DISCUSSED AND/OR HANDOUT GIVEN <input type="checkbox"/> ASSESSMENT OF LANGUAGE DEVELOPMENT • Model appropriate language • Daily reading • Following 1-2-step commands <input type="checkbox"/> TEMPERAMENT AND BEHAVIOR • Listen and respond to child • Praise, respect • Help express feelings • Self-expression • Playing with other children <input type="checkbox"/> TOILET TRAINING • When child is ready • Plan for frequent toilet breaks • Personal hygiene <input type="checkbox"/> TV VIEWING • Limits TV viewing to no more than 1-2 hours/day • TV alternatives: reading, games, singing • Encourage physical activity <input type="checkbox"/> SAFETY • Car safety seat • Bike helmet • Supervise outside • Guns		
Plan			Signature		
Immunizations (See Vaccine Administration Record.) Laboratory/Screening results: <input type="checkbox"/> Lead _____ <input type="checkbox"/> Referral to _____ Follow-up/Next visit: _____			PROVIDER 1 PROVIDER 2		
American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN®			WELL CHILD/2 years		

Space for nameplate imprint.

Check boxes with space for additional findings.

- ◆ Check for well child.
- ◆ Space for additional comments.

Documents that information has been given but not necessarily verbally.

Form aligned with recommendations in the Bright Futures Guidelines, 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. Copyright © 2010 American Academy of Pediatrics. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.