



Bright Futures Preventive Services Prompting Sheet

Age	Infancy							Early Childhood						
	NB	1 st wk	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	2 yr	2½ yr	3 yr	4 yr
Date														
Length/Height and Weight														
Weight-for-Length														
Head Circumference														
Body Mass Index														
Blood Pressure	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA		
Metabolic (Newborn Blood Screening) (once during this time frame)	←————→													
Critical Congenital Heart Defect Screening														
Developmental Screening (Standardized tool)							Development			Development Autism	Autism	Development		
Developmental Surveillance														
Psychosocial/Behavioral Assessment														
Oral Health/Dental Home						RA	RA							
Fluoride Varnish (may be applied every 3-6 months in primary care or dental office)								←————→						
Vision	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA		
Hearing		RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	
Anemia					RA				RA	RA	RA	RA	RA	RA
Lead						RA	RA			RA			RA	RA
Tuberculosis			RA			RA		RA			RA		RA	RA
Dyslipidemia											RA			RA
Immunizations See CDC & AAP Web sites for latest recs														
Anticipatory Guidance														
Referrals														

Key: RA= Action if positive risk assessment **Development** = Structured Developmental Screening **Autism** = Autism Specific Screening
 Last updated: September 2015

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