EPSDT

Early and Periodic Screening, Diagnosis and Treatment

Provider Educational and Resource Packet

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EPSDT Overview

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated Medicaid program for children. For the Commonwealth of Kentucky, EPSDT is divided into two components: 1) EPSDT Screenings and 2) EPSDT Special Services. The program requires states to provide comprehensive services and furnish all Medicaid coverable, appropriate and medically necessary services needed to correct health conditions.

The EPSDT program provides comprehensive and preventive healthcare services for Medicaid enrollees who are younger than age 21. The program is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, development, and specialty services.

- **E arly** – Assessing and identifying problems early;
- **P eriodic** – Checking children's health at periodic, age-appropriate intervals;
- **S creening** – Providing physical, mental developmental, dental, hearing, vision and other screening tests to detect potential problems;
- **D iagnosis** – Performing diagnostic tests to follow-up when a risk is identified; and
- **T reatment** – Control, correct or reduce health problems found.

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The EPSDT program covers routine physicals or well-child visits for Medicaid eligible children at certain ages. Recommended tests and treatments set at specific intervals are based on American Academy of Pediatrics guidelines. Checking children for medical problems early prevents health issues later in life.

Children should receive checkups on or before these ages: 1 month; 2 months; 4 months; 6 months; 9 months; 12 months; 15 months; 18 months; 24 months; 30 months; and then annually from age 3 until they turn 21.

Screening services include:

- Comprehensive health and development history
- Comprehensive physical exam
- Lab tests (including lead toxicity screening, HGB, lipids)
- Hearing and vision screenings
- Developmental and mental health screenings
- Nutrition, physical activity, lead risk, high-risk behaviors, and oral health assessments
- Immunizations (as recommended by the Advisory Committee on Immunization Practices)
- Health education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)

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Role of the Provider for EPSDT

Bright Futures Implementation Tips

At WellCare, we value everything you do to deliver quality care to our members – your patients – to make sure they have a positive healthcare experience.

That's why we created the convenient tips below to make it easier for you to implement many of the recommendations in *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.*

We trust these tips will help you incorporate the Bright Futures approach, tools and resources into your daily practice.

	Conduct:	Age-appropriate screenings for each eligible member as recommended by the AAP/Bright Futures Periodicity schedule.
	Document:	All components of the EPSDT screening.
	Refer:	For additional testing or treatment as determined is necessary. **For example:** • When an examination indicates the need for further evaluation, diagnostic services **MUST BE** provided. Make necessary referrals as soon as a need is identified to make sure the member receives a complete diagnostic evaluation. • Needed healthcare services **MUST BE** made available for treatment of all physical and mental illnesses or conditions identified through screening and diagnostic procedures.

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	**Record**:	Any referrals provided. Include documentation sent back in the member's medical record.
	**Communicate:**	With WellCare if you have any questions or concerns.
	**Collaborate and Be A Partner:**	With WellCare through continuous quality improvement to help improve the quality of life and health of our younger members.

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EPSDT Frequently Asked Questions

WellCare values everything our providers do to deliver quality care to our members – your patients – and to ensure they have a positive healthcare experience. You may have questions about the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Here are some of the most commonly asked questions and answers.

Q **What is Early and Periodic Screening, Diagnosis, and Treatment?**

A EPSDT, which began in 1967, is a federally mandated program for Medicaid-eligible children from birth to 21 years old. EPSDT's periodicity schedule is based on guidelines from the American Academy of Pediatricians and the Bright Futures Standards of Care, as well as state guidelines.

Q **What are the billing requirements for EPSDT?**

A Providers must bill for EPSDT visits within 180 days from the original date of service.

Q **May I file a claim for a sick visit and an EPSDT visit for the same date of service?**

A Yes, providers may file a claim for a sick visit and an EPSDT visit for the same date of service. You must follow standard coding guidelines for reporting the sick visit and the visit for EPSDT services. See the flyer titled **How to Code for a Well Visit with a Sick Visit**, which is included in this packet.

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Q How often are my EPSDT medical records audited by WellCare?

A WellCare, as mandated by the state, audits a sample of a provider's EPSDT medical records every 3 years, unless the provider fails an audit. Providers must score 80% to pass. Providers get a report card showing their overall score and result for each question. To learn more, please see WellCare's Provider Manual on WellCare's website at www.wellcare.com/Kentucky/Providers or contact your Quality Practice Advisor (QPA).

Q What is included in WellCare's EPSDT medical record review?

A This packet includes a copy of the audit tool, as well as example tools providers can use to help ensure they capture all required information.

Q What if I fail an audit?

A Providers not scoring 80% get a face-to-face visit from their QPA. The QPA reviews the report card, provides education to improve documentation and answers any questions. The provider is asked to submit a Corrective Action Plan (CAP), indicating steps taken or steps that will be taken to improve medical record documentation. Providers are then audited again the next year. A copy of the report card is included in this packet.

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EPSDT Expanded Services

At WellCare, we value everything you do to deliver quality care to our members – your patients – and to ensure they have a positive healthcare experience. You may have questions about the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Here are answers to some of the most commonly asked questions in regards to EPSDT Expanded Services.

What are EPSDT Expanded Services?

EPSDT Expanded Services treat conditions detected during an encounter with a healthcare professional. These services are eligible for reimbursement under the Federal Medicaid program, but are not currently recognized under the state plan. WellCare of Kentucky members younger than 21 years old are eligible for EPSDT Expanded Services when the services are determined to be medically necessary. There is no limitation on the length of approval for these services so long as the conditions for medical necessity continue to be met and the member remains eligible for Medicaid and remains a member of WellCare of Kentucky.

Prior Authorization Process for EPSDT Expanded Services

Requests for EPSDT Expanded Services go through WellCare's Utilization Management (UM) Department for medical necessity review.

EPSDT Expanded/Special Services

EPSDT Expanded/Special Services are only available to individuals younger than age 21. Approved services may be provided through the last day of the month in which the member turns 21 as long as they remain eligible for Medicaid and are a member of WellCare Health Plan. For example, a member turns 21 on May 5 and is receiving approved EPSDT Expanded/Special Services. He/she may continue to receive services through this program through May 31.

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1. **EPSDT Expanded/Special Services does not cover the following:**

   Respite care, environmental, educational, vocational, cosmetic, convenience, experimental and over-the-counter items.

   Examples of services covered under EPSDT if they meet medical necessity include:

   - Additional pairs of eyeglasses after the Medicaid Vision Program has paid for the first two pairs in a year.
   - Additional dental cleanings after the Medicaid Dental Program has paid for two cleanings in a year.
   - Nutritional products when used as a supplement rather than the child's total nutrition.
   - Speech therapy, occupational therapy or physical therapy when the therapy does not meet the criteria for the Medicaid Home Health Program.
   - Private Duty Nursing beyond the 2,000 hour per year limit.

2. **All EPSDT Expanded/Special Services require a medical necessity review.**

3. **If a service is covered by Medicaid, then the service would not be considered an EPSDT Expanded/Special Service and would fall under the member's regular WellCare coverage.**

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Schedule for EPSDT Screenings

EPSDT Screenings include the following areas that **MUST BE** checked for members ages birth to 21 years:

- Medical history and physical exams
- Vision screens
- Hearing screens
- Nutrition
- Mental health, substance abuse assessments and other age-appropriate counseling
- Dental screens
- Lab tests including blood lead level
- Immunizations
- Growth and development check: (social, personal, language and motor skills)

Members should have an EPSDT Screening at the following ages:

Infancy	Early Childhood	Middle Childhood
Birth to 1 month	15 months	5 years
2 months	18 months	6 years
4 months	24 months	7 years
6 months	30 months	8 years
9 months	3 years	9 years
12 months	4 years	10 years

Adolescence	
11 years	16 years
12 years	17 years
13 years	18 years
14 years	19 years
15 years	20 years

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EPSDT Exam Components

Labs

1. Cholesterol Screening (Risk assessment during early childhood and non-fasting or fasting between ages 9-11 and 17-21 years)
2. Lead (Screening performed at least once on or before the child's 2nd birthday)
3. Hematocrit[1]
4. Hemoglobin
5. Tuberculosis (if applicable)[2]
6. STD/HIV Screening at 11-21 years visit (if a male or female in this age group is sexually active, they should be screened for chlamydia and gonorrhea. If member is sexually active and positive on risk questions, a syphilis and HIV blood test should be done. If member is sexually active without contraception, late menses or amenorrhea a urine hCG should be performed).

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Medical History

1. Physical exam
2. Height and weight
3. Weight-to-height ratio, BMI
4. Hearing screen
5. Vision screen
6. Dental screen
7. Weight/height and BMI 18-20 years

Growth and Develop

1. Social
2. Personal
3. Language
4. Motor skills
5. Nutrition

Anticipatory Guidance

1. Seat belt use
2. Tobacco use
3. Alcohol/drug abuse
4. Sexual activity/STI's
5. Mental health

Immunizations

1. Immunization schedules available in this packet

Health and Education

1. Parents and children
2. Teens

Janus, J., & Moerschel, S. K. (2010 Jun 15). Evaluation of anemia in children. Am Fam Physician, 81(12), 1462-1471. Retrieved from **https://www.aafp.org/afp/2010/0615/p1462.html**

[1]Screening is recommended at 9 to 12 months of age and again 6 months later for all infants in populations with high rates of iron deficiency, or (in populations with a rate of 5 percent or less) in infants with medical risks or whose diet puts them at risk of iron deficiency. Screening is recommended for children from low-income or newly immigrated families between 9 and 12 months of age, then 6 months later, then annually from 2 to 5 years of age.Screening should be considered for preterm and low–birth-weight infants before 6 months of age if they are not fed iron-fortified formula. Infants and young children with risk factors should be assessed at 9 to 12 months of age, and again 6 months later. Beginning in adolescence, all nonpregnant women should be screened every 5 to 10 years.

American Academy of Pediatrics. Oct 2004). Targeted tuberculin skin testing and treatment of latent tuberculosis infection in children and adolescents. 114(4). Retrieved from **http://pediatrics.aappublications.org/content/114/Supplement_4/1175**

[2]Assess an individual child or adolescent for risk factors for LTBI or TB disease by using a risk-factor questionnaire. If any risk factors are present, test for LTBI/TB with a TST. Determine the induration of the TST by measuring the transverse diameter of the reaction and record in millimeters. Decide if the millimeters of induration represent a positive TST based on the criteria for the 3 cutoff levels. If the TST is positive, decide if further evaluation is needed, including a complete history, targeted physical examination, and chest radiograph. After evaluation is complete, determine if treatment for LTBI is indicated. Ensure appropriate treatment and follow-up to promote completion of LTBI therapy.

EPSDT Screening Elements

At WellCare, we value everything you do to deliver quality care to our members – your patients – and to ensure they have a positive healthcare experience.

The child health portion of Medicaid – EPSDT – helps ensure that young children receive appropriate physical, mental and developmental health services. Screening includes a comprehensive health and developmental history, an unclothed physical exam, appropriate immunizations, laboratory tests and health education. Below are important screening elements of this important program.

History: ALL ages are screened

- Includes member and family history
- Member history should include birth history; previous medical history; and physical, mental, social and developmental history
- Should include initial and interval screenings

Measurements: ALL ages are screened

- Plot length and weight
- Plot head circumference at ages 1–18 months (change to BMI at age 2 years)
- BMI percentile (at 2-20 years) – a percentile plotted on a growth chart or documented as a percentile is required in the visit note
- Blood pressure (at 3-20 years) – perform earlier if risk conditions are identified. An attempt should be documented if the child is uncooperative.
- ***Document height/weight/BMI percentile at 2-17 years and height/weight/BMI at 18-20 years***

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Vision Screening: Visual acuity performed at ages 3-6, 8, 10, 12, 15 and 18 years

- Visual acuity test appropriate for member's age
- Examples: HOTV chart, tumbling E test; Snellen letters; Snellen numbers; or picture tests such as Allen figures, Lea Symbols; Snellen test
- ***An attempt should be documented if the child is uncooperative***

Visual Risk Assessment: Perform at ages 1-30 months and at 7, 9, 11, 13-14 and 16-17 years

Examples of risk assessment components:

- Parental/member concerns for **ALL** ages
- Age appropriate milestones for members less than age 3 years.
- Prematurity less than 32 weeks, abnormal fundoscopic exam
- Prematurity with risk conditions; for example, family history of congenital cataracts; retinoblastoma; metabolic or genetic diseases; significant delay or neurologic difficulties; systematic diseases associated with eye abnormalities (ages 1-6 months)
- Abnormal eye alignment (ages 4 months and 6 months)

Hearing Screening: Perform at ages 4, 6, 8, and 10 years

- Audiometry with results documented
- ***An attempt should be documented if the child is uncooperative***

Hearing Risk Assessment: Perform at ages 1 month–3 years, and at 7, 9 and 11-21 years

Parental/member concerns for ALL ages

- Age appropriate developmental milestones reached for members 1 month to 3 years
- Medical History Risk Factors (1 month to 3 years)
- Family history of permanent hearing lass during childhood
- NICU stay for greater than 5 days
- In utero infections
- Craniofacial anomalies
- Physical findings
- Syndromes associated with hearing loss or progressive or late onset hearing loss
- Culture positive postnatal infections associated with sensioneural hearing loss
- Head trauma (especially basal skull or temporal bone fracture)
- Chemotherapy
- ***Document referrals per audiometry results or risk assessment findings***

Physical Exam: ALL ages are screened

- Age appropriate exam performed at **EACH** visit
- Complete head-to-toe review of systems
- **INCLUDES** dental/oral exam/assessment of mouth and teeth

Nutrition Assessment and Counseling: **ALL** ages are screened

- Assessment of current nutritional status at **EACH** visit

Physical Activity Assessment and Counseling: **ALL** ages are screened

- Assessment of current physical activity at **EACH** visit

Developmental Screening: Perform at ages 9 and 18 months, then at 24 or 30 months

- Ages and stages questionnaires (ASQ) (parent/guardian)
- Strengths and difficulties questionnaires
- Parents Evaluation of Developmental Status (PEDS) (parent/guardian)
- Bayley Infant Neurodevelopmental Screen (BINS) (provider)
- Brigance Screens (provider)
- Child Development Inventory (CDI) (parent/guardian)
- Child Development Review (CDR-PQ) (parent/guardian)
- Denver Developmental II (provider)
- Infant Development Inventory (parent/guardian)
- Proprietary/practice developed structured tool

Developmental Surveillance: **ALL** ages are screened

- Address age appropriate developmental milestones and relevant issues during each visit
- Obtain information through observation, examination, parent/member questioning, use of standardized or practice created tool
- Milestones include: communicative, cognitive, physical, motor, social-emotional, language, learning, etc. as appropriate for age

Autism Screening: Perform at ages 18 and 24 months

Examples of screening tools are:

- CHAT (parent)
- M-CHAT (parent)
- Pervasive Developmental Disorders Screening Test II (PDDST-II parent)
- STAT – Screening Tool for Autism in 2 year olds (provider)
- Social Communication Questionnaire (SCQ) (parent)
- New in 2018, screening for autism using recommended guidelines from "Identification and Evaluation of Children With Autism Spectrum Disorders" **http://pediatrics.aappublications.org/content/120/5/1183.full**

Psychosocial/Behavioral Assessment: **ALL** ages screened

- Standardized tool or practice created questions/assessment tools: These may be embedded in the HPI or history questions, physical examination, review of systems, developmental surveillance section, or in a combination of locations.
- Older children and adolescents (ages 11-21 years) need a separate mental health assessment/screening for depression

Examples of screening tools are:

- Pediatric Symptom checklist
- Ages and Stages
- HEADSSS
- Strengths and Difficulties
- Bright Futures Surveillance Tools
- GAPS Questionnaire

Depression Screening: Perform at ages 11-21 years

- The American Academy of Pediatrics (AAP) recommends the use of a screening tool.

Examples of screening tools include:

- Pediatric Symptom Checklist
- PHQ-2
- PHQ-9
- If a screening tool is not utilized, the assessment should be documented in the visit note and be evident that a depression assessment was performed
- **New in 2017,** screening for maternal depression using recommended guidelines from "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice"

Immunizations: **ALL** ages are screened

- Immunizations are based on recommendations from the Advisory Committee on Immunization Practices
- Immunizations should be administered or documented in the outpatient medical record per the Centers for Medicare and Medicaid Services (CMS), the American Academy of Pediatrics (AAP) and the Committee on Infectious Disease.
- If the member receives his/her immunizations at another location, a copy of the immunization record should be in the member's outpatient medical record.

Hematocrit/Hemoglobin: Perform at 12 months of age

- Should be followed up if Hgb <11 or HCT <33
- ***Results MUST BE documented in the outpatient medical record, not just the order for the tests***

Anemia Risk Assessment: Perform at ages 4, 15, 18, 24 and 30 months, and 3 to 21 years

- ***If the risk assessment is positive, should follow up with a Hgb or HCT screening***

Lead Screening: Perform at 12 and 24 months

- Results should be present in the member's outpatient medical record, not just the order
- ***If positive, follow up action should be documented***

Lead Risk Assessment: Perform at 6, 9 and 18 months, and ages 3-6 years

- ***If risk assessment is positive, follow up with lead screening and document in the member's outpatient medical record***

Tuberculosis Risk Assessment: Perform at ages 1, 12, 18 and 24 months, and 3-21 years

- ***If risk questions are positive, perform tuberculin test and document in the member's outpatient medical record***

Dyslipidemia Screening: Perform once between 9 and 11 years of age and once between 18 years to 21 years

- Fasting lipid profile should be performed at least once between ages 9 years and 11 years and at least once in ages 18 years to 20 years.

Dyslipidemia Risk Assessment: Perform at ages 24 months and 4, 6, 8, and 12-17 years

- ***If risk assessment is positive, perform fasting lipid profile***

Tobacco, Alcohol And Drug Use Risk Assessment: Perform at ages 11 years-21 years

- Assess to determine member's current risky behaviors
- Example of tool: CRAFFT Screening Questionnaire
- ***Perform and document counseling/education in regards to tobacco, alcohol and/or drug use***

STI Risk Assessment: Perform between the ages 11-21 years

- Assess if member is sexually active
- ***If yes, perform chlamydia and gonorrhea screen***
- If the member is sexually active **AND** has positive STI testing results, **ALSO** perform syphilis and HIV test
- ***Perform and document counseling/education in regards to high risk sexual behaviors***

Oral Health And Dental Exam: Perform at **EVERY** visit

- A dental/oral examination is required on **EVERY** age visit and includes documentation of an examination of the mouth and/or teeth
- Assessment for the availability of a dental home is performed at **EACH** visit beginning at 12 months
- Member should be referred to a dental home if available, at each visit beginning at age 12 months. If a dental home is not available, continue to perform an oral health risk assessment and guidance at each visit.

Anticipatory Guidance: **ALL** ages are screened

- Health education and anticipatory guidance is performed and documented in the member's outpatient medical record at each visit
- Education and guidance should be given to the parent/guardian/member to assist them in understanding what to expect in regards to child development and to provide information about the benefits of healthy lifestyles and practices and in regards to injury and disease prevention
- Health education/anticipatory guidance should include child development, healthy lifestyles and accident and disease prevention
- ***Specific topics discussed SHOULD BE documented***

https://brightfutures.aap.org/Pages/default.aspx

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EPSDT Visit Reporting

EPSDT services must be submitted as part of the standard electronic (837) or CMS-1500 submission process.

To submit claims for EPSDT services:

1. Bill using the same codes for comprehensive history and physical exam. These codes correspond to the member's age:

99381-99385	New patient series	**99391-99395**	Established patient series

2. Add an "EP" modifier to the physical exam code when **ALL** components of the appropriate EPSDT screening interval have been completed and documented in the member's medical record. **DO NOT** add the EP modifier to other services being billed (i.e., immunizations).

   DO NOT bill lab or testing components individually if they were conducted as part of an EPSDT screening interval.

3. Use the following CPT Category II codes according to the member's age:

Member Age	CPT II Code	Description
2 years and older	3008F	To confirm the BMI has been performed and documented in the member's medical record (Value and percentile **MUST BE** included)
9 years and older	2014F	To confirm the member's mental status has been assessed and documented in the member's medical record

Other Codes for Capturing Health Status Information

Please refer to the following resource materials included in this packet:

- HEDIS® Guide to Pediatric Quick Tips
- HEDIS® At-A-Glance Key Pediatric Measures
- *Preventive Health Counseling and Education for Children and Adolescents* (Ages 3-17 Years)

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	**Prenatal**[2]	**Newborn**[3]	**3-5 d**[4]	**By 1 mo**	**2 mo**	**4 mo**	**6 mo**	**9 mo**	**12 mo**	**15 mo**	**18 mo**	**24 mo**	**30 mo**	**3 y**	**4 y**	**5 y**	**6 y**	**7 y**	**8 y**	**9 y**	**10 y**	**11 y**	**12 y**	**13 y**	**14 y**	**15 y**	**16 y**	**17 y**	**18 y**	**19 y**	**20 y**	**21 y**
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																															
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																			
Weight for Length		●	●	●	●	●	●	●	●	●	●																				
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																															
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	★	●	★	★	★	★	★
Hearing		●[8]	●[9] →			★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	←		●[10]	→	←	●	→	←		●	→
DEVELOPMENTAL/BEHAVIORAL HEALTH																															
Developmental Screening[11]								●			●		●																		
Autism Spectrum Disorder Screening[12]											●	●																			
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment[13]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[14]																					★	★	★	★	★	★	★	★	★	★	★
Depression Screening[15]																						●	●	●	●	●	●	●	●	●	●
Maternal Depression Screening[16]				●	●	●	●																								
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																															
Newborn Blood		●[19]	●[20] →																												
Newborn Bilirubin[21]		●																													
Critical Congenital Heart Defect[22]		●																													
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★	★	★															
Tuberculosis[27]				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]												★			★		★		★	←	● →	★	★	★	★	★	←			●	→	
Sexually Transmitted Infections[29]																						★	★	★	★	★	★	★	★	★	★
HIV[30]																						★	★	★	★	←		● →		★	★	★
Cervical Dysplasia[31]																															●
ORAL HEALTH[32]							●[33]	●[33]	★		★	★	★	★	★	★	★														
Fluoride Varnish[34]							←				●			→																	
Fluoride Supplementation[35]							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★					
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (http://pediatrics.aappublications.org/content/124/4/1227.full).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/898.full).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext).
11. See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/118/1/405.full).
12. Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/120/5/1183.full).
13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (http://pediatrics.aappublications.org/content/135/2/384) and "Poverty and Child Health in the United States" (http://pediatrics.aappublications.org/content/137/4/e20160339).
14. A recommended assessment tool is available at http://www.ceasar-boston.org/CRAFFT/index.php.
15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.
16. Screening should occur per "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice" (http://pediatrics.aappublications.org/content/126/5/1032).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/991.full).
18. These may be modified, depending on entry point into schedule and individual need.

(continued)

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided

(continued)

19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" (http://pediatrics.aappublications.org/content/124/4/1193).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (http://pediatrics.aappublications.org/content/129/1/190.full).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at http://redbook.solutions.aap.org/SS/Immunization_Schedules.aspx. Every visit should be an opportunity to update and complete a child's immunizations.
24. See "Diagnosis and Prevention of Iron Deficiency and Iron-Deficiency Anemia in Infants and Young Children (0–3 Years of Age)" (http://pediatrics.aappublications.org/content/126/5/1040.full).
25. For children at risk of lead exposure, see "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (https://www.nhlbi.nih.gov/health-topics/integrated-guidelines-for-cardiovascular-health-and-risk-reduction-in-children-and-adolescents).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases.*
30. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
31. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (http://pediatrics.aappublications.org/content/126/3/583.full).
32. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (https://www.aap.org/RiskAssessmentTool) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).
33. Perform a risk assessment (https://www.aap.org/RiskAssessmentTool). See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).
34. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm). Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).
35. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care

(Periodicity Schedule)

This schedule reflects changes approved in February 2017 and published in April 2017.
For updates, visit www.aap.org/periodicityschedule.
For further information, see the *Bright Futures Guidelines*, 4th Edition, *Evidence and Rationale chapter* (https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Evidence_Rationale.pdf).

CHANGES MADE IN FEBRUARY 2017

HEARING

- Timing and follow-up of the screening recommendations for hearing during the infancy visits have been delineated. Adolescent risk assessment has changed to screening once during each time period.
- Footnote 8 has been updated to read as follows: "Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per 'Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs' (http://pediatrics.aappublications.org/content/120/4/898.full)."
- Footnote 9 has been added to read as follows: "Verify results as soon as possible, and follow up, as appropriate."
- Footnote 10 has been added to read as follows: "Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See 'The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies' (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext)."

PSYCHOSOCIAL/BEHAVIORAL ASSESSMENT

- Footnote 13 has been added to read as follows: "This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See 'Promoting Optimal Development: Screening for Behavioral and Emotional Problems' (http://pediatrics.aappublications.org/content/135/2/384) and 'Poverty and Child Health in the United States' (http://pediatrics.aappublications.org/content/137/4/e20160339)."

TOBACCO, ALCOHOL, OR DRUG USE ASSESSMENT

- The header was updated to be consistent with recommendations.

DEPRESSION SCREENING

- Adolescent depression screening begins routinely at 12 years of age (to be consistent with recommendations of the US Preventive Services Task Force [USPSTF]).

MATERNAL DEPRESSION SCREENING

- Screening for maternal depression at 1-, 2-, 4-, and 6-month visits has been added.
- Footnote 16 was added to read as follows: "Screening should occur per 'Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice' (http://pediatrics.aappublications.org/content/126/5/1032)."

NEWBORN BLOOD

- Timing and follow-up of the newborn blood screening recommendations have been delineated.
- Footnote 19 has been updated to read as follows: "Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf) establish the criteria for and coverage of newborn screening procedures and programs."
- Footnote 20 has been added to read as follows: "Verify results as soon as possible, and follow up, as appropriate."

NEWBORN BILIRUBIN

- Screening for bilirubin concentration at the newborn visit has been added.
- Footnote 21 has been added to read as follows: "Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See 'Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications' (http://pediatrics.aappublications.org/content/124/4/1193)."

DYSLIPIDEMIA

- Screening for dyslipidemia has been updated to occur once between 9 and 11 years of age, and once between 17 and 21 years of age (to be consistent with guidelines of the National Heart, Lung, and Blood Institute).

SEXUALLY TRANSMITTED INFECTIONS

- Footnote 29 has been updated to read as follows: "Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*."

HIV

- A subheading has been added for the HIV universal recommendation to avoid confusion with STIs selective screening recommendation.
- Screening for HIV has been updated to occur once between 15 and 18 years of age (to be consistent with recommendations of the USPSTF).
- Footnote 30 has been added to read as follows: "Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually."

ORAL HEALTH

- Assessing for a dental home has been updated to occur at the 12-month and 18-month through 6-year visits. A subheading has been added for fluoride supplementation, with a recommendation from the 6-month through 12-month and 18-month through 16-year visits.
- Footnote 32 has been updated to read as follows: "Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (https://www.aap.org/RiskAssessmentTool) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See 'Maintaining and Improving the Oral Health of Young Children' (http://pediatrics.aappublications.org/content/134/6/1224)."
- Footnote 33 has been updated to read as follows: "Perform a risk assessment (https://www.aap.org/RiskAssessmentTool). See 'Maintaining and Improving the Oral Health of Young Children' (http://pediatrics.aappublications.org/content/134/6/1224)."
- Footnote 35 has been added to read as follows: "If primary water source is deficient in fluoride, consider oral fluoride supplementation. See 'Fluoride Use in Caries Prevention in the Primary Care Setting' (http://pediatrics.aappublications.org/content/134/3/626)."

Section Two

Bright Future Guidelines for Visits

- ☑ Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents

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EPSDT Provider Resource

At WellCare, we value everything you do to deliver quality care to our members – your patients – and to ensure they have a positive healthcare experience. For your convenience, we have created this resource to serve as a handy reference for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visits.

This resource is based on *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 4th Edition. In chart form, it outlines recommendations for screenings, assessments and examinations to occur during a series of aged-based visits that range from before birth through early adulthood. The updated *Guidelines* also present a new focus on the social determinants of health.

We're here to help, and we continue to support our provider partners with quality incentive programs, quicker claims payments and dedicated local market support. Please feel free to contact your Quality Practice Advisor if you have questions or need assistance.

Priorities for the Prenatal Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Social determinants of health*	Risks (living situation and food security, environmental risks, pregnancy adjustment, intimate partner violence, maternal drug and alcohol use, maternal tobacco use), strengths and protective factors (becoming well-informed, family constellation and cultural traditions).
Parent and family health and well-being	Mental health (perinatal or chronic depression), diet and physical activity, prenatal care, complementary and alternative medicine.
Newborn care	Introduction to the practice as a medical home, circumcision, newborn health risks (hand washing, outings).
Nutrition and feeding	Breastfeeding guidance, prescription or nonprescription medications or drugs, family support of breastfeeding, formula-feeding guidance, financial resources for infant feeding.
Safety	Car safety seats, heatstroke prevention, safe sleep, pets, firearm safety, safe home environment.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

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Thank you for playing a starring role!

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Priorities for the Newborn Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Social determinants of health*	Risks (living situation and food security, environmental tobacco exposure, intimate partner violence, maternal alcohol and substance use), strengths and protective factors (family support, parent-newborn relationships).
Parent and family health and well-being	Maternal health and nutrition, transition home (assistance after discharge), sibling relationships.
Newborn behavior and care	Infant capabilities, baby care (infant supplies, skin and cord care), illness prevention, calming your baby.
Nutrition and feeding	General guidance on feeding, breastfeeding guidance, formula-feeding guidance.
Safety	Car seats, heatstroke prevention, safe sleep, pets, safe home environment.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening Newborn Visit

Universal Screening	Action
Hearing	All newborns should receive an initial hearing screening before being discharged from the hospital.[a]
Newborn: Bilirubin	All newborns should be screened for hyperbilirubinemia before nursery discharge or at the first newborn visit if the baby is born at home or a birth facility.
Newborn: Blood	Conduct screening as required by state-specific newborn screening requirements. Know the conditions that are screened for in your state.
Newborn: Critical Congenital Heart Disease	All newborns should be screened for critical congenital heart disease using pulse oximetry before nursery discharge or at first newborn visit if baby is born at home or at birth facility.

Selective Screening	Risk Assessment[b]	Action if Risk Assessment Positive (+)
Blood pressure	Children with specific risk conditions	Blood pressure measurement
Vision	Positive (+) on risk screening questions	Ophthalmology referral

[a]Any newborn who does not pass the initial screen must be rescreened. Any failure at rescreening should be referred for a diagnostic audiologic assessment, and any newborn with a definitive diagnosis should be referred to the state Early Intervention program.

[b]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the First-Week Visit (3 to 5 Days)

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Social determinants of health*	Risks (living situation and food security), environmental tobacco exposure, strengths and protective factors (family support).
Parent and family health and well-being	Transition home, sibling adjustment.
Newborn behavior and care	Early brain development, adjustment to home, calming, when to call (temperature taking) and emergency readiness, CPR, illness prevention (handwashing, outings), and sun exposure. The American Academy of Pediatrics (AAP) says normal body temperature for a healthy baby is between 97 and 100.4 deg F. If your baby is under 3 months, you should call his pediatrician immediately. The AAP suggests calling the doctor if a baby is between 3 months and 6 months old and has a fever of 101deg F or higher, or is older than 6 months and has a temperature of 103 deg F or higher. WellCare's Nurse Advise Line is available to help. Call **1-800-919-8807** (TTY **1-877-247-6272**) to speak with a live nurse 24 hours a day, any day of the year.
Nutrition and feeding	General guidance on feeding (weight gain, feeding strategies, holding, burping, hunger and satiation cues), breastfeeding guidance, formula-feeding guidance.
Safety	Car safety seats, heatstroke prevention, safe sleep, safe home environment: burns.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening First-Week Visit (3 to 5 Days)

Universal Screening	Action
Hearing	If not yet done, hearing screening test should be completed.[a]
Newborn: Blood	Verify screening was obtained and review results of the state newborn metabolic screening test. Unavailable or pending results must be obtained immediately. If there are any abnormal results, ensure that appropriate retesting has been performed and all necessary referrals are made to subspecialists. State newborn screening programs are available for assistance with referrals to appropriate resources.

Selective Screening	Risk Assessment[b]	Action if Risk Assessment Positive (+)
Blood pressure	Children with specific risk conditions	Blood pressure measurement
Vision	Positive (+) on risk screening questions	Ophthalmology referral

[a]Any newborn who does not pass the initial screen must be rescreened. Any failure at rescreening should be referred for a diagnostic audiologic assessment, and any newborn with a definitive diagnosis should be referred to the state Early Intervention program.

[b]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 1-Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Social determinants of health*	Risks (living situation and food security), environmental tobacco exposure, dampness and mold, radon, pesticides, intimate partner violence, maternal alcohol and substance use, strengths and protective factors (family support).
Parent and family health and well-being	Postpartum checkup, maternal depression, family relationships.
Infant behavior and development	Sleeping and waking, fussiness and attachment, media, playtime, medical home, after-hours support.
Nutrition and feeding	Feeding plans and choices, general guidance on feeding, breastfeeding guidance, formula-feeding guidance.
Safety	Car seats, safe sleep, preventing falls, emergency care.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening 1-Month Visit

Universal Screening	Action
Depression: Maternal	Maternal depression screen.
Hearing	If not yet done, hearing screening test should be completed.[a]
Newborn: Blood	Verify documentation of newborn blood screening results, and that any positive results have been acted upon with appropriate rescreening, needed follow-up and referral.

Selective Screening	Risk Assessment[b]	Action if Risk Assessment Positive (+)
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Tuberculosis	Positive (+) on risk screening questions	Tuberculin skin test
Vision	Positive (+) on risk screening questions	Ophthalmology referral

[a]Positive screenings should be referred for a diagnostic audiologic assessment and an infant with a definitive diagnosis should be referred to the state Early Intervention Program.

[b]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 2-Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Social determinants of health*	Risks (living situation and food security), strengths and protective factors (family support, childcare).
Parent and family health and well-being	Postpartum checkup, depression, sibling relationships.
Infant behavior and development	Parent-infant relationship, parent-infant communication, sleeping, media, playtime, fussiness.
Nutrition and feeding	General guidance on feeding and delaying solid foods, hunger and satiety cues, breastfeeding guidance, formula-feeding guidance.
Safety	Car safety seats, safe sleep, safe home environment: burns, drowning and falls.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening 2-Month Visit

Universal Screening	Action
Depression: Maternal	Maternal depression screen.
Hearing	If not done previously, verify documentation of newborn hearing screening results and appropriate rescreening.[a]
Newborn: Blood Screening	Verify documentation of newborn blood screening results, and that any positive results have been acted upon with appropriate rescreening, needed follow-ups and referral.

Selective Screening	Risk Assessment[b]	Action if Risk Assessment Positive (+)
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Vision	Positive (+) on risk screening questions	Ophthalmology referral

[a]Positive screenings should be referred for a diagnostic audiologic assessment and an infant with a definitive diagnosis should be referred to the state Early Intervention Program.

[b]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 4-Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Social determinants of health*	Risks (environmental risk: lead), strengths and protective factors (family relationships and support, childcare).
Infant behavior and development	Infant self-calming, parent-infant communication, consistent daily routines, media, playtime.
Oral health	Maternal oral health, teething and drooling, good oral hygiene (no bottle in bed).
Nutrition and feeding	General guidance on feeding, feeding choices (no grazing), delaying solid foods, breastfeeding guidance, supplements and over-the-counter medications, formula-feeding guidance.
Safety	Car safety seats, safe sleep, safe home environment.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening 4-Month Visit

Universal Screening	Action
Depression: Maternal	Maternal depression screen.

Selective Screening	Risk Assessment[b]	Action if Risk Assessment Positive (+)
Anemia	Preterm and low birth weight infants and formula-fed infants not on iron-fortified formula	Hematocrit or hemoglobin
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Hearing	Positive (+) on risk screening questions	Referral for diagnostic audiologic assessment
Vision	Positive (+) on risk screening questions	Ophthalmology referral

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 6-Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Social determinants of health*	Risks (living situation and food safety; tobacco, alcohol and drugs; parental depression), strengths and protective factors (family relationships and support, childcare).
Infant behavior and development	Parents as teachers, communication and early literacy, media, emerging infant independence, putting self to sleep, self-calming.
Oral health	Fluoride, oral hygiene/soft toothbrush, avoidance of bottle in bed.
Nutrition and feeding	General guidance on feeding, solid foods, pesticides in vegetables and fruits, fluids and juice, breastfeeding guidance, formula-feeding guidance.
Safety	Car safety seats, safe sleep, safe home environment: burns, sun exposure, choking, poisoning, drowning, falls).

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening 6-Month Visit

Universal Screening	Action
Depression: Maternal	Maternal depression screen.
Oral health	Administer the oral risk assessment. Apply fluoride varnish after first tooth eruption.

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Hearing	Positive (+) on risk screening questions	Referral for diagnostic audiologic assessment
Lead	Positive (+) on risk screening questions	Lead blood test
Oral health	Primary water source is deficient in fluoride	Oral fluoride supplementation
Tuberculosis	Positive (+) on risk screening questions	Tuberculin skin test
Vision	Positive (+) on risk screening questions	Ophthalmology

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 9-Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Social determinants of health*	Risks (initiate partner violence), strengths and protective factors (family relationships and support)
Infant behavior and development	Changing sleep pattern (sleep schedule), developmental mobility and cognitive development, interactive learning and communication, media.
Discipline	Parent expectations of child's behavior.
Nutrition and feeding	Self-feeding, mealtime routines, transition to solid foods (table food introduction), cup drinking, plans for weaning.
Safety	Car safety seats, heatstroke prevention, firearm safety, safe home environment: burns, poisoning, drowning, falls.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening 9-Month Visit

Universal Screening	Action
Depression: Maternal	Maternal depression screen.
Oral health	Oral health risk assessment. Apply fluoride varnish after first tooth erupts.

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Hearing	Positive (+) on risk screening questions	Referral for diagnostic audiologic assessment
Lead	Positive (+) on risk screening questions	Lead blood test
Oral health	Primary water source is deficient in fluoride	Oral fluoride supplementation
Vision	Positive (+) on risk screening questions	Ophthalmology referral

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 12-Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Social determinants of health*	Risks (Living situation and food security; tobacco, alcohol and drugs), strengths and protective factors (social connections with family, friends, childcare, and home visitation program staff, and others).
Establishing routines	Adjustment to the child's developmental changes and behavior (family time, bedtime, naptime, and teeth brushing), media.
Feeding and appetite changes	Self-feeding, continued breastfeeding and transition to family meals, nutritious foods.
Establishing a dental home	First dental checkup and dental hygiene.
Safety	Car safety seats, falls, drowning prevention and water safety, sun protection, pets, safe home environment: poisoning.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening 12-Month Visit

Universal Screening	Action
Anemia	Hematocrit or hemoglobin
Lead (high prevalence area or insured by Medicaid)	Lead blood test
Oral health (in absence of dental home)	Apply fluoride varnish after first tooth eruption and every 6 months

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Hearing	Positive (+) on risk screening questions	Referral for diagnostic audiologic assessment
Lead (low prevalence and not insured by Medicaid)	Positive (+) on risk screening questions	Lead blood test
Oral health (in absence of dental home)	Does not have dental home	Referral to dental home or, if not available, oral health risk assessment
	Primary water source is deficient in fluoride	Oral fluoride supplementation
Tuberculosis	Positive (+) on risk screening questions	Tuberculin skin test
Vision	Positive (+) on risk screening questions	Ophthalmology

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 15-Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Communication and social development	Individuation, separation, finding support, attention to how child communicates wants and interests.
Sleep routines and issues	Regular bedtime routine, night walking, no bottle in bed.
Temperament, development, behavior, and discipline	Conflict predictors and distraction, discipline and behavior management.
Healthy teeth	Brushing teeth, reducing caries.
Safety	Car safety seats and parental use of seat belts, safe home environment: poisoning, falls and fire safety.

Screening 15-Month Visit

Universal Screening	Action
Oral health (in the absence of a dental home)	Apply fluoride varnish after first tooth eruption and every 6 months

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) risk screening questions	Hematocrit or hemoglobin
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Hearing	Positive (+) risk screening questions	Referral for diagnostic audiologic assessment
Vision	Positive (+) risk screening questions	Ophthalmology

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 18-Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Temperament, development, toilet training, behavior, and discipline	Anticipation of return to separation anxiety and managing behavior with consistent limits, recognizing signs of toilet training readiness and parental expectations, new sibling planned or on the way.
Communication and social development	Encouragement of language, use of simple words and phrases, engagement in reading, playing, talking, and singing.
Television viewing and digital media	Promotion of reading, physical activity and safe play.
Healthy nutrition	Nutritious foods, water, milk, and juice, expressing independence through food likes and dislikes.
Safety	Car safety seats and parental use of seat belts, poisoning, sun protection, firearm safety, safe home environment: burns, fires and falls.

Screening 18-Month Visit

Universal Screening	Action
Autism	Autism spectrum disorder screen
Development	Developmental screen
Oral health (in the absence of a dental home)	Apply fluoride varnish after first tooth eruption and every 6 months

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions	Hematocrit or hemoglobin
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Hearing	Positive (+) on risk screening questions	Referral for diagnostic audiologic assessment
Lead	If no previous screen or change in risk	Lead blood test
Oral health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment
	Primary water source is deficient in fluoride	Oral fluoride supplementation
Vision	Positive (+) on risk screening questions	Ophthalmology referral

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 2-Year Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Social determinants of health*	Risks (intimate partner violence, living situation and food security, tobacco, alcohol, and drugs), strengths and protective factors (parental well-being).
Temperament and behavior	Development, temperament, promotion of physical activity and safe play, limits on media use.
Assessment of language development	How child communicates and expectations for language, promotion of reading.
Toilet training	Techniques, personal hygiene.
Safety	Car safety seats, outdoor safety, firearm safety.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening 2-Year Visit

Universal Screening	Action
Autism	Autism spectrum disorder screen
Lead (high prevalence area or insured by Medicaid)	Apply fluoride varnish every 6 months

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions	Hematocrit or hemoglobin
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Dyslipidemia	Positive (+) on risk screening questions	Lipid profile
Hearing	Positive (+) on risk screening questions	Referral for diagnostic audiologic assessment
Lead (low prevalence area and not insured by Medicaid)	Positive (+) on risk screening questions	Lead blood test
Oral health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment
	Primary water source is deficient in fluoride	Oral fluoride supplementation
Tuberculosis	Positive (+) on risk screening questions	Tuberculin skin test
Vision	Positive (+) on risk screening questions	Ophthalmology

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 2 1/2-Year Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Family routines	Day and evening routines, enjoyable family activities, parental activities outside.
Language promotion and communication	Use of simple words and reading together.
Promoting social development	Play with other children, giving choices, limits on television and media use.
Preschool considerations	Readiness for early childhood programs and playgroups, toilet training.
Safety	Car safety seats, outdoor safety, water safety, sun protection, fires and burns.

Screening 2 1/2-Year Visit

Universal Screening	Action
Development	Developmental screen
Oral health (in the absence of a dental home)	Apply fluoride varnish every 6 months

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions	Hematocrit or hemoglobin
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Hearing	Positive (+) on risk screening questions	Referral for diagnostic audiologic assessment
Oral health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment
	Primary water source is deficient in fluoride	Oral fluoride supplementation
Vision	Positive (+) on risk screening questions	Ophthalmology referral

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 3-Year Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Social determinants of health*	Risks (living situation and food security, tobacco, alcohol, and drugs), strengths and protective factors (positive family interactions, work-life balance).
Playing with siblings and peers	Play opportunities and interactive games, sibling relationships.
Encouraging literacy activities	Reading, talking and singing together, language development.
Promoting healthy nutrition and physical activity	Water, milk and juice, nutritious foods, competence in motor skills and limits on inactivity.
Safety	Car safety seats, choking prevention, pedestrian safety and falls from windows, water safety, pets, firearm safety.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening 3-Year Visit

Universal Screening	Action
Vision	Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols. Instrument-based measurement may be used for children who are unable to perform acuity testing.
Oral health (in the absence of a dental home)	Apply fluoride varnish every 6 months.

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions	Hematocrit or hemoglobin
Hearing	Positive (+) on risk screening questions	Referral for diagnostic audiologic assessment
Lead	If no previous screen and positive (+) on risk screening questions or change in risk	Lead blood test
Oral health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment
Tuberculosis	Positive (+) on risk screening questions	Tuberculin skin test

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 4-Year Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in this visit:

Social determinants of health*	Risks (living situation and food security, tobacco, alcohol and drugs, intimate partner violence, safety in the community), strengths and protective factors (engagement in the community).
School readiness	Language understanding and fluency, feelings, opportunities to socialize with other children, readiness for structured learning experiences, early childhood programs and preschool.
Developing healthy nutrition and personal habits	Water, milk and juice, nutritious foods, daily routines that promote health.
Media use	Limits on use, promoting physical activity and safe play.
Safety	Belt-positioning car booster seats, outdoor safety, water safety, sun protection, pets, firearm safety.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening 4-Year Visit

Universal Screening	Action
Hearing	Audiometry
Oral health (in the absence of a dental home)	Apply fluoride varnish every 6 months
Vision	Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols. Instrument-based measurement may be used for children who are unable to perform acuity testing.

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions	Hematocrit or hemoglobin
Dyslipidemia	Positive (+) on risk screening questions	Lipid profile
Lead	If no previous screen and positive (+) on risk screening questions or change in risk	Lead blood test
Oral health	Does not have a dental home	Referral to dental home
	Primary water source is deficient in fluoride	Oral fluoride supplementation
Tuberculosis	Positive (+) on risk screening questions	Tuberculin skin test

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 5- and 6-Year Visits

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Middle Childhood Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in the 5- and 6-year visits:

Social determinants of health*	Risks (neighborhood and family violence, food security, family substance use), strengths and protective factors (emotional security and self-esteem, connectedness with family).
Development and mental health	Family rules and routines, concern for others, respect for other, patience and control over anger.
School	Readiness, established routines, school attendance, friends, after-school care and activities, parent-teacher communication.
Physical growth and development	Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride, limits on sugar-sweetened beverages and snacks), nutrition (healthy weight, increased vegetable, fruit, whole-grain consumption, adequate calcium and vitamin D intake, healthy foods at school), physical activity (60 minutes of physical activity a day).
Safety	Car safety, outdoor safety, water safety, sun protection, harm from adults, home fire safety, firearm safety.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening 5-Year Visit

Universal Screening	Action
Hearing	Audiometry
Oral health (in the absence of a dental home)	Apply fluoride varnish every 6 months
Vision	Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols. Instrument-based measurement may be used for children who are unable to perform acuity testing.

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions.	Hematocrit or hemoglobin
Lead	If no previous screen and positive (+) on risk screening questions or change in risk	Lead blood test
Oral health	Does not have a dental home	Referral to dental home
	Primary water source is deficient in fluoride	Oral fluoride supplementation
Tuberculosis	Positive (+) on risk screening questions.	Tuberculin skin test

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Screening 6-Year Visit

Universal Screening	Action
Hearing	Audiometry
Vision	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions.	Hematocrit or hemoglobin
Dyslipidemia	Positive (+) on risk screening questions and not previously screened with normal results	Lipid profile
Lead	If no previous screen and positive (+) on risk screening questions or change in risk	Lead blood test
Oral health	Does not have a dental home	Referral to dental home
	Primary water source is deficient in fluoride	Oral fluoride supplementation
Tuberculosis	Positive (+) on risk screening questions.	Tuberculin skin test

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 7- and 8-Year Visits

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Middle Childhood Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in the 7- and 8-year visits:

Social determinants of health*	Risks (neighborhood and family violence, food security, family substance use, harm from the Internet), strengths and protective factors (emotional security and self-esteem, connectedness with family and peers).
Development and mental health	Independence, rules and consequences, temper problems and conflict resolution, puberty and pubertal development.
School	Adaptation to school, school problems (behavior or learning issues), school performance and progress, school attendance, Individualized Education Plan or special education services, involvement in school activities and after-school programs.
Physical growth and development	Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride, avoidance of sugar-sweetened beverages and snacks), nutrition (healthy weight, adequate calcium and vitamin D intake, limiting added sugars intake), physical activity (60 minutes of physical activity a day, screen time).
Safety	Car safety, safety during physical activity, water safety, sun protection, harm from adults, firearm safety.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening 7-Year Visit

Universal Screening	Action
None	

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions	Hematocrit or hemoglobin
Hearing	Positive (+) on risk screening questions	Audiometry
Oral health	Primary water source is deficient in fluoride	Oral fluoride supplementation
Tuberculosis	Positive (+) on risk screening questions	Tuberculin skin test
Vision	Positive (+) on risk screening questions	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, of Snellen letters

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Screening 8-Year Visit

Universal Screening	Action
Hearing	Audiometry
Vision	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters.

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions	Hematocrit or hemoglobin
Dyslipidemia	Positive (+) on risk screening questions	Lipid profile
Oral health	Primary water source is deficient in fluoride	Oral fluoride supplementation
Tuberculosis	Positive (+) on risk screening questions	Tuberculin skin test

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 9- and 10-Year Visits

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Middle Childhood Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in the 9- and 10-year visits:

Social determinants of health*	Risks (neighborhood and family violence, food security, family substance use, harm from the Internet), strengths and protective factors (emotional security and self-esteem, connectedness with family and peers.
Development and mental health	Temper problems, setting reasonable limits, friends, sexuality (pubertal onset, personal hygiene, initiation of growth spurt, menstruation and ejaculation, loss of baby fat and accretion of muscle, sexual safety.
School	School attendance, school problems (behavior or learning), school performance and progress, transitions, co-occurrence of middle school and pubertal transitions.
Physical growth and development	Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride, avoidance of sugar-sweetened beverages and snacks), nutrition (healthy weight, disordered eating behaviors, importance of breakfast, limits on saturated fat and added sugars, healthy snacks), physical activity (60 minutes of physical activity a day, after-school activities).
Safety	Car safety, safety during physical activity, water safety, sun protection, knowing child's friends and their families, firearm safety.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening 9-Year Visit

Universal Screening	Action
Dyslipidemia (once between the 9 year and 11 year visits)	Lipid profile

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions	Hematocrit or hemoglobin
Hearing	Positive (+) on risk screening questions	Audiometry
Oral health	Primary water source is deficient in fluoride	Oral fluoride supplementation
Tuberculosis	Positive (+) on risk screening questions	Tuberculin skin test
Vision	Positive (+) on risk screening questions	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Screening 10-Year Visit

Universal Screening	Action
Dyslipidemia (once between the 9 year and 11 year visits)	Lipid profile
Hearing	Audiology
Vision	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions	Hematocrit or hemoglobin
Oral health	Primary water source is deficient in fluoride	Oral fluoride supplementation
Tuberculosis	Positive (+) on risk screening questions	Tuberculin skin test

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 11- through 14-Year Visits

The first priority is to attend to the concerns of the adolescent and the parents.

In addition, the Bright Futures Adolescence Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in the 4 Early Adolescence Visits.

The goal of these discussions is to determine the healthcare needs of the youth and family that should be addressed by the healthcare professional. The following priorities are consistent throughout the Early Adolescence Visits. However, the questions used to effectively obtain information and anticipatory guidance provided to the youth and family can vary.

Although each of these issues is viewed as important, they may be prioritized by the individual needs of each patient and family. The goal should be to address issues important to this age group over the course of multiple visits. The issues are:

Social determinants of health*	Risks (interpersonal violence, living situation and food security, family substance use), strengths and protective factors (connectedness with family and peers, connectedness with community, school performance, coping with stress, and decision-making).
Physical growth and development	Oral health, body image, healthy eating, physical activity and sleep.
Emotional well-being	Mood regulation and mental health, sexuality.
Risk reduction	Pregnancy and sexually transmitted infections, tobacco, e-cigarettes, alcohol, prescription or street drugs, acoustic trauma.
Safety	Seat belt and helmet use, sun protection, substance use and riding in vehicle, firearm safety.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Screening 11- through 14-Year Visits

Universal Screening	Action
Depression: Adolescent (beginning at 12 year visit)	Depression screen[a]
Dyslipidemia (once between 9 year and 11 year visits)	Lipid profile
Hearing (once between 11 and 14 year visits)	Audiometry, including 6,000 and 8,000 Hz high frequencies
Tobacco, alcohol or drug use	Tobacco, alcohol or drug use screen
Vision (12 year visit)	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

[a]If depression screen is positive, further evaluation should be considered during the Bright Futures Health Supervision Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed under Anticipatory Guidance.

Screening 11- through 14-Year Visits

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions	Hematocrit or hemoglobin
Dyslipidemia	Positive (+) on risk screening questions and not previously screened with normal results	Lipid profile
HIV	Positive (+) on risk screening questions	HIV test
Oral health	Primary water source is deficient in fluoride	Oral fluoride supplementation
STIs[c]		
– Chlamydia	Sexually active girls	Chlamydia test
	Sexually active boys positive (+) on risk screening questions	
– Gonorrhea	Sexually active girls	Gonorrhea test
	Sexually active boys positive (+) on risk screening questions	
– Syphilis	Sexually active and positive (+) on risk screening questions	Syphilis test
Tuberculosis	Positive (+) on risk screening questions	Tuberculin skin test
Vision (11-, 13- and 14-year visits)	Positive (+) on risk screening questions	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

Abbreviations: HIV – human immunodeficiency virus; STI – sexually transmitted infection.

[a]If depression screen is positive, further evaluation should be considered during the Bright Futures Health Supervision Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed under Anticipatory Guidance.

[c]Adolescents should be screened for STIs per recommendations in the current edition of the AAP Red Book: *Report of the Committee on Infectious Diseases.* Additionally, all adolescents should be screened for HIV according to the US Preventive Services Task Force recommendations (**www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm**) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV should be tested for HIV and reassessed annually.

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 15- through 17-Year Visits

The first priority is to attend to the concerns of the adolescent and the parents.

In addition, the Bright Futures Adolescence Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in the 3 Middle Adolescence Visits.

The goal of these discussions is to determine the healthcare needs of the youth and family that should be addressed by the healthcare professional. The following priorities are consistent throughout the Early Adolescence Visits. However, the questions used to effectively obtain information and anticipatory guidance provided to the youth and family can vary.

Although each of these issues is important, they may be prioritized by the individual needs of each patient and family. The goal should be to address issues important to this age group over the course of multiple visits. The issues are:

Social determinants of health*	Risks (interpersonal violence, living situation and food security, family substance use), strengths and protective factors (connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making).
Physical growth and development	Oral health, body image, healthy eating, physical activity and sleep.
Emotional well-being	Mood regulation and mental health, sexuality.
Risk reduction	Pregnancy and sexually transmitted infections, tobacco, e-cigarettes, alcohol, prescription or street drugs, acoustic trauma.
Safety	Seat belt and helmet use, sun protection, substance use and riding in vehicle, firearm safety.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities them.

Screening 15- through 17-Year Visits

Universal Screening	Action
Depression: Adolescent	Depression screen[a]
Dyslipidemia (once between 17-year and 21-year visits)	Lipid profile
Hearing (once between 15- and 17-year visits)	Audiometry, including 6,000 and 8,000 Hz high frequencies
HIV (once between 15-year and 17-year visits)	HIV test
Tobacco, alcohol or drug use	Tobacco, alcohol or drug use screen
Vision (15-year visit)	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

[a]If depression screen is positive, further evaluation should be considered during the Bright Futures Health Supervision Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed under Anticipatory Guidance.

Screening 15- through 17-Year Visits

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions	Hematocrit or hemoglobin
Dyslipidemia (if not universally screened at this visit)	Positive (+) on risk screening questions and not previously screened with normal results	Lipid profile
HIV (if not universally screened at this visit)	Positive (+) on risk screening questions	HIV test
Oral health (through 16-year visit)	Primary water source is deficient in fluoride	Oral fluoride supplementation
STIs[c]		
– Chlamydia	Sexually active girls	Chlamydia test
	Sexually active boys positive (+) on risk screening questions	
– Gonorrhea	Sexually active girls	Gonorrhea test
	Sexually active boys positive (+) on risk screening questions	
– Syphilis	Sexually active and positive (+) on risk screening questions	Syphilis test
Tuberculosis	Positive (+) on risk screening questions	Tuberculin skin test
Vision (16 and 17 year visits)	Positive (+) on risk screening questions	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

Abbreviations: HIV – human immunodeficiency virus; STI – sexually transmitted infection.

[a]If depression screen is positive, further evaluation should be considered during the Bright Futures Health Supervision Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed under Anticipatory Guidance.

[c]Adolescents should be screened for STIs per recommendations in the current edition of the AAP Red Book: *Report of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the US Preventive Services Task Force recommendations (**www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm**) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV should be tested for HIV and reassessed annually.

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Priorities for the 18- through 21-Year Visits

The first priority is to attend to the concerns of the young adult may have.

In addition, the Bright Futures Adolescence Expert Panel in conjunction with the American Academy of Pediatrics has given priority to the following topics for discussion in the three Middle Adolescence Visits.

The goal of these discussions is to determine the healthcare needs of the youth and family that should be addressed by the healthcare professional. The following priorities are consistent throughout the Early Adolescence Visits. However, the questions used to effectively obtain information and anticipatory guidance provided to the youth and family can vary.

Although each of these issues is viewed as important, they may be prioritized by the individual needs of each patient and family. The goal should be to address issues important to this age group over the course of multiple visits. The issues are:

Social determinants of health*	Risks (interpersonal violence, living situation and food security, family substance use), strengths and protective factors (connectedness with family and peers, connectedness with community, school performance, coping with stress and decision making).
Physical growth and development	Oral health, body image, healthy eating, physical activity and sleep.
Emotional well-being	Mood regulation and mental health, sexuality.
Risk reduction	Pregnancy and sexually transmitted infections, tobacco, e-cigarettes, alcohol, prescription or street drugs, acoustic trauma.
Safety	Seat belt and helmet use, sun protection, substance use and riding in vehicle, firearm safety.

*Social determinants of health is a new priority in the 4th edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities them

Screening 18- through 21-Year Visits

Universal Screening	Action
Cervical dysplasia (all young women at the 21-year visit)	Pap smear
Depression: Adolescent	Depression screen[a]
Dyslipidemia (once between 17-year and 21-year visits)	Lipid profile
Hearing (once between 18-and 21-year visits)	Audiometry, including 6,000 and 8,000 Hz high frequencies
HIV (once between 15-year and 18-year visits)	HIV test
Tobacco, alcohol or drug use	Tobacco, alcohol or drug use screen

[a]If depression screen is positive, further evaluation should be considered during the Bright Futures Health Supervision Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed under Anticipatory Guidance.

Screening 18- through 21-Year Visits

Selective Screening	Risk Assessment[a]	Action if Risk Assessment Positive (+)
Anemia	Positive (+) on risk screening questions	Hematocrit or hemoglobin
Dyslipidemia (if not universally screened at this visit)	Positive (+) on risk screening questions and not previously screened with normal results	Lipid profile
HIV (if not universally screened at this visit)	Positive (+) on risk screening questions	HIV test
Oral health (through 16-year visit)	Primary water source is deficient in fluoride	Oral fluoride supplementation
STIs[c]		
– Chlamydia	Sexually active girls	Chlamydia test
	Sexually active boys positive (+) on risk screening questions	
– Gonorrhea	Sexually active girls	Gonorrhea test
	Sexually active boys positive (+) on risk screening questions	
– Syphilis	Sexually active and positive (+) on risk screening questions	Syphilis test
Tuberculosis	Positive (+) on risk screening questions	Tuberculin skin test
Vision	Positive (+) on risk screening questions	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

Abbreviations: HIV – human immunodeficiency virus; STI – sexually transmitted infection.

[a]If depression screen is positive, further evaluation should be considered during the Bright Futures Health Supervision Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed under Anticipatory Guidance.

[c]Adolescents should be screened for STIs per recommendations in the current edition of the AAP Red Book: *Report of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the US Preventive Services Task Force recommendations (**www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm**) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV should be tested for HIV and reassessed annually.

[a]See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

From Bright Futures **https://brightfutures.aap.org/Pages/default.aspx**

From American Academy of Pediatrics **https://www.aap.org**

Section Three

Exam Forms

- ☑ EPSDT Well Child Exam Form
- ☑ Preventive Health Counseling and Education for Children and Adolescents (Ages 3-17 Years, including codes)
- ☑ Growth Chart for Body Mass Index for Age Percentiles: Girls, 2 to 20 years
- ☑ Growth Chart for Body Mass Index for Age Percentiles: Boys, 2 to 20 years

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Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Well Child Exam

Member Name: Age:	**Provider Name:**
Chief Complaints:	**Vital Signs:** Temp BP Resp Pulse **Ht** **Wt** **BMI kg/m2** **BMI Percentile** Head Circumference
Feeding: **Sleep:** **Elimination**:	**Allergies:**
Initial History/Interval History/Birth History: **Surgical History:**	**Medications:**
☐ **Documentation of Growth Charts with each visit** (separate form)	
Nutritional Assessment: (each visit) Formula Breast Cup Adequate Fruits/Vegetables Calcium Source ☐ **Counseling for nutrition**	**Social History:** ☐**5-2-1-Almost None** Language School Tobacco Use/Exposure Alcohol Use Substance Abuse Guardianship ☐ **Counseling/Physical Activity** Sports
Lead Risk Assessment: (6 months - 6 years) **Questionnaire use: (each visit)** Negative Positive Blood testing results: **12 months** **2 years**	**TB Risk Assessment:** (infancy, childhood, and adolescent) **Questionnaire use: (each visit)** Negative Positive / If positive, date of PPD ☐ Reported to Health Dept.

Developmental Assessment: (each visit)

1–3 months	4–6 months	7–9 months	10–12 months	13–15 months	16–18 months	19–24 months
☐ Lifts head ☐ Follows past midline ☐ Laughs & smiles ☐ Tight grasp ☐ Coos	☐ Rolls over ☐ Sits-no support ☐ Grasp-reaches ☐ Turns to voice ☐ Reaches for toys	☐ Pulls up/stands ☐ Takes 2 cubes ☐ Says mama/dada ☐ Waves bye ☐ Looks for objects	☐ Stands alone for 5 sec ☐ Bangs blocks ☐ Babbles ☐ Finger grasp ☐ Pat-a-cake	☐ Walks well ☐ Bends ☐ Puts block in cup ☐ Says 1-3 words ☐ Drinks from cup	☐ Walks backwards ☐ Runs ☐ Scribbles ☐ Says 3 words	☐ Walks up steps ☐ Makes tower 4-6 cubes ☐ Points to pictures ☐ Removes clothes
2–3 years	**4–5 years**	**6–7 years**	**8–10 years**	**11–13 years**	**14–17 years**	**18–21 years**
☐ Wash/dry hands ☐ Points to body parts ☐ Jumps ☐ Names colors ☐ Throws ball	☐ Balances on each foot ☐ Draws person ☐ Copies circle ☐ Brushes teeth ☐ Counts	☐ Knows alphabet ☐ Writes name ☐ Knows right /wrong ☐ Physical activity 1 hr	☐ Seeks in-dependence ☐ Peer influence ☐ Physical activity 1 hr ☐ Feels good about self	☐ Seeks privacy ☐ Self-image ☐ Different sex friends ☐ Physical activity 1 hr	☐ Outside activities ☐ Takes risk ☐ Physical activity 1 hr	☐ Self-confident ☐ Friends are important ☐ Thoughts of future ☐ Questions rules

Vision Screening: **Referral:**	
3–6 year ☐ Pass ☐ Fail R L B **8 year** ☐ Pass ☐ Fail R L B **10 year** ☐ Pass ☐ Fail R L B	**12 year** ☐ Pass ☐ Fail R L B **15 year** ☐ Pass ☐ Fail R L B **18 year** ☐ Pass ☐ Fail R L B
Hearing Screening: **Referral:**	
NB ☐ Pass ☐ Fail Hospital results:	**8 year** ☐ Pass ☐ Fail R ☐ L ☐ 1000Hz 2000Hz 4000Hz
4–6 year ☐ Pass ☐ Fail R ☐ L ☐ 1000Hz 2000Hz 4000Hz	**10 year** ☐ Pass ☒ Fail R ☐ L ☐ 1000Hz 2000Hz 4000Hz
Oral Health: **Referral:**	
12 months: ☐Dental risk assessment	☐ Annual dental visit ☐ Public Water Source
24 months: ☐Referral initiated	☐ Fluoride varnish applied

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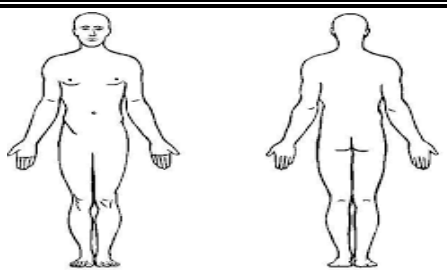
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Well Child Exam

Procedure Screening:	
Newborn blood screening: (if not performed in hospital)	STI/HIV screening: ☐ once between **16-18 years**
Hemoglobin/Hematocrit: ☐**12 months**	Cervical dysplasia: ☐ **21 years** ☐Refer to OB/GYN
Cholesterol screening: ☐**10 years** ☐ **20 years**	Chlamydia screening: ☐**16–21 years** ☐ Sexually Active **(12 years and older)**
☐ **Please provide updated list of vaccinations** (separate form)	
Immunizations: Birth–21 years	Due:



Physical Exam:			
General Appearance	Well developed, well nourished ☐	WNL	Abnormal Findings
Skin	Intact, no rash, no lesion	☐	
HEENT	Head, eyes, ears, nose, throat	☐	
Teeth	Primary, gums, secondary	☐	
Neck	Thyroid, JVD	☐	
Chest	Thoracic, breast	☐	
Respiratory	Lungs, breath sounds	☐	
Cardiovascular	Heart, pulses, S1 and S2	☐	
Gastrointestinal	Abdomen, bowel sounds	☐	
Genitalia	Male/Female Inspection	☐	
Genitourinary	Bladder, kidneys	☐	
Musculoskeletal	Strength, mobility, ROM, spine	☐	
Neurological	Sensation, motor function, alert	☐	
Psychiatric	Mood, affect, orientation, depression	☐	

Anticipatory Guidance (age appropriate):					
Handouts given: ☐	Nutrition ☐ Counseling	Toilet Training ☐	Lead risks ☐	Weight ☐ Counseling	Puberty ☐
Health Promotion ☐	Physical Activity 1 hr ☐	Child Care ☐	Sexual Activity ☐	Growth/Dev. ☐	Discipline ☐
Immunizations ☐	Family Readiness ☐	SIDS ☐	Dental Care ☐	Smoking ☐ Cessation	Helmet use ☐
Injury Prevention/Safety ☐	Smoke Detectors ☐	Gun safety ☐	Seatbelt safety ☐	Limit TV Viewing ☐	Water safety ☐
Others: ☐					
Labs:	**Hgb/Hct**	**Lead**	**Urine**	**Cholesterol**	**Other**
Diagnostic Services:					

Plan/Assessment: **Next Well Child Exam:** **Physician Signature:** **Date:**

LHRN/ Quality Improvement Department/EPSDT/Well Child Exam/ 290415 / Note: form subject to change

Preventive Health Counseling and Education for Children and Adolescents

Ages 3–17 Years

WellCare Member ID: _____

Member Name: _____

Date of Service: _____ Member DOB: _____

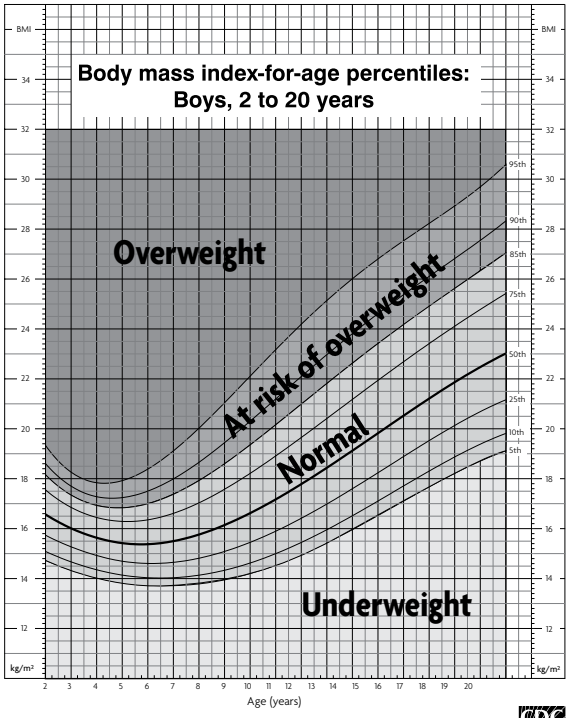
During the office visit, the following topics were discussed with: (Check all that apply)

☐ Member ☐ Parent/Guardian

Check all that apply and document discussion with patient. Documentation must include a note indicating the date and at least one of the following:

BMI (Body Mass Index Percentiles – ages younger than 20 years)	☐ **ASSESSMENT**	☐ **COUNSELING**	☐ **EDUCATION**
☐ BMI percentile = _____ (***use codes Z68.51-Z68.54***) Height _____ Weight _____			
☐ **BMI percentile plotted on age/growth chart** (Please complete the age/growth chart below and include in the member's chart)			

CDC GROWTH CHARTS: United States



Published May 30, 2000.
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

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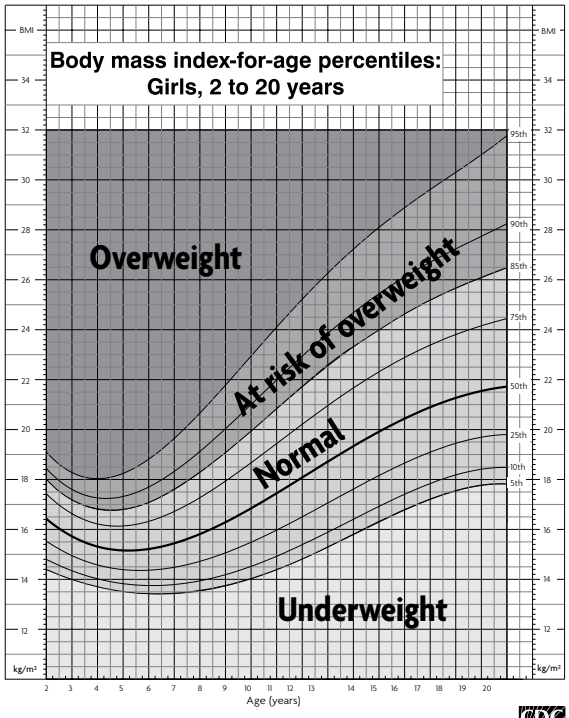
CDC GROWTH CHARTS: United States



Published May 30, 2000.
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

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REMINDER:

Please Complete BMI Percentile Chart. Keep This Document in Patient's Medical Record.

Signature: _____ Completed by (Name): _____

Date: _____ ☐ MD ☐ DO ☐ PA ☐ NP

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COUNSELING FOR NUTRITION	☐ ASSESSMENT	☐ COUNSELING	☐ EDUCATION
☐ Discussed the member's current nutrition behaviors such as			
☐ Eating habits, dieting behaviors – (***use code Z71.3***)			
☐ Counseled and/or referred member for nutrition education			
☐ Add vegetables, fruit, protein and whole grains	☐ Consume milk and milk products		
☐ Aim for 3 vegetables and 2 fruits daily	☐ Eat meals as a family		
☐ Make breakfast a priority	☐ Drink more water		
☐ Try whole wheat bread and pasta			
☐ Provided member with educational materials on nutrition			
☐ Provided member with anticipatory guidance for nutrition			
☐ Addressed nutrition checklist			
☐ Discussed/assessed body image concerns			
COUNSELING FOR PHYSICAL ACTIVITY	☐ **ASSESSMENT**	☐ **COUNSELING**	☐ **EDUCATION**
☐ Discussed current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation) – (use code ***Z71.82*** (Exercise Counseling); ***Z02.5*** (Sports Exam); ***G0447*** (Face-to-face obesity counseling); ***S9451*** (Exercise classes))			
☐ Aim for 60 minutes of physical activity throughout the day	☐ Take the stairs, play sports, dance, play tag, etc.		
☐ Counseled or referred for physical activity			
☐ Provided educational materials on physical activity to member			
☐ Provided anticipatory guidance for physical activity to member			
☐ Addressed checklist indicating physical activity			
COUNSELING FOR SEXUAL ACTIVITY	☐ **ASSESSMENT**	☐ **COUNSELING**	☐ **EDUCATION**
☐ Counseling for oral and other contraceptives – (***use codes Z30.02, Z30.09, Z30.8, Z30.9***)			
COUNSELING FOR DEPRESSION	☐ **ASSESSMENT**	☐ **COUNSELING**	☐ **EDUCATION**
☐ Depression screening – (***use code 96127***)			
COUNSELING FOR SUBSTANCE USE	☐ **ASSESSMENT**	☐ **COUNSELING**	☐ **EDUCATION**
☐ Alcohol and/or Drug Assessment or Screening – (***use codes 99408, 99409, G0396, G0397, H0001, H0049, for ICD-10, use appropriate code family: F***)			
☐ Alcohol and/or Drug Use Counseling – (***use codes H0005, H0050, T1006, or Z71.41, Z71.51, Z71.89***)			

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2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

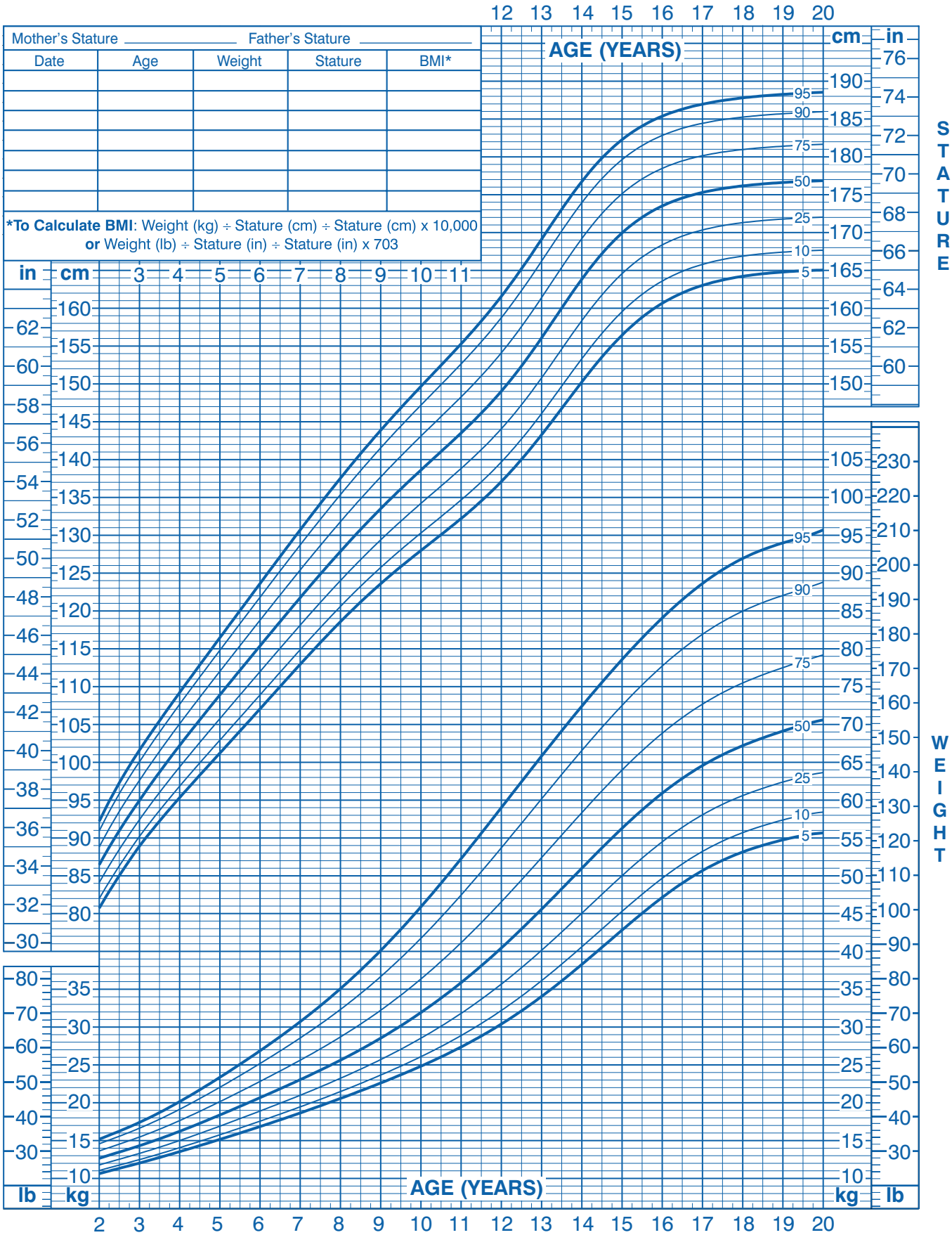
NAME _____

RECORD # _____

Mother's Stature _____ Father's Stature _____

Date	Age	Weight	Stature	BMI*

***To Calculate BMI**: Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
or Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703



Published May 30, 2000 (modified 11/21/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

CDC
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2 to 20 years: Girls
Stature-for-age and Weight-for-age percentiles

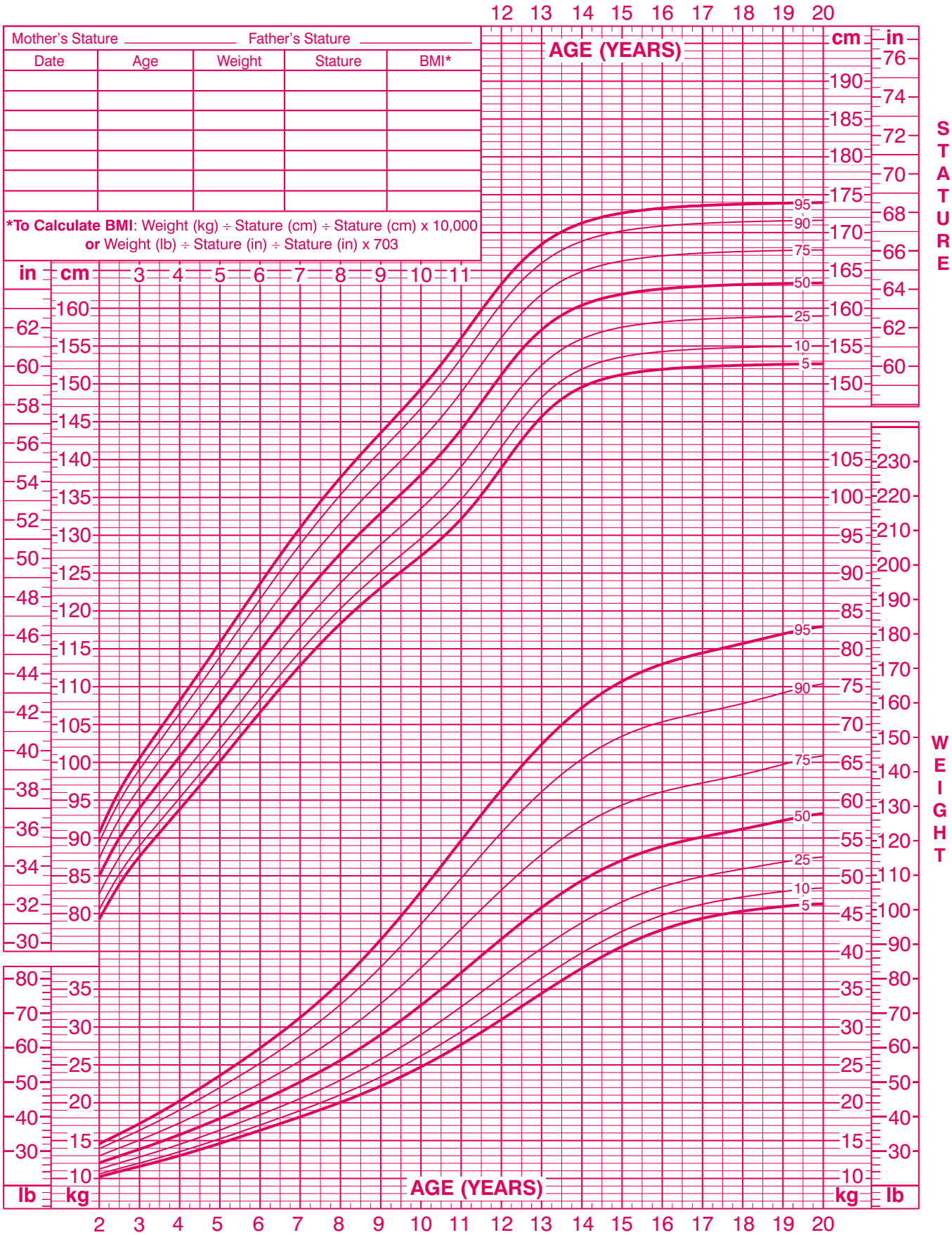
NAME _____

RECORD # _____

Mother's Stature _____ Father's Stature _____

Date	Age	Weight	Stature	BMI*

***To Calculate BMI**: Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
or Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703



Published May 30, 2000 (modified 11/21/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

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Section Four

Immunizations

- ☑ CDC Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger
- ☑ CDC Recommended Immunization Schedule for Adults Aged 19 Years or Older
- ☑ New Kentucky Immunization Requirements (New for 2018)

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Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

- Consult relevant ACIP statements for detailed recommendations (www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- When a vaccine is not administered at the recommended age, administer at a subsequent visit.
- Use combination vaccines instead of separate injections when appropriate.
- Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) online (www.vaers.hhs.gov) or by telephone (800-822-7967).
- Report suspected cases of reportable vaccine-preventable diseases to your state or local health department.
- For information about precautions and contraindications, see www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Approved by the

Advisory Committee on Immunization Practices
(www.cdc.gov/vaccines/acip)

American Academy of Pediatrics
(www.aap.org)

American Academy of Family Physicians
(www.aafp.org)

American College of Obstetricians and Gynecologists
(www.acog.org)

This schedule includes recommendations in effect as of January 1, 2018.

The table below shows vaccine acronyms, and brand names for vaccines routinely recommended for children and adolescents. The use of trade names in this immunization schedule is for identification purposes only and does not imply endorsement by the ACIP or CDC.

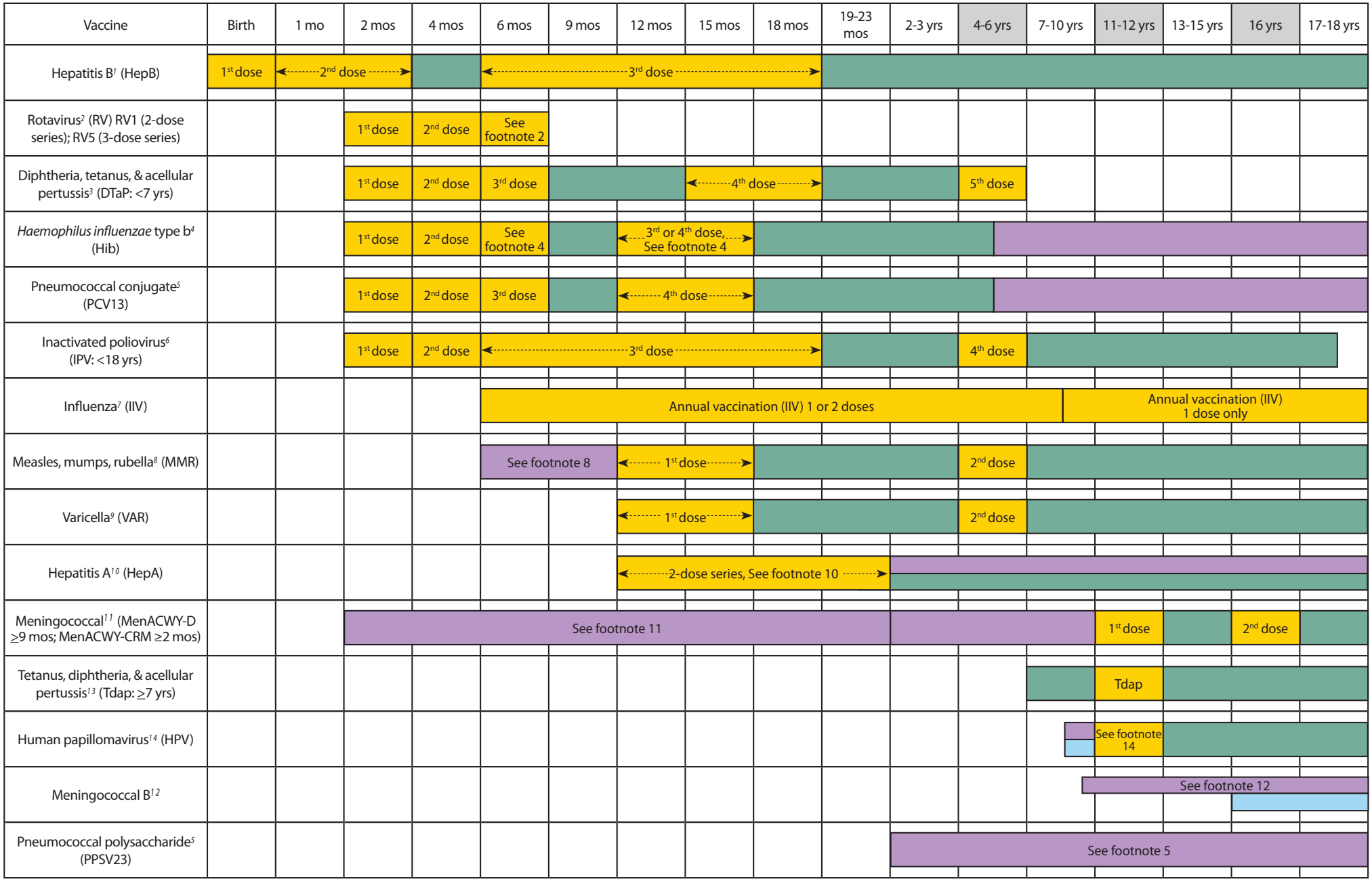
Vaccine type	Abbreviation	Brand(s)
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Diphtheria, tetanus vaccine	DT	No Trade Name
Haemophilus influenzae type B vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB Hiberix PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated)	IIV	Multiple
Measles, mumps, and rubella vaccine	MMR	M-M-R II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM	Menactra Menveo
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax
Poliovirus vaccine (inactivated)	IPV	IPOL
Rotavirus vaccines	RV1 RV5	Rotarix RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac No Trade Name
Varicella vaccine	VAR	Varivax
Combination Vaccines		
DTaP, hepatitis B and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus and *Haemophilus influenzae* type B vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel
Measles, mumps, rubella, and varicella vaccines	MMRV	ProQuad

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.



NOTE: The above recommendations must be read along with the footnotes of this schedule.

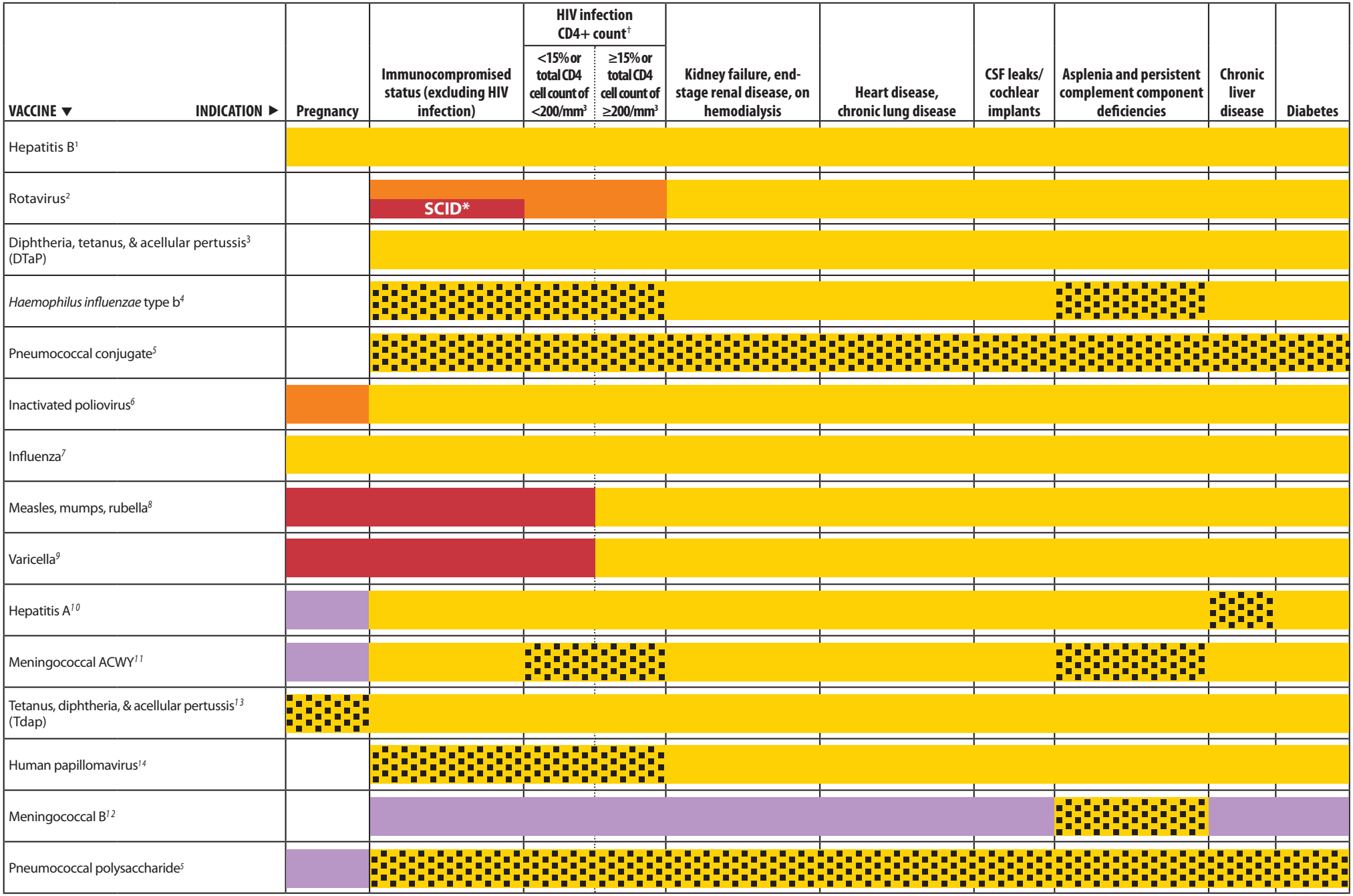
FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Children age 4 months through 6 years					
Hepatitis B[1]	Birth	4 weeks	8 weeks ***and*** at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus[2]	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks[2] Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis[3]	6 weeks	4 weeks	4 weeks	6 months	6 months[3]
Haemophilus influenzae type b[4]	6 weeks	4 weeks if first dose was administered before the 1st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	4 weeks[4] if current age is younger than 12 months **and** first dose was administered at younger than age 7 months, **and** at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks ***and*** age 12 through 59 months (as final dose)[4] • if current age is younger than 12 months **and** first dose was administered at age 7 through 11 months; OR • if current age is 12 through 59 months **and** first dose was administered before the 1st birthday, **and** second dose administered at younger than 15 months; OR • if both doses were PRP-OMP (PedvaxHIB; Comvax) **and** were administered before the 1st birthday. No further doses needed if previous dose was administered at age 15 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate[5]	6 weeks	4 weeks if first dose administered before the 1st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1st birthday or after. No further doses needed for healthy children if first dose was administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given between 7-11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus[6]	6 weeks	4 weeks[6]	4 weeks[6] if current age is < 4 years 6 months (as final dose) if current age is 4 years or older	6 months[6] (minimum age 4 years for final dose).	
Measles, mumps, rubella[8]	12 months	4 weeks			
Varicella[9]	12 months	3 months			
Hepatitis A[10]	12 months	6 months			
Meningococcal[11] (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	6 weeks	8 weeks[11]	See footnote 11	See footnote 11	
Children and adolescents age 7 through 18 years					
Meningococcal[11] (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	Not Applicable (N/A)	8 weeks[11]			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis[13]	7 years[13]	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.	6 months if first dose of DTaP/DT was administered before the 1st birthday.	
Human papillomavirus[14]	9 years	Routine dosing intervals are recommended.[14]			
Hepatitis A[10]	N/A	6 months			
Hepatitis B[1]	N/A	4 weeks	8 weeks **and** at least 16 weeks after first dose.		
Inactivated poliovirus[6]	N/A	4 weeks	6 months[6] A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella[8]	N/A	4 weeks			
Varicella[9]	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Figure 3. Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications



*Severe Combined Immunodeficiency

†For additional information regarding HIV laboratory parameters and use of live vaccines; see the General Best Practice Guidelines for Immunization "Altered Immunocompetence" at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html; and Table 4-1 (footnote D) at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Footnotes — Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.
For vaccine recommendations for persons 19 years of age and older, see the Adult Immunization Schedule.

Additional information

- For information on contraindications and precautions for the use of a vaccine, consult the *General Best Practice Guidelines for Immunization* and relevant ACIP statements, at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as "through."
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum interval or minimum age should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, *Recommended and minimum ages and intervals between vaccine doses,* in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccine requirements and recommendations is available at wwwnc.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, *Vaccination of persons with primary and secondary immunodeficiencies,* in *General Best Practice Guidelines for Immunization,* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html; and Immunization in Special Clinical Circumstances. (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2015 report of the Committee on Infectious Diseases. 30th ed.* Elk Grove Village, IL: American Academy of Pediatrics, 2015:68-107).
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information; see www.hrsa.gov/vaccinecompensation/index.html.

1. Hepatitis B (HepB) vaccine. (minimum age: birth)

Birth Dose (Monovalent HepB vaccine only):

- **Mother is HBsAg-Negative:** 1 dose within 24 hours of birth for medically stable infants ≥2,000 grams. Infants <2,000 grams administer 1 dose at chronological age 1 month or hospital discharge.
- **Mother is HBsAg-Positive:**
  - Give **HepB vaccine** and **0.5 mL of HBIG** (at separate anatomic sites) within 12 hours of birth, regardless of birth weight.
  - Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose.
- **Mother's HBsAg status is unknown:**
  - Give **HepB vaccine** within 12 hours of birth, regardless of birth weight.
  - For infants <2,000 grams, give **0.5 mL of HBIG** in addition to HepB vaccine within 12 hours of birth.
  - Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, give **0.5 mL of HBIG** to infants ≥2,000 grams as soon as possible, but no later than 7 days of age.

Routine Series:

- A complete series is 3 doses at 0, 1–2, and 6–18 months. (Monovalent HepB vaccine should be used for doses given before age 6 weeks.)
- Infants who did not receive a birth dose should begin the series as soon as feasible (see Figure 2).
- Administration of **4 doses** is permitted when a combination vaccine containing HepB is used after the birth dose.
- **Minimum age** for the final (3rd or 4th) dose: 24 weeks.
- **Minimum Intervals:** Dose 1 to Dose 2: 4 weeks / Dose 2 to Dose 3: 8 weeks / Dose 1 to Dose 3: 16 weeks. (When 4 doses are given, substitute "Dose 4" for "Dose 3" in these calculations.)

Catch-up vaccination:

- Unvaccinated persons should complete a 3-dose series at 0, 1–2, and 6 months.
- Adolescents 11–15 years of age may use an alternative 2-dose schedule, with at least 4 months between doses (adult formulation **Recombivax HB** only).
- For other catch-up guidance, see Figure 2.

2. Rotavirus vaccines. (minimum age: 6 weeks)

Routine vaccination:

Rotarix: 2-dose series at 2 and 4 months.

RotaTeq: 3-dose series at 2, 4, and 6 months.

If any dose in the series is either RotaTeq or unknown, default to 3-dose series.

Catch-up vaccination:

- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 0 days.
- For other catch-up guidance, see Figure 2.

3. Diphtheria, tetanus, and acellular pertussis (DTaP) vaccine. (minimum age: 6 weeks [4 years for Kinrix or Quadracel])

Routine vaccination:

- 5-dose series at 2, 4, 6, and 15–18 months, and 4–6 years.
  - **Prospectively:** A 4th dose may be given as early as age 12 months if at least 6 months have elapsed since the 3rd dose.
  - **Retrospectively:** A 4th dose that was inadvertently given as early as 12 months may be counted if at least 4 months have elapsed since the 3rd dose.

Catch-up vaccination:

- The 5th dose is not necessary if the 4th dose was administered at 4 years or older.
- For other catch-up guidance, see Figure 2.

For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

4. *Haemophilus influenzae* type b (Hib) vaccine. (minimum age: 6 weeks)

Routine vaccination:

- **ActHIB, Hiberix, or Pentacel:** 4-dose series at 2, 4, 6, and 12–15 months.
- **PedvaxHIB:** 3-dose series at 2, 4, and 12–15 months.

Catch-up vaccination:

- **1st dose at 7–11 months:** Give 2nd dose at least 4 weeks later and 3rd (final) dose at 12–15 months or 8 weeks after 2nd dose (whichever is later).
- **1st dose at 12–14 months:** Give 2nd (final) dose at least 8 weeks after 1st dose.
- **1st dose before 12 months and 2nd dose before 15 months:** Give 3rd (final) dose 8 weeks after 2nd dose.
- **2 doses of PedvaxHIB before 12 months:** Give 3rd (final) dose at 12–59 months and at least 8 weeks after 2nd dose.
- **Unvaccinated at 15–59 months:** 1 dose.
- For other catch-up guidance, see Figure 2.

Special Situations:

- **Chemotherapy or radiation treatment**
  12–59 months
  - Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart
  - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

  Doses given within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.
- **Hematopoietic stem cell transplant (HSCT)**
- 3-dose series with doses 4 weeks apart starting 6 to 12 months after successful transplant (regardless of Hib vaccination history).
- **Anatomic or functional asplenia (including sickle cell disease)**
  12–59 months
  - Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart.
  - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

  Unimmunized persons 5 years or older*
  - Give 1 dose
- **Elective splenectomy**
  Unimmunized* persons 15 months or older
  - Give 1 dose (preferably at least 14 days before procedure).
- **HIV infection**
  12–59 months
  - Unvaccinated or only 1 dose before 12 months: Give 2 doses 8 weeks apart.
  - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

  Unimmunized persons 5–18 years*
  - Give 1 dose
- **Immunoglobulin deficiency, early component complement deficiency**
  12–59 months
  - Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart.
  - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

**Unimmunized* = Less than routine series (through 14 months) OR no doses (14 months or older)

5. Pneumococcal vaccines. (minimum age: 6 weeks [PCV13], 2 years [PPSV23])

Routine vaccination with PCV13:

- 4-dose series at 2, 4, 6, and 12–15 months.

Catch-up vaccination with PCV13:

- 1 dose for healthy children aged 24–59 months with any incomplete* PCV13 schedule
- For other catch-up guidance, see Figure 2.

Special situations: High-risk conditions: Administer PCV13 doses before PPSV23 if possible.

Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma treated with high-dose, oral, corticosteroids); diabetes mellitus:

Age 2–5 years:

- Any incomplete* schedules with:
  - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
  - <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

Age 6-18 years:

- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

Cerebrospinal fluid leak; cochlear implant:

Age 2–5 years:

- Any incomplete* schedules with:
  - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
  - <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

Age 6–18 years:

- No history of either PCV13 or PPSV23: 1 dose of PCV13, 1 dose of PPSV23 at least 8 weeks later.
- Any PCV13 but no PPSV23: 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13
- PPSV23 but no PCV13: 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.

Sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation; multiple myeloma:

Age 2–5 years:

- Any incomplete* schedules with:
  - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
  - <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose) and a 2nd dose of PPSV23 5 years later.

Age 6–18 years:

- No history of either PCV13 or PPSV23: 1 dose of PCV13, 2 doses of PPSV23 (1st dose of PPSV23 administered 8 weeks after PCV13 and 2nd dose of PPSV23 administered at least 5 years after the 1st dose of PPSV23).
- Any PCV13 but no PPSV23: 2 doses of PPSV23 (1st dose of PPSV23 to be given 8 weeks after the most recent dose of PCV13 and 2nd dose of PPSV23 administered at least 5 years after the 1st dose of PPSV23).

For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

- PPSV23 but no PCV13: 1 dose of PCV13 at least 8 weeks after the most recent PPSV23 dose and a 2nd dose of PPSV23 to be given 5 years after the 1st dose of PPSV23 and at least 8 weeks after a dose of PCV13.

Chronic liver disease, alcoholism:

Age 6–18 years:

- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

*Incomplete schedules are any schedules where PCV13 doses have not been completed according to ACIP recommended catch-up schedules. The total number and timing of doses for complete PCV13 series are dictated by the age at first vaccination. See Tables 8 and 9 in the ACIP pneumococcal vaccine recommendations (www.cdc.gov/mmwr/pdf/rr/rr5911.pdf) for complete schedule details.

6. Inactivated poliovirus vaccine (IPV). (minimum age: 6 weeks)

Routine vaccination:

- 4-dose series at ages 2, 4, 6–18 months, and 4–6 years. Administer the final dose on or after the 4th birthday and at least 6 months after the previous dose.

Catch-up vaccination:

- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- If 4 or more doses were given before the 4th birthday, give 1 more dose at age 4–6 years and at least 6 months after the previous dose.
- A 4th dose is not necessary if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.
- IPV is not routinely recommended for U.S. residents 18 years and older.

Series Containing Oral Polio Vaccine (OPV), *either mixed OPV-IPV or OPV-only series*:

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w.
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as "OPV" see www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w.
- For other catch-up guidance, see Figure 2.

7. Influenza vaccines. (minimum age: 6 months)

Routine vaccination:

- Administer an age-appropriate formulation and dose of influenza vaccine annually.
  - o **Children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2017 should receive 2 doses separated by at least 4 weeks.
  - o **Persons 9 years and older** 1 dose
- Live attenuated influenza vaccine (LAIV) not recommended for the 2017–18 season.
- For additional guidance, see the 2017–18 ACIP influenza vaccine recommendations (*MMWR* August 25, 2017;66(2):1-20: www.cdc.gov/mmwr/volumes/66/rr/pdfs/rr6602.pdf).

(For the 2018–19 season, see the 2018–19 ACIP influenza vaccine recommendations.)

8. Measles, mumps, and rubella (MMR) vaccine. (minimum age: 12 months for routine vaccination)

Routine vaccination:

- 2-dose series at 12–15 months and 4–6 years.
- The 2nd dose may be given as early as 4 weeks after the 1st dose.

Catch-up vaccination:

- Unvaccinated children and adolescents: 2 doses at least 4 weeks apart.

International travel:

- **Infants 6–11 months:** 1 dose before departure. Revaccinate with 2 doses at 12–15 months (12 months for children in high-risk areas) and 2nd dose as early as 4 weeks later.
- **Unvaccinated children 12 months and older:** 2 doses at least 4 weeks apart before departure.

Mumps outbreak:

- Persons ≥12 months who previously received ≤2 doses of mumps-containing vaccine and are identified by public health authorities to be at increased risk during a mumps outbreak should receive a dose of mumps-virus containing vaccine.

9. Varicella (VAR) vaccine. (minimum age: 12 months)

Routine vaccination:

- 2-dose series: 12–15 months and 4–6 years.
- The 2nd dose may be given as early as 3 months after the 1st dose (a dose given after a 4-week interval may be counted).

Catch-up vaccination:

- Ensure persons 7–18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4], at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2 doses of varicella vaccine:
  - o **Ages 7–12:** routine interval 3 months (minimum interval: 4 weeks).
  - o **Ages 13 and older:** minimum interval 4 weeks.

10. Hepatitis A (HepA) vaccine. (minimum age: 12 months)

Routine vaccination:

- 2 doses, separated by 6-18 months, between the 1st and 2nd birthdays. (A series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is given.)

Catch-up vaccination:

- Anyone 2 years of age or older may receive HepA vaccine if desired. Minimum interval between doses is 6 months.

Special populations:

Previously unvaccinated persons who should be vaccinated:

- Persons traveling to or working in countries with high or intermediate endemicity
- Men who have sex with men
- Users of injection and non-injection drugs
- Persons who work with hepatitis A virus in a research laboratory or with non-human primates
- Persons with clotting-factor disorders
- Persons with chronic liver disease
- Persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity (administer the 1st dose as soon as the adoption is planned—ideally at least 2 weeks before the adoptee's arrival).

11. Serogroup A, C, W, Y meningococcal vaccines. (Minimum age: 2 months [Menveo], 9 months [Menactra].

Routine:

- 2-dose series: 11-12 years and 16 years.

Catch-Up:

- Age 13-15 years: 1 dose now and booster at age 16-18 years. Minimum interval 8 weeks.
- Age 16-18 years: 1 dose.

For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

Special populations and situations:
Anatomic or functional asplenia, sickle cell disease, HIV infection, persistent complement component deficiency (including eculizumab use):

- **Menveo**
  - 1st dose at 8 weeks: 4-dose series at 2, 4, 6, and 12 months.
  - 1st dose at 7–23 months: 2 doses (2nd dose at least 12 weeks after the 1st dose and after the 1st birthday).
  - 1st dose at 24 months or older: 2 doses at least 8 weeks apart.
- **Menactra**
  - Persistent complement component deficiency:
    - 9–23 months: 2 doses at least 12 weeks apart
    - 24 months or older: 2 doses at least 8 weeks apart
  - Anatomic or functional asplenia, sickle cell disease, or HIV infection:
    - 24 months or older: 2 doses at least 8 weeks apart.
    - **Menactra** must be administered at least 4 weeks after completion of PCV13 series.

Children who travel to or live in countries where meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or during the Hajj, or exposure to an outbreak attributable to a vaccine serogroup:

- Children <24 months of age:
  - **Menveo (2-23 months):**
    - 1st dose at 8 weeks: 4-dose series at 2, 4, 6, and 12 months.
    - 1st dose at 7-23 months: 2 doses (2nd dose at least 12 weeks after the 1st dose and after the 1st birthday).
  - **Menactra (9-23 months):**
    - 2 doses (2nd dose at least 12 weeks after the 1st dose. 2nd dose may be administered as early as 8 weeks after the 1st dose in travelers).
- Children 2 years or older: 1 dose of **Menveo** or **Menactra**.

Note: Menactra should be given either before or at the same time as DTaP. For MenACWY booster dose recommendations for groups listed under "Special populations and situations" above, and additional meningococcal vaccination information, see meningococcal *MMWR* publications at: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

12. Serogroup B meningococcal vaccines (minimum age: 10 years [Bexsero, Trumenba].

Clinical discretion: Adolescents not at increased risk for meningococcal B infection who want MenB vaccine.

MenB vaccines may be given at clinical discretion to adolescents 16–23 years (preferred age 16–18 years) who are not at increased risk.

- **Bexsero**: 2 doses at least 1 month apart.
- **Trumenba**: 2 doses at least 6 months apart. If the 2nd dose is given earlier than 6 months, give a 3rd dose at least 4 months after the 2nd.

Special populations and situations:
Anatomic or functional asplenia, sickle cell disease, persistent complement component deficiency (including eculizumab use), serogroup B meningococcal disease outbreak

- **Bexsero**: 2-dose series at least 1 month apart.
- **Trumenba**: 3-dose series at 0, 1-2, and 6 months.

Note: **Bexsero** and **Trumenba** are not interchangeable.
For additional meningococcal vaccination information, see meningococcal *MMWR* publications at: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

13. Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine. (minimum age: 11 years for routine vaccinations, 7 years for catch-up vaccination)

Routine vaccination:

- **Adolescents 11–12 years of age:** 1 dose.
- **Pregnant adolescents:** 1 dose during each pregnancy (preferably during the early part of gestational weeks 27–36).
- Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination:

- **Adolescents 13–18 who have not received Tdap**: 1 dose, followed by a Td booster every 10 years.
- **Persons aged 7–18 years not fully immunized with DTaP**: 1 dose of Tdap as part of the catch-up series (preferably the first dose). If additional doses are needed, use Td.
- **Children 7–10 years** who receive Tdap inadvertently or as part of the catch-up series may receive the routine Tdap dose at 11–12 years.
- **DTaP inadvertently given after the 7th birthday**:
  - **Child 7–10**: DTaP may count as part of catch-up series. Routine Tdap dose at 11-12 may be given.
  - **Adolescent 11–18**: Count dose of DTaP as the adolescent Tdap booster.
- For other catch-up guidance, see Figure 2.

14. Human papillomavirus (HPV) vaccine (minimum age: 9 years)

Routine and catch-up vaccination:

- Routine vaccination for all adolescents at 11–12 years (can start at age 9) and through age 18 if not previously adequately vaccinated. Number of doses dependent on age at initial vaccination:
  - **Age 9–14 years at initiation:** 2-dose series at 0 and 6–12 months. Minimum interval: 5 months (repeat a dose given too soon at least 12 weeks after the invalid dose and at least 5 months after the 1st dose).
  - **Age 15 years or older at initiation:** 3-dose series at 0, 1–2 months, and 6 months. Minimum intervals: 4 weeks between 1st and 2nd dose; 12 weeks between 2nd and 3rd dose; 5 months between 1st and 3rd dose (repeat dose(s) given too soon at or after the minimum interval since the most recent dose).
- Persons who have completed a valid series with any HPV vaccine do not need any additional doses.

Special situations:

- **History of sexual abuse or assault**: Begin series at age 9 years.
- **Immunocompromised* (including HIV)** aged 9–26 years: 3-dose series at 0, 1–2 months, and 6 months.
- **Pregnancy:** Vaccination not recommended, but there is no evidence the vaccine is harmful. No intervention is needed for women who inadvertently received a dose of HPV vaccine while pregnant. Delay remaining doses until after pregnancy. Pregnancy testing not needed before vaccination.

*See MMWR, December 16, 2016;65(49):1405–1408, at www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a5.pdf.

Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018

In February 2018, the *Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018* became effective, as recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC). The adult immunization schedule was also approved by the American College of Physicians, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American College of Nurse-Midwives.

CDC announced the availability of the 2018 adult immunization schedule in the *Morbidity and Mortality Weekly Report* (*MMWR*).[1] The schedule is published in its entirety in the *Annals of Internal Medicine*.[2]

The adult immunization schedule consists of figures that summarize routinely recommended vaccines for adults by age groups and medical conditions and other indications, footnotes for the figures, and a table of vaccine contraindications and precautions. Note the following when reviewing the adult immunization schedule:

- The figures in the adult immunization schedule should be reviewed with the accompanying footnotes.
- The figures and footnotes display indications for which vaccines, if not previously administered, should be administered unless noted otherwise.
- The table of contraindications and precautions identifies populations and situations for which vaccines should not be used or should be used with caution.
- When indicated, administer recommended vaccines to adults whose vaccination history is incomplete or unknown.
- Increased interval between doses of a multidose vaccine series does not diminish vaccine effectiveness; it is not necessary to restart the vaccine series or add doses to the series because of an extended interval between doses.
- Combination vaccines may be used when any component of the combination is indicated and when the other components of the combination are not contraindicated.
- The use of trade names in the adult immunization schedule is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Special populations that need additional considerations include:

- Pregnant women. Pregnant women should receive the tetanus, diphtheria, and acellular pertussis vaccine (Tdap) during pregnancy and the influenza vaccine during or before pregnancy. Live vaccines (e.g., measles, mumps, and rubella vaccine [MMR]) are contraindicated.
- Asplenia. Adults with asplenia have specific vaccination recommendations because of their increased risk for infection by encapsulated bacteria. Anatomical or functional asplenia includes congenital or acquired asplenia, splenic dysfunction, sickle cell disease and other hemoglobinopathies, and splenectomy.
- Immunocompromising conditions. Adults with immunosuppression should generally avoid live vaccines. Inactivated vaccines (e.g., pneumococcal vaccines) are generally acceptable. High-level immunosuppression includes HIV infection with a CD4 cell count <200 cells/μL, receipt of daily corticosteroid therapy with ≥20 mg of prednisone or equivalent for ≥14 days, primary immunodeficiency disorder (e.g., severe combined immunodeficiency or complement component deficiency), and receipt of cancer chemotherapy. Other immunocompromising conditions and immunosuppressive medications to consider when vaccinating adults can be found in *IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host*.[3] Additional information on vaccinating immunocompromised adults is in *General Best Practice Guidelines for Immunization*.[4]

Additional resources for health care providers include:

- Details on vaccines recommended for adults and complete ACIP statements at www.cdc.gov/vaccines/hcp/acip-recs/index.html
- Vaccine Information Statements that explain benefits and risks of vaccines at www.cdc.gov/vaccines/hcp/vis/index.html
- Information and resources on vaccinating pregnant women at www.cdc.gov/vaccines/adults/rec-vac/pregnant.html
- Information on travel vaccine requirements and recommendations at www.cdc.gov/travel/destinations/list
- CDC Vaccine Schedules App for immunization service providers to download at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html
- Adult Vaccination Quiz for self-assessment of vaccination needs based on age, health conditions, and other indications at www2.cdc.gov/nip/adultimmsched/default.asp
- *Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger* at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Report suspected cases of reportable vaccine-preventable diseases to the local or state health department, and report all clinically significant postvaccination events to the Vaccine Adverse Event Reporting System at www.vaers.hhs.gov or by telephone, 800-822-7967. All vaccines included in the adult immunization schedule except 23-valent pneumococcal polysaccharide and zoster vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. Submit questions and comments to CDC through www.cdc.gov/cdc-info or by telephone, 800-CDC-INFO (800-232-4636), in English and Spanish, 8:00am–8:00pm ET, Monday–Friday, excluding holidays.

The following abbreviations are used for vaccines in the adult immunization schedule (in the order of their appearance):

IIV	inactivated influenza vaccine
RIV	recombinant influenza vaccine
Tdap	tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine
Td	tetanus and diphtheria toxoids
MMR	measles, mumps, and rubella vaccine
VAR	varicella vaccine
RZV	recombinant zoster vaccine
ZVL	zoster vaccine live
HPV vaccine	human papillomavirus vaccine
PCV13	13-valent pneumococcal conjugate vaccine
PPSV23	23-valent pneumococcal polysaccharide vaccine
HepA	hepatitis A vaccine
HepA-HepB	hepatitis A vaccine and hepatitis B vaccine
HepB	hepatitis B vaccine
MenACWY	serogroups A, C, W, and Y meningococcal vaccine
MenB	serogroup B meningococcal vaccine
Hib	*Haemophilus influenzae* type b vaccine

1. MMWR Morb Mortal Wkly Rep. 2018;66(5). Available at www.cdc.gov/mmwr/volumes/67/wr/mm6705e3.htm.
2. Ann Intern Med. 2018;168:210–220. Available at annals.org/aim/article/doi/10.7326/M17-3439.
3. Clin Infect Dis. 2014;58:e44-100. Available at www.idsociety.org/Templates/Content.aspx?id=32212256011.
4. ACIP. Available at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Figure 1. Recommended immunization schedule for adults aged 19 years or older by age group, United States, 2018

This figure should be reviewed with the accompanying footnotes. This figure and the footnotes describe indications for which vaccines, if not previously administered, should be administered unless noted otherwise.

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza[1]	1 dose annually				
Tdap[2] or Td[2]	1 dose Tdap, then Td booster every 10 yrs				
MMR[3]	1 or 2 doses depending on indication (if born in 1957 or later)				
VAR[4]	2 doses				
RZV[5] (preferred)				2 doses RZV (preferred)	
or				or	
ZVL[5]					1 dose ZVL
HPV–Female[6]	2 or 3 doses depending on age at series initiation				
HPV–Male[6]	2 or 3 doses depending on age at series initiation				
PCV13[7]	1 dose				
PPSV23[7]	1 or 2 doses depending on indication				1 dose
HepA[8]	2 or 3 doses depending on vaccine				
HepB[9]	3 doses				
MenACWY[10]	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
MenB[10]	2 or 3 doses depending on vaccine				
Hib[11]	1 or 3 doses depending on indication				

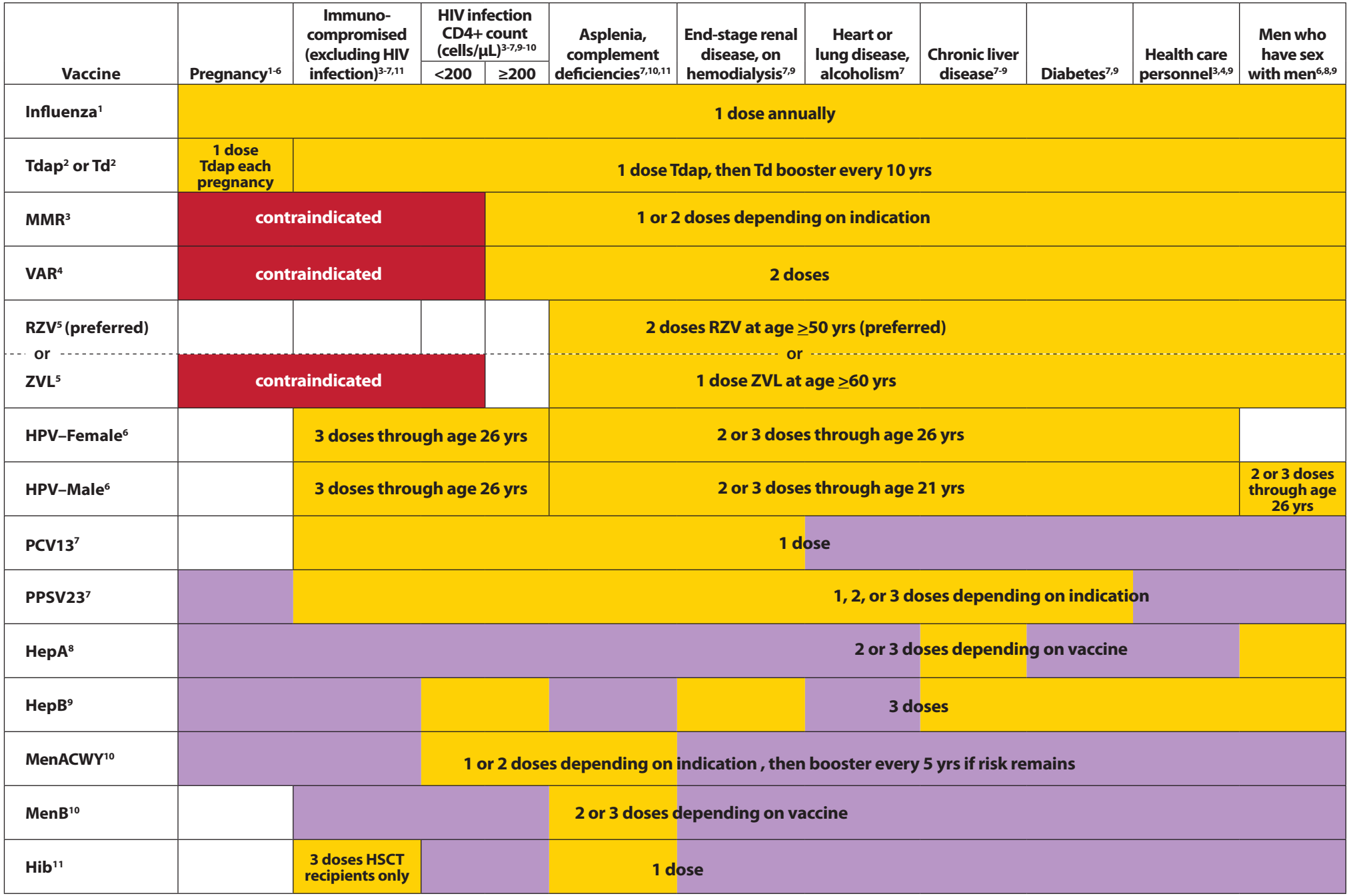
Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended for adults with other indications

No recommendation

Figure 2. Recommended immunization schedule for adults aged 19 years or older by medical condition and other indications, United States, 2018

This figure should be reviewed with the accompanying footnotes. This figure and the footnotes describe indications for which vaccines, if not previously administered, should be administered unless noted otherwise.



Footnotes. Recommended immunization schedule for adults aged 19 years or older, United States, 2018

1. Influenza vaccination
www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html

General information

- Administer 1 dose of age-appropriate inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) annually
- Live attenuated influenza vaccine (LAIV) is not recommended for the 2017–2018 influenza season
- A list of currently available influenza vaccines is available at www.cdc.gov/flu/protect/vaccine/vaccines.htm

Special populations

- Administer age-appropriate IIV or RIV to:
  - **Pregnant women**
  - Adults with **hives-only egg allergy**
  - Adults with **egg allergy other than hives** (e.g., angioedema or respiratory distress): Administer IIV or RIV in a medical setting under supervision of a health care provider who can recognize and manage severe allergic conditions

2. Tetanus, diphtheria, and pertussis vaccination
www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html

General information

- Administer to adults who previously did not receive a dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) as an adult or child (routinely recommended at age 11–12 years) 1 dose of Tdap, followed by a dose of tetanus and diphtheria toxoids (Td) booster every 10 years
- Information on the use of Tdap or Td as tetanus prophylaxis in wound management is available at www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm

Special populations

- **Pregnant women**: Administer 1 dose of Tdap during each pregnancy, preferably in the early part of gestational weeks 27–36

3. Measles, mumps, and rubella vaccination
www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html

General information

- Administer 1 dose of measles, mumps, and rubella vaccine (MMR) to adults with no evidence of immunity to measles, mumps, or rubella
- Evidence of immunity is:
  - Born before 1957 (except for health care personnel, see below)
  - Documentation of receipt of MMR
  - Laboratory evidence of immunity or disease
- Documentation of a health care provider-diagnosed disease without laboratory confirmation is not considered evidence of immunity

Special populations

- **Pregnant women and nonpregnant women of childbearing age** with no evidence of immunity to rubella: Administer 1 dose of MMR (if pregnant, administer MMR after pregnancy and before discharge from health care facility)
- **HIV infection and CD4 cell count ≥200 cells/μL for at least 6 months** and no evidence of immunity to measles, mumps, or rubella: Administer 2 doses of MMR at least 28 days apart
- **Students in postsecondary educational institutions, international travelers**, and **household contacts of immunocompromised persons**: Administer 2 doses of MMR at least 28 days apart (or 1 dose of MMR if previously administered 1 dose of MMR)
- **Health care personnel born in 1957 or later** with no evidence of immunity: Administer 2 doses of MMR at least 28 days apart for measles or mumps, or 1 dose of MMR for rubella (if born before 1957, consider MMR vaccination)
- Adults who **previously received ≤2 doses of mumps-containing vaccine and are identified by public health authority to be at increased risk for mumps in an outbreak**: Administer 1 dose of MMR
- MMR is contraindicated for pregnant women and adults with severe immunodeficiency

4. Varicella vaccination
www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html

General information

- Administer to adults without evidence of immunity to varicella 2 doses of varicella vaccine (VAR) 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose)
- Evidence of immunity to varicella is:
  - U.S.-born before 1980 (except for pregnant women and health care personnel, see below)
  - Documentation of receipt of 2 doses of varicella or varicella-containing vaccine at least 4 weeks apart
  - Diagnosis or verification of history of varicella or herpes zoster by a health care provider
  - Laboratory evidence of immunity or disease

Special populations

- Administer 2 doses of VAR 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose) to:
  - **Pregnant women without evidence of immunity**: Administer the first of the 2 doses or the second dose after pregnancy and before discharge from health care facility
  - **Health care personnel without evidence of immunity**
- Adults with **HIV infection and CD4 cell count ≥200 cells/μL**: May administer, based on individual clinical decision, 2 doses of VAR 3 months apart
- VAR is contraindicated for pregnant women and adults with severe immunodeficiency

5. Zoster vaccination
www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/shingles.html

General information

- Administer 2 doses of recombinant zoster vaccine (RZV) 2–6 months apart to adults aged 50 years or older regardless of past episode of herpes zoster or receipt of zoster vaccine live (ZVL)
- Administer 2 doses of RZV 2–6 months apart to adults who previously received ZVL at least 2 months after ZVL
- For adults aged 60 years or older, administer either RZV or ZVL (RZV is preferred)

Special populations

- ZVL is contraindicated for pregnant women and adults with severe immunodeficiency

6. Human papillomavirus vaccination
www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html

General information

- Administer human papillomavirus (HPV) vaccine to **females through age 26 years** and **males through age 21 years** (males aged 22 through 26 years may be vaccinated based on individual clinical decision)
- The number of doses of HPV vaccine to be administered depends on age at initial HPV vaccination
  - **No previous dose of HPV vaccine**: Administer 3-dose series at 0, 1–2, and 6 months (minimum intervals: 4 weeks between doses 1 and 2, 12 weeks between doses 2 and 3, and 5 months between doses 1 and 3; repeat doses if given too soon)
  - **Aged 9–14 years at HPV vaccine series initiation and received 1 dose or 2 doses less than 5 months apart**: Administer 1 dose
  - **Aged 9–14 years at HPV vaccine series initiation and received 2 doses at least 5 months apart**: No additional dose is needed

Special populations

- Adults with **immunocompromising conditions (including HIV infection)** through age 26 years: Administer 3-dose series at 0, 1–2, and 6 months
- **Men who have sex with men** through age 26 years: Administer 2- or 3-dose series depending on age at initial vaccination (see above); if no history of HPV vaccine, administer 3-dose series at 0, 1–2, and 6 months
- **Pregnant women** through age 26 years: HPV vaccination is not recommended during pregnancy, but there is no evidence that the vaccine is harmful and no intervention needed for women who inadvertently receive HPV vaccine while pregnant; delay remaining doses until after pregnancy; pregnancy testing is not needed before vaccination

7. Pneumococcal vaccination
www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html

General information

- Administer to immunocompetent adults aged 65 years or older 1 dose of 13-valent pneumococcal conjugate vaccine (PCV13), if not previously administered, followed by 1 dose of 23-valent pneumococcal polysaccharide vaccine (PPSV23) at least 1 year after PCV13; if PPSV23 was previously administered but not PCV13, administer PCV13 at least 1 year after PPSV23
- When both PCV13 and PPSV23 are indicated, administer PCV13 first (PCV13 and PPSV23 should not be administered during the same visit); additional information on vaccine timing is available at www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

Special populations

- Administer to adults aged 19 through 64 years with the following chronic conditions 1 dose of PPSV23 (at age 65 years or older, administer 1 dose of PCV13, if not previously received, and another dose of PPSV23 at least 1 year after PCV13 and at least 5 years after PPSV23):
  - **Chronic heart disease** (excluding hypertension)
  - **Chronic lung disease**
  - **Chronic liver disease**
  - **Alcoholism**
  - **Diabetes mellitus**
  - **Cigarette smoking**
- Administer to adults aged 19 years or older with the following indications 1 dose of PCV13 followed by 1 dose of PPSV23 at least 8 weeks after PCV13, and a second dose of PPSV23 at least 5 years after the first dose of PPSV23 (if the most recent dose of PPSV23 was administered before age 65 years, at age 65 years or older, administer another dose of PPSV23 at least 5 years after the last dose of PPSV23):
  - **Immunodeficiency disorders (**including B- and T-lymphocyte deficiency, complement deficiencies, and phagocytic disorders)
  - **HIV infection**
  - **Anatomical or functional asplenia (**including sickle cell disease and other hemoglobinopathies)
  - **Chronic renal failure and nephrotic syndrome**
- Administer to adults aged 19 years or older with the following indications 1 dose of PCV13 followed by 1 dose of PPSV23 at least 8 weeks after PCV13 (if the dose of PPSV23 was administered before age 65 years, at age 65 years or older, administer another dose of PPSV23 at least 5 years after the last dose of PPSV23):
  - **Cerebrospinal fluid leak**
  - **Cochlear implant**

8. Hepatitis A vaccination

www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html

General information

- Administer to adults who have a specific risk (see below), or lack a risk factor but want protection, 2-dose series of single antigen hepatitis A vaccine (HepA; Havrix at 0 and 6–12 months or Vaqta at 0 and 6–18 months; minimum interval: 6 months) or a 3-dose series of combined hepatitis A and hepatitis B vaccine (HepA-HepB) at 0, 1, and 6 months; minimum intervals: 4 weeks between first and second doses, 5 months between second and third doses

Special populations

- Administer HepA or HepA-HepB to adults with the following indications:
  - **Travel** to or work in countries with high or intermediate hepatitis A endemicity
  - **Men who have sex with men**
  - **Injection or noninjection drug use**
  - **Work with hepatitis A virus in a research laboratory or with nonhuman primates infected with hepatitis A virus**
  - **Clotting factor disorders**
  - **Chronic liver disease**
  - Close, personal **contact with an international adoptee** (e.g., household or regular babysitting) during the first 60 days after arrival in the United States from a country with high or intermediate endemicity (administer the first dose as soon as the adoption is planned)
  - Healthy adults **through age 40 years who have recently been exposed to hepatitis A virus**; adults older than age 40 years may receive HepA if hepatitis A immunoglobulin cannot be obtained

9. Hepatitis B vaccination

www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html

General information

- Administer to adults who have a specific risk (see below), or lack a risk factor but want protection, 3-dose series of single antigen hepatitis B vaccine (HepB) or combined hepatitis A and hepatitis B vaccine (HepA-HepB) at 0, 1, and 6 months (minimum intervals: 4 weeks between doses 1 and 2 for HepB and HepA-HepB; between doses 2 and 3, 8 weeks for HepB and 5 months for HepA-HepB)

Special populations

- Administer HepB or HepA-HepB to adults with the following indications:
  - **Chronic liver disease** (e.g., hepatitis C infection, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)
  - **HIV infection**
  - **Percutaneous or mucosal risk of exposure to blood** (e.g., **household contacts** of hepatitis B surface antigen [HBsAg]-positive persons; adults younger than age 60 years with **diabetes mellitus** or aged 60 years or older with diabetes mellitus based on individual clinical decision; adults in predialysis care or receiving **hemodialysis or peritoneal dialysis**; recent or current **injection drug users**; **health care and public safety workers** at risk for exposure to blood or blood-contaminated body fluids)
  - **Sexual exposure risk** (e.g., sex partners of HBsAg-positive persons; sexually active persons not in a mutually monogamous relationship; persons seeking evaluation or treatment for a sexually transmitted infection; and **men who have sex with men** [MSM])
  - Receive care in **settings where a high proportion of adults have risks for hepatitis B infection** (e.g., facilities providing sexually transmitted disease treatment, drug-abuse treatment and prevention services, hemodialysis and end-stage renal disease programs, institutions for developmentally disabled persons, health care settings targeting services to injection drug users or MSM, HIV testing and treatment facilities, and correctional facilities)
  - **Travel** to countries with high or intermediate hepatitis B endemicity

10. Meningococcal vaccination

www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html

Special populations: Serogroups A, C, W, and Y meningococcal vaccine (MenACWY)

- Administer 2 doses of MenACWY at least 8 weeks apart and revaccinate with 1 dose of MenACWY every 5 years, if the risk remains, to adults with the following indications:
  - **Anatomical or functional asplenia (**including sickle cell disease and other hemoglobinopathies)
  - **HIV infection**
  - **Persistent complement component deficiency**
  - **Eculizumab use**
- Administer 1 dose of MenACWY and revaccinate with 1 dose of MenACWY every 5 years, if the risk remains, to adults with the following indications:
  - **Travel to or live in countries where meningococcal disease is hyperendemic or epidemic**, including countries in the African meningitis belt or during the Hajj
  - At risk from a **meningococcal disease outbreak attributed to serogroup A, C, W, or Y**
  - **Microbiologists** routinely exposed to *Neisseria meningitidis*
  - **Military recruits**
  - **First-year college students who live in residential housing** (if they did not receive MenACWY at age 16 years or older)

General Information: Serogroup B meningococcal vaccine (MenB)

- May administer, based on individual clinical decision, to young adults and adolescents aged 16–23 years (preferred age is 16–18 years) who are not at increased risk 2-dose series of MenB-4C (Bexsero) at least 1 month apart or 2-dose series of MenB-FHbp (Trumenba) at least 6 months apart
- MenB-4C and MenB-FHbp are not interchangeable

Special populations: MenB

- Administer 2-dose series of MenB-4C at least 1 month apart or 3-dose series of MenB-FHbp at 0, 1–2, and 6 months to adults with the following indications:
  - **Anatomical or functional asplenia** (including sickle cell disease)
  - **Persistent complement component deficiency**
  - **Eculizumab use**
  - At risk from a **meningococcal disease outbreak attributed to serogroup B**
  - **Microbiologists** routinely exposed to *Neisseria meningitidis*

11. *Haemophilus influenzae* type b vaccination

www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hib.html

Special populations

- Administer *Haemophilus influenzae* type b vaccine (Hib) to adults with the following indications:
  - **Anatomical or functional asplenia** (including sickle cell disease) or undergoing elective splenectomy: Administer 1 dose if not previously vaccinated (preferably at least 14 days before elective splenectomy)
  - **Hematopoietic stem cell transplant** (HSCT): Administer 3-dose series with doses 4 weeks apart starting 6 to 12 months after successful transplant regardless of Hib vaccination history

Table. Contraindications and precautions for vaccines recommended for adults aged 19 years or older*

The Advisory Committee on Immunization Practices (ACIP) recommendations and package inserts for vaccines provide information on contraindications and precautions related to vaccines. Contraindications are conditions that increase chances of a serious adverse reaction in vaccine recipients and the vaccine should not be administered when a contraindication is present. Precautions should be reviewed for potential risks and benefits for vaccine recipients.

Contraindications and precautions for vaccines routinely recommended for adults

Vaccine(s)	Contraindications	Precautions
All vaccines routinely recommended for adults	• Severe reaction, e.g., anaphylaxis, after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever

Additional contraindications and precautions for vaccines routinely recommended for adults

Vaccine(s)	Additional Contraindications	Additional Precautions
IIV[1]		• History of Guillain-Barré syndrome within 6 weeks after previous influenza vaccination • Egg allergy other than hives, e.g., angioedema, respiratory distress, lightheadedness, or recurrent emesis; or required epinephrine or another emergency medical intervention (IIV may be administered in an inpatient or outpatient medical setting and under the supervision of a health care provider who is able to recognize and manage severe allergic conditions)
RIV[1]		• History of Guillain-Barré syndrome within 6 weeks after previous influenza vaccination
Tdap, Td	• For pertussis-containing vaccines: encephalopathy, e.g., coma, decreased level of consciousness, or prolonged seizures, not attributable to another identifiable cause within 7 days of administration of a previous dose of a vaccine containing tetanus or diphtheria toxoid or acellular pertussis	• Guillain-Barré syndrome within 6 weeks after a previous dose of tetanus toxoid-containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine. Defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine • For pertussis-containing vaccine, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy (until a treatment regimen has been established and the condition has stabilized)
MMR[2]	• Severe immunodeficiency, e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy[3], human immunodeficiency virus (HIV) infection with severe immunocompromise • Pregnancy	• Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[4] • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing[5]
VAR[2]	• Severe immunodeficiency, e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy[3], HIV infection with severe immunocompromise • Pregnancy	• Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[4] • Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination)
ZVL[2]	• Severe immunodeficiency, e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy[3], HIV infection with severe immunocompromise • Pregnancy	• Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination)
HPV vaccine		• Pregnancy
PCV13	• Severe allergic reaction to any vaccine containing diphtheria toxoid	

1. For additional information on use of influenza vaccines among persons with egg allergy, see: CDC. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices—United States, 2016–17 influenza season. MMWR. 2016;65(RR-5):1–54. Available at www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm.
2. MMR may be administered together with VAR or ZVL on the same day. If not administered on the same day, separate live vaccines by at least 28 days.
3. Immunosuppressive steroid dose is considered to be daily receipt of 20 mg or more prednisone or equivalent for 2 or more weeks. Vaccination should be deferred for at least 1 month after discontinuation of immunosuppressive steroid therapy. Providers should consult ACIP recommendations for complete information on the use of specific live vaccines among persons on immune-suppressing medications or with immune suppression because of other reasons.
4. Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered. See: Best practices guidance of the Advisory Committee on Immunization Practices (ACIP). Available at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.
5. Measles vaccination may temporarily suppress tuberculin reactivity. Measles-containing vaccine may be administered on the same day as tuberculin skin testing, or should be postponed for at least 4 weeks after vaccination.

* Adapted from: CDC. Table 6. Contraindications and precautions to commonly used vaccines. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices. MMWR. 2011;60(No. RR-2):40–1 and from: Hamborsky J, Kroger A, Wolfe S, eds. Appendix A. Epidemiology and prevention of vaccine preventable diseases. 13th ed. Washington, DC: Public Health Foundation, 2015. Available at www.cdc.gov/vaccines/pubs/pinkbook/index.html.

Abbreviations of vaccines

IIV	inactivated influenza vaccine	VAR	varicella vaccine	HepA	hepatitis A vaccine
RIV	recombinant influenza vaccine	RZV	recombinant zoster vaccine	HepA-HepB	hepatitis A and hepatitis B vaccines
Tdap	tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine	ZVL	zoster vaccine live	HepB	hepatitis B vaccine
		HPV vaccine	human papillomavirus vaccine	MenACWY	serogroups A, C, W, and Y meningococcal vaccine
Td	tetanus and diphtheria toxoids	PCV13	13-valent pneumococcal conjugate vaccine	MenB	serogroup B meningococcal vaccine
MMR	measles, mumps, and rubella vaccine	PPSV23	23-valent pneumococcal polysaccharide vaccine	Hib	*Haemophilus influenzae* type b vaccine

Kentucky Has New Immunization Requirements for 2018

At WellCare, we value everything you do to deliver quality care to our members – your patients – to make sure they have a positive healthcare experience. That's why we are updating you on Kentucky's new immunization requirementsfor 2018.

For the school year beginning on or after July 1, 2018, Kentucky requires the following new immunizations:

- 2 doses of the Hepatitis A vaccine for ages 12 months to 18 years; and
- A booster dose of the meningococcal vaccine at age 16 years.

Copies of the new forms can be found on the following websites:

Kentucky Department of Education

http://education.ky.gov/districts/SHS/Pages/Immunization-Information.aspx

and the Kentucky Immunization Program

https://chfs.ky.gov/agencies/dph/dehp/idb/Pages/immunization.a

We are here to help and to continue to support our provider partners. Please feel free to contact your Provider Relations representative if you have questions or need assistance.

Quality care is a team effort.
Thank you for playing a starring role!

WellCare®
Beyond Healthcare. A Better You.

PRO_15842E State Approved 09142018

Section Five

Depression Screening Tools

- ☑ Modified PHQ-9
- ☑ Edinburgh Postnatal Depression Scale (EPDS)
- ☑ 6-Item Kutcher Adolescent Depression Scale: KADS
- ☑ The CRAFFT Screening Interview
- ☑ The CRAFFT Screening Questions
- ☑ Center for Epidemiological Studies Depression Scale for Children (CES-DC)

Quality care is a team effort.
Thank you for playing a starring role!

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PRO_15834E State Approved 09112018

Patient Health Questionnaire: modified

Name: _____ **Clinician:** _____ **Date:** _____

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an **"X"** in the box beneath the answer that best describes how you have been feeling.

	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?
[ ] Yes [ ] No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

[ ] Not difficult at all [ ] Somewhat difficult [ ] Very difficult [ ] Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?
[ ] Yes [ ] No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
[ ] Yes [ ] No

***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only Severity score:

Edinburgh Postnatal Depression Scale[1] (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____ _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- ☐ Yes, all the time
- ☒ Yes, most of the time
- ☐ No, not very often
- ☐ No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all

2. I have looked forward with enjoyment to things
   - ☐ As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ☐ No, never

4. I have been anxious or worried for no good reason
   - ☐ No, not at all
   - ☐ Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often

*5 I have felt scared or panicky for no very good reason
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ☐ No, not at all

*6. Things have been getting on top of me
   - ☐ Yes, most of the time I haven't been able to cope at all
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ☐ No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty sleeping
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ☐ Not very often
   - ☐ No, not at all

*8 I have felt sad or miserable
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ☐ No, not at all

*9 I have been so unhappy that I have been crying
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Only occasionally
   - ☐ No, never

*10 The thought of harming myself has occurred to me
   - ☐ Yes, quite often
   - ☐ Sometimes
   - ☐ Hardly ever
   - ☐ Never

Administered/Reviewed by _____ Date _____

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

[2]Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Edinburgh Postnatal Depression Scale[1] (EPDS)

Postpartum depression is the most common complication of childbearing.[2] The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "perinatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt ***during the previous week***. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women's Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)
Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)
Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30
Possible Depression: 10 or greater
Always look at item 10 (suicidal thoughts)

Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

[2]Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

6-ITEM Kutcher Adolescent Depression Scale: KADS

NAME :_____ DATE :_____

OVER THE LAST WEEK, HOW HAVE YOU BEEN "ON AVERAGE" OR "USUALLY" REGARDING THE FOLLOWING

1. **Low mood, sadness, feeling blah or down, depressed, just can't be bothered.**

☐ a) Hardly Ever ☐ b) Much of the time ☐ c) Most of the time ☐ d) All of the time

2. **Feelings of worthlessness, hopelessness, letting people down, not being a good person.**

☐ a) Hardly Ever ☐ b) Much of the time ☐ c) Most of the time ☐ d) All of the time

3. **Feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot**

☐ a) Hardly Ever ☐ b) Much of the time ☐ c) Most of the time ☐ d) All of the time

4. **Feeling that life is not very much fun, not feeling good when usually would feel good, not getting as much pleasure from fun things as usual.**

☐ a) Hardly Ever ☐ b) Much of the time ☐ c) Most of the time ☐ d) All of the time

5. **Feeling worried, nervous, panicky, tense, keyed up, anxious.**

☐ a) Hardly Ever ☐ b) Much of the time ☐ c) Most of the time ☐ d) All of the time

6. **Thoughts, plans or actions about suicide or self-harm.**

☐ a) Hardly Ever ☐ b) Much of the time ☐ c) Most of the time ☐ d) All of the time

TOTAL SCORE: _____

6 - item KADS scoring:

In every item, score:

a) Hardly Ever = 0
b) Much of the time = 1
c) Most of the time = 2
d) All of the time = 3

then add all 6 item scores to form a single Total Score.

Interpretation of total scores:

Total scores at or above 6	Suggest 'possible depression' (and a need for more thorough assessment).
Total scores below 6	Indicate 'probably not depressed'.

Reference

- LeBlanc JC, Almudevar A, Brooks SJ, Kutcher S: Screening for Adolescent Depression: Comparison of the Kutcher Adolescent Depression Scale with the Beck Depression Inventory, Journal of Child and Adolescent Psychopharmacology, 2002 Summer; 12(2):113-26.

Self-report instruments commonly used to assess depression in adolescents have limited or unknown reliability and validity in this age group. We describe a new self-report scale, the Kutcher Adolescent Depression Scale (KADS), designed specifically to diagnose and assess the severity of adolescent depression. This report compares the diagnostic validity of the full 16-item instrument, brief versions of it, and the Beck Depression Inventory (BDI) against the criteria for major depressive episode (MDE) from the Mini International Neuropsychiatric Interview (MINI). Some 309 of 1,712 grade 7 to grade 12 students who completed the BDI had scores that exceeded 15. All were invited for further assessment, of whom 161 agreed to assessment by the KADS, the BDI again, and a MINI diagnostic interview for MDE. Receiver operating characteristic (ROC) curve analysis was used to determine which KADS items best identified subjects experiencing an MDE.

Further ROC curve analyses established that the overall diagnostic ability of a six-item subscale of the KADS was at least as good as that of the BDI and was better than that of the full-length KADS. Used with a cut-off score of 6, the six-item KADS achieved sensitivity and specificity rates of 92% and 71%, respectively—a combination not achieved by other self-report instruments. The six-item KADS may prove to be an efficient and effective means of ruling out MDE in adolescents.

The CRAFFT Screening Questions

Please answer all questions honestly; your answers will be kept confidential.

Part A

During the PAST 12 MONTHS, did you:	No	Yes
1. Drink any alcohol (more than a few sips)?	☐	☐
2. Smoke any marijuana or hashish?	☐	☐
3. Use anything else to get high?	☐	☐

"anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff"

If you answered NO to ALL (A1, A2, A3) answer **only B1** below, then STOP.

If you answered YES to ANY (A1 to A3), answer **B1 to B6** below.

Part B

	No	Yes
1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?	☐	☐
4. Do you ever FORGET things you did while using alcohol or drugs?	☐	☐
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	☐	☐

CONFIDENTIALITY NOTICE:
The information on this page may be protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.

The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, did you:	**No**	**Yes**
1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	☐	☐
2. Smoke any marijuana or hashish?	☐	☐
3. Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")	☐	☐

For clinic use only: Did the patient answer "yes" to any questions in Part A?

No ☐ → **Ask CAR question only, then stop**

Yes ☐ → **Ask all 6 CRAFFT questions**

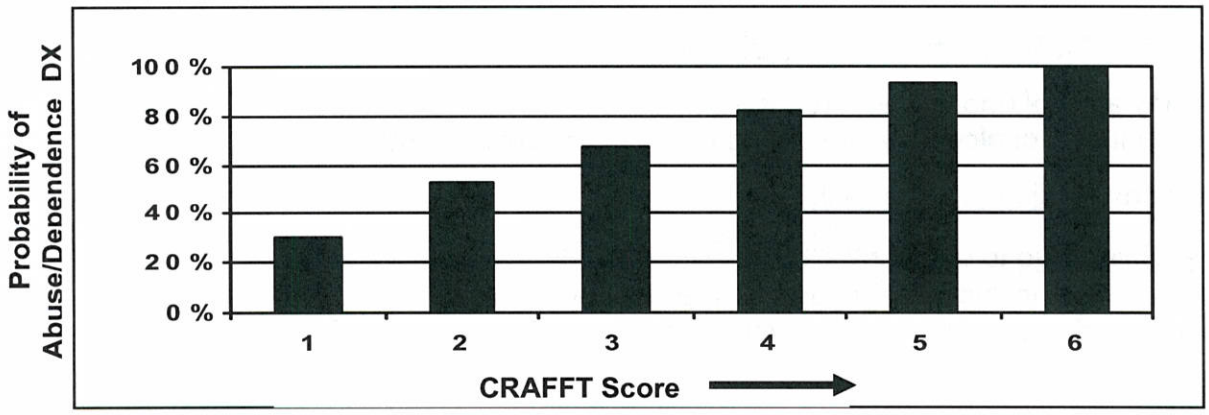
Part B

	No	**Yes**
1. Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
2. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?	☐	☐
4. Do you ever **FORGET** things you did while using alcohol or drugs?	☐	☐
5. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?	☐	☐

SCORING INSTRUCTIONS: FOR CLINIC STAFF USE ONLY

CRAFFT Scoring: Each "yes" response in **Part B** scores 1 point.
A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

Probability of Substance Abuse/Dependence Diagnosis Based on CRAFFT Score[1,2]



DSM-IV Diagnostic Criteria[3] (Abbreviated)

Substance Abuse (1 or more of the following):

- Use causes failure to fulfill obligations at work, school, or home
- Recurrent use in hazardous situations (e.g. driving)
- Recurrent legal problems
- Continued use despite recurrent problems

Substance Dependence (3 or more of the following):

- Tolerance
- Withdrawal
- Substance taken in larger amount or over longer period of time than planned
- Unsuccessful efforts to cut down or quit
- Great deal of time spent to obtain substance or recover from effect
- Important activities given up because of substance
- Continued use despite harmful consequences

References:

1. Knight JR, Shrier LA, Bravender TD, Farrell M, Vander Bilt J, Shaffer HJ. A new brief screen for adolescent substance abuse. Arch Pediatr Adolesc Med 1999;153(6):591-6.
2. Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Arch Pediatr Adolesc Med 2002;156(6):607-14.
3. American Psychiatric Association. Diagostic and Statistical Manual of Mental Disorders, fourth edition, text revision. Washington DC, American Psychiatric Association, 2000.

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

The Center for Epidemiological Studies Depression Scale for Children (CES-DC) is a 20-item self-report depression inventory with possible scores ranging from 0 to 60. Each response to an item is scored as follows:

0 = "Not At All"

1 = "A Little"

2 = "Some"

3 = "A Lot"

However, items 4, 8, 12, and 16 are phrased positively, and thus are scored in the opposite order:

3 = "Not At All"

2 = "A Little"

1 = "Some"

0 = "A Lot"

Higher CES-DC scores indicate increasing levels of depression. Weissman et al. (1980), the developers of the CES-DC, have used the cutoff score of 15 as being suggestive of depressive symptoms in children and adolescents. That is, scores over 15 can be indicative of significant levels of depressive symptoms.

Remember that screening for depression can be complex and is only an initial step. Further evaluation is required for children and adolescents identified through a screening process. Further evaluation is also warranted for children or adolescents who exhibit depressive symptoms but who do not screen positive.

See also

Tool for Families: Symptoms of Depression in Adolescents, p. 126.

Tool for Families: Common Signs of Depression in Children and Adolescents, p. 147.

REFERENCES

Weissman MM, Orvaschel H, Padian N. 1980. Children's symptom and social functioning self-report scales: Comparison of mothers' and children's reports. *Journal of Nervous Mental Disorders* 168(12):736–740.

Faulstich ME, Carey MP, Ruggiero L, et al. 1986. Assessment of depression in childhood and adolescence: An evaluation of the Center for Epidemiological Studies Depression Scale for Children (CES-DC). *American Journal of Psychiatry* 143(8):1024–1027.

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

Number _____

Score _____

INSTRUCTIONS

Below is a list of the ways you might have felt or acted. Please check how *much* you have felt this way during the *past week*.

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
1. I was bothered by things that usually don't bother me.	____	____	____	____
2. I did not feel like eating, I wasn't very hungry.	____	____	____	____
3. I wasn't able to feel happy, even when my family or friends tried to help me feel better.	____	____	____	____
4. I felt like I was just as good as other kids.	____	____	____	____
5. I felt like I couldn't pay attention to what I was doing.	____	____	____	____

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
6. I felt down and unhappy.	____	____	____	____
7. I felt like I was too tired to do things.	____	____	____	____
8. I felt like something good was going to happen.	____	____	____	____
9. I felt like things I did before didn't work out right.	____	____	____	____
10. I felt scared.	____	____	____	____

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
11. I didn't sleep as well as I usually sleep.	____	____	____	____
12. I was happy.	____	____	____	____
13. I was more quiet than usual.	____	____	____	____
14. I felt lonely, like I didn't have any friends.	____	____	____	____
15. I felt like kids I know were not friendly or that they didn't want to be with me.	____	____	____	____

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
16. I had a good time.	____	____	____	____
17. I felt like crying.	____	____	____	____
18. I felt sad.	____	____	____	____
19. I felt people didn't like me.	____	____	____	____
20. It was hard to get started doing things.	____	____	____	____

Section Six

Additional Risk Assessment Tools

- ☑ Bright Futures Oral Health Risk Assessment Tool
- ☑ Lead and Tuberculosis (TB) Risk Screening Assessment Form for Children (6 months-6 years)

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Thank you for playing a starring role!

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Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a ⚠ sign, are documented yes. In the absence of ⚠ risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Patient Name:_____ Date of Birth:_____ Date:_____

Visit: ☐ 6 month ☐ 9 month ☐ 12 month ☐ 15 month ☐ 18 month ☐ 24 month ☐ 30 month ☐ 3 year ☐ 4 year ☐ 5 year ☐ 6 year ☐ Other_____

RISK FACTORS

⚠ Mother or primary caregiver had active decay in the past 12 months
☐ Yes ☐ No

- Mother or primary caregiver does not have a dentist
  ☐ Yes ☐ No
- Continual bottle/sippy cup use with fluid other than water
  ☐ Yes ☐ No
- Frequent snacking
  ☐ Yes ☐ No
- Special health care needs
  ☐ Yes ☐ No
- Medicaid eligible
  ☐ Yes ☐ No

PROTECTIVE FACTORS

- Existing dental home
  ☐ Yes ☐ No
- Drinks fluoridated water or takes fluoride supplements
  ☐ Yes ☐ No
- Fluoride varnish in the last 6 months
  ☐ Yes ☐ No
- Has teeth brushed twice daily
  ☐ Yes ☐ No

CLINICAL FINDINGS

⚠ White spots or visible decalcifications in the past 12 months
☐ Yes ☐ No

⚠ Obvious decay
☐ Yes ☐ No

⚠ Restorations (fillings) present
☐ Yes ☐ No

- Visible plaque accumulation
  ☐ Yes ☐ No
- Gingivitis (swollen/bleeding gums)
  ☐ Yes ☐ No
- Teeth present
  ☐ Yes ☐ No
- Healthy teeth
  ☐ Yes ☐ No

ASSESSMENT/PLAN

Caries Risk:
☐ Low ☐ High

Completed:
☐ Anticipatory Guidance
☐ Fluoride Varnish
☐ Dental Referral

Self Management Goals:

☐ Regular dental visits	☐ Wean off bottle	☐ Healthy snacks
☐ Dental treatment for parents	☐ Less/No juice	☐ Less/No junk food or candy
☐ Brush twice daily	☐ Only water in sippy cup	☐ No soda
☐ Use fluoride toothpaste	☐ Drink tap water	☐ Xylitol

Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed twice daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.

Adapted from Ramos-Gomez FJ, Crystal YO, Ng MW, Crall JJ, Featherstone JD. Pediatric dental care: prevention and management protocols based on caries risk assessment. *J Calif Dent Assoc.* 2010;38(10):746–761; American Academy of Pediatrics Section on Pediatric Dentistry and Oral Health. Preventive oral health intervention for pediatricians. *Pediatrics.* 2003; 122(6):1387–1394; and American Academy of Pediatrics Section of Pediatric Dentistry. Oral health risk assessment timing and establishment of the dental home. *Pediatrics.* 2003;111(5):1113–1116.

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Oral Health Risk Assessment Tool Guidance

Timing of Risk Assessment

The Bright Futures/AAP "Recommendations for Preventive Pediatric Health Care," (ie, Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the Bright Futures/AAP Periodicity Schedule—http://brightfutures.aap.org/clinical_practice.html.

Risk Factors

⚠ Maternal Oral Health

Studies have shown that children with mothers or primary caregivers who have had active decay in the past 12 months are at greater risk to develop caries. **This child is high risk.**

Maternal Access to Dental Care

Studies have shown that children with mothers or primary caregivers who do not have a regular source of dental care are at a greater risk to develop caries. A follow-up question may be if the child has a dentist.

Continual Bottle/Sippy Cup Use

Children who drink juice, soda, and other liquids that are not water, from a bottle or sippy cup continually throughout the day or at night are at an increased risk of caries. The frequent intake of sugar does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce the frequency of sugar-containing beverages in the child's diet.

Frequent Snacking

Children who snack frequently are at an increased risk of caries. The frequent intake of sugar/refined carbohydrates does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit.

Special Health Care Needs

Children with special health care needs are at an increased risk for caries due to their diet, xerostomia (dryness of the mouth, sometimes due to asthma or allergy medication use), difficulty performing oral hygiene, seizures, gastroesophageal reflux disease and vomiting, attention deficit hyperactivity disorder, and gingival hyperplasia or overcrowding of teeth. Premature babies also may experience enamel hypoplasia.

Protective Factors

Dental Home

According to the American Academy of Pediatric Dentistry (AAPD), the dental home is oral health care for the child that is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The AAP and the AAPD recommend that a dental home be established by age 1. Communication between the dental and medical homes should be ongoing to appropriately coordinate care for the child. If a dental home is not available, the primary care clinician should continue to do oral health risk assessment at every well-child visit.

Fluoridated Water/Supplements

Drinking fluoridated water provides a child with systemic and topical fluoride exposure, a proven caries reduction intervention. Fluoride supplements may be prescribed by the primary care clinician or dentist if needed. View fluoride resources on the Oral Health Practice Tools Web Page http://aap.org/oralhealth/PracticeTools.html.

Fluoride Varnish in the Last 6 Months

Applying fluoride varnish provides a child with highly concentrated fluoride to protect against caries. Fluoride varnish may be professionally applied and is now recommended by the United States Preventive Services Task Force as a preventive service in the primary care setting for all children through age 5 http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/dental-caries-in-children-from-birth-through-age-5-years-screening. For online fluoride varnish training, access the Caries Risk Assessment, Fluoride Varnish, and Counseling Module in the Smiles for Life National Oral Health Curriculum, www.smilesforlifeoralhealth.org.

Tooth Brushing and Oral Hygiene

Primary care clinicians can reinforce good oral hygiene by teaching parents and children simple practices. Infants should have their mouths cleaned after feedings with a wet soft washcloth. Once teeth erupt it is recommended that children have their teeth brushed twice a day. For children under the age of 3 (until 3rd birthday) it is appropriate to recommend brushing with a smear (grain of rice amount) of fluoridated toothpaste twice per day. Children 3 years of age and older should use a pea-sized amount of fluoridated toothpaste twice a day. View the AAP Clinical Report on the use of fluoride in the primary care setting for more information http://pediatrics.aappublications.org/content/early/2014/08/19/peds.2014-1699.

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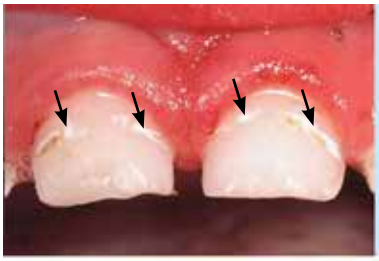
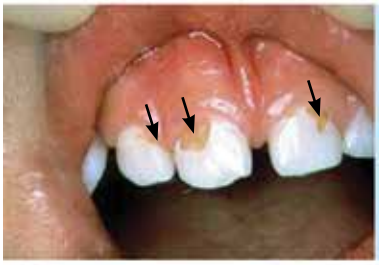
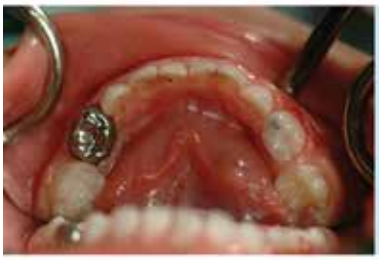
Clinical Findings



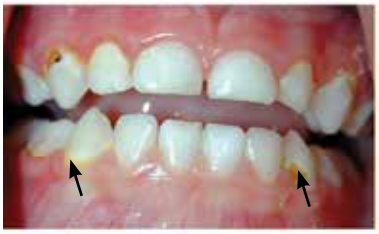
⚠ **White Spots/Decalcifications**
This child is high risk.
White spot decalcifications present—immediately place the child in the high-risk category.



⚠ **Obvious Decay**
This child is high risk.
Obvious decay present—immediately place the child in the high-risk category.

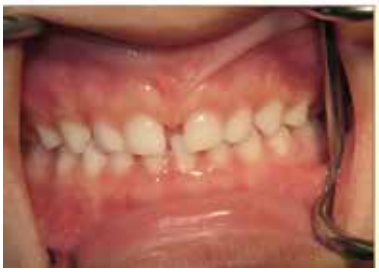


⚠ **Restorations (Fillings) Present**
This child is high risk.
Restorations (Fillings) present—immediately place the child in the high-risk category.



Visible Plaque Accumulation
Plaque is the soft and sticky substance that accumulates on the teeth from food debris and bacteria. Primary care clinicians can teach parents how to remove plaque from the child's teeth by brushing and flossing.

Gingivitis
Gingivitis is the inflamation of the gums. Primary care clinicians can teach parents good oral hygiene skills to reduce the inflammation.



Healthy Teeth
Children with healthy teeth have no signs of early childhood caries and no other clinical findings. They are also experiencing normal tooth and mouth development and spacing.

For more information about the AAP's oral health activities email oralhealth@aap.org or visit www.aap.org/oralhealth.

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Lead Risk Screening Assessment Form for Children (6 months–6 years)

(Lead blood levels test at 12 months and 24 months)

Catch Up: Children between 36 months and 72 months (if not previously tested) must have a lead blood test regardless of low or high assessment.

- ☐ Does your child live in a house or attend a daycare that was built before 1978?
- ☐ Does your child live in or has he/she visited a house recently renovated, remodeled, or with peeling or chipping paint?
- ☐ Does your child have a sibling or playmate that is/has been treated for lead poisoning?
- ☐ Does your child live with an adult whose job or hobby involves exposure to lead?
- ☐ Does your child chew or eat non-food items like paint chips or dirt?
- ☐ Does your child have a parent that works in gardening, farming, or other lead potential exposure?
- ☐ Does your child receive home remedies such as Greta, Azarcon, Kohl, or Pay-loo-ah?
- ☐ Does anyone in the household use home or folk remedies or eat candies from Mexico, which may contain lead?
- ☐ Is your child a recent immigrant, refugee, or a member of a minority group?
- ☐ Does your child live near an active smelter, battery recycling plant or other industry that has potential lead exposure?

If yes to any questions, this child may be at a high risk of lead exposure. Please obtain lead blood testing and notify the local health department.

Provider Signature:	Date:

Tuberculosis (TB) Risk Assessment Screening Form

(Screening during 1, 6, 12 and 24 months of age; then annually 3-21 years)

- ☐ Has your child been in close proximity/contact with someone who has TB or treated for TB?
- ☐ Has your child had a chest x-ray for suspected TB?
- ☐ Has your child recently traveled to a foreign country with known TB cases? (Asia, Middle East, Africa, or Latin America)
- ☐ Has your child been diagnosed with HIV/AIDS?
- ☐ Has your child been in close contact with someone who is/was incarcerated in past 5 years?
- ☐ Does your child live in a group home, foster home, or orphanage?
- ☐ Has your child been exposed to the following individuals: HIV infected, homeless, nursing home residents, illicit drug users, or migrant farm workers?

If yes to any questions, this child may be at a high risk of TB exposure. Please obtain TB testing and notify the local health department.

Provider Signature:	Date:

Section Seven

Medical Record Review

- ☑ EPSDT Documentation Standards for Medical Record Review
- ☑ EPSDT Audit Elements Explained
- ☑ EPSDT Audit Tool
- ☑ Sample EPSDT Audit Report Card

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Thank you for playing a starring role!

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EPSDT Documentation

Standards for Medical Record Review

At WellCare, we value everything you do to deliver quality care to our members – your patients – and to ensure they have a positive healthcare experience. You may have questions about the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Here are answers to some of the most commonly asked questions.

EPSDT Medical Record Documentation Requirements

Each EPSDT medical record must demonstrate evidence of the following documentation requirements (based on age appropriate screenings). Please provide the following documentation for medical record review from **January 1 to June 30 (of audit year):**

- ☑ Complete history (from **initial** visit)
- ☑ Interval history (from **each** visit)
- ☑ Developmental **assessment** (from **each** visit: age appropriate physical and mental health milestones)

Vision Screening at:

- 3, 4, 5 and 6 years;
- 8 years;
- 10 years;
- 12 years; and
- 15 years

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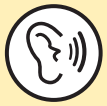
- ☑ Nutritional assessment (from each visit)
- ☑ Lead exposure assessment (Visits at 4, 6 and 18 months and 3, 4, 5 and 6 years)
- ☑ Complete physical exam (from **EACH** visit)
- ☑ Growth charts (from **EACH** visit)
- ☑ Hereditary/Metabolic screening (at newborn 3-5-day-old screening)



Hearing Screening at:

- Newborn;
- 4, 5, and 6 years;
- 8 years;
- 10 years;
- Between 11 to 14 years*;
- Between 15 to 17 years*; and
- Between 18 to 21 years*

**Screening with audiometry including 6,000 and 8,000 Hz high frequencies*

- ☑ STI/HIV screening between ages 11-21 years (if sexually active or high risk)
- ☑ Pelvic exam/Pap smear at 21 years
- ☑ Lead blood levels drawn immediately **(for children at high risk for lead exposure)**
- ☑ Hemoglobin/Hematocrit (at **12-month** visit)

Lead blood levels drawn (low risk history) at:

- 12 months; and
- 2 years

- ☑ Tuberculosis/PPD risk assessment during infancy, childhood, and adolescence at 1, 6, 12 and 24 months and 3 through 21 years of age
- ☑ Age appropriate health education/anticipatory guidance (from **EACH** visit)
- ☑ Dental referral and a risk assessment at 12, 18, 24, and 30 months, and ages 3, 4, 5, and 6 years

Cholesterol screening risk assessments and universal screening at:

- Early childhood (familial history) risk assessment;
- Middle childhood (once between 9-11 years) performed (either a fasting or non-fasting lipid profile); and
- Adolescence (once between 17-21 years) performed (either a fasting or non-fasting lipid profile)

- ☑ Tobacco, alcohol or drug use assessment at ages 11 through 21 years
- ☑ Depression screening at ages 12 through 21 years

- ☑ **Maternal Depression Screening** at 1, 2, 4, and 6 month infant check-ups **(new for 2017)**
- ☑ **Autism Screening** at ages 18 and 24 months **(new for 2018)**

Vaccinations/Immunizations:

- DTap/DPT (4 vaccines by age 2)
- IPV (3 vaccines by age 2)
- HiB (3 vaccines by age 2)
- Hep B (3 vaccines by age 2)
- MMR (1 vaccine by age 2 and 2nd vaccine by age 6)
- Varicella (1 vaccine by age 2 and 2nd vaccine by age 6)
- Td/Tdap (1 vaccine between ages 11 and 12)
- MCV4 (1 vaccine between ages 11 and 12)

We're here to help, and we continue to support our provider partners with quality incentive programs, quicker claims payments and dedicated local market support. Please feel free to contact your Quality Practice Advisor if you have questions or need assistance.

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EPSDT Audit Elements Explained

At WellCare, we value everything you do to deliver quality care to our members – your patients – and to ensure they have a positive healthcare experience. You may have questions about the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Here are answers to some of the most commonly asked questions.

General Information

1. Each EPSDT vendor is audited every three years. If a vendor fails to send in the requested medical records or fails the audit (scores less than 80%), they:
   - Receive education
   - Must submit a corrective action plan (CAP) (if they failed the audit), and
   - Are audited again the following year.
2. The period for the audit for the medical records requested is from January 1 to June 30 of the current year.
3. WellCare of Kentucky is contractually required by the state to perform this medical record audit. The documentation standards are set by the state.
4. The audit is based on the American Academy of Pediatrics Bright Futures 2017 Periodicity Schedule at **https://www.aap.org/en-us/professional-resources/practice-transformation/managing-patients/Pages/Periodicity-Schedule.aspx**

Elements Explained

1. **Complete History on Initial Visit.** If the member was seen for the first time during the audit period. **Example:** Newborn screening. **Looking for documentation of:** birth information, past and present medical history, developmental history, and current physical and behavioral health history.
2. **Interval History at EACH Visit.** This is for subsequent visits only. **Looking for documentation of:** past medical history, developmental history, current physical and behavioral health status.
3. **Developmental Assessment at EACH Visit (age appropriate physical and mental health milestones). Looking for documentation of:** A range of activities to determine whether the child's physical, cognitive and emotional developments are within the normal range for the child's age and cultural background.

   Example: 1-3 months – lifts head, coos; 4-5 years – counts, draws people.

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Elements Explained *(Continued)*

4. **Nutritional Assessment at EACH Visit. Looking for Documentation of:** dietary intake, eating habits.

5. **Lead Exposure Assessment** (visits at 3, 4, 5 and 6 years). If yes to any question or documentation of high risk for lead, the member should have a blood lead test.
Looking for documentation of: Questionnaire to assess if child is at risk.

6. **Complete Physical Exam at EACH Visit. Looking for documentation of:** A full head-to-toe assessment was performed at **EACH** visit.

7. **Growth Chart at EACH Visit. Looking for documentation of:** Length and weight for age, head circumference and weight for age, stature and weight for age, BMI for age percentile. Measured and plotted on standard form.

8. **Vision Screening at ages 3, 5, 6, 8, 10, 12 and 15 years. Looking for documentation of:** Standardized testing for visual acuity for distance for each eye. **Examples:** Illiterate E test; STYCAR; Lipmann Matching symbol chart; HOTV or Snellen letters may be used. Each provider is expected to have eye charts appropriate to children by age in their office.

9. **Hearing Screening at newborn, and ages 4, 5, 6, 8 and 10 years and Screening with Audiometry between 11 and 14 years; between 15 and 17 years; and between 18 to 21 years. Looking for documentation of:** Age appropriate testing to determine if the child's hearing is within normal range along with history from the parent or guardian.

   Examples: Age appropriate testing to determine if the child's hearing is within normal range along with history from parent or guardian. **Examples:** Hear Kit; Weber; Rinne or Puretone. Each provider is expected to have a screening audiometer in their office.

10. **Hemoglobin/Hematocrit at 12 Month Visit. Looking for documentation of:** Lab work documented for anemia screening by 12 months of age.

11. **Lead Blood Level (low risk history) Visits at ages 12 months and 2 years or immediately if a Child is High Risk. Looking for Documentation of:** Federal requirement that all children receive a Blood Lead Test (finger stick) at ages 12 months and 24 months, or younger than 72 months if not previously tested.

12. **Cholesterol Screening – Risk Assessment during Early Childhood and Non-Fasting or Fasting between ages 9-11 and 17-21 year age.** Evidence-based practice states that atherosclerosis begins in childhood and is linked directly to known risk factors. Risk factors include: Family history, tobacco use, nutrition/diet, obesity, lipids, blood pressure, physical activity, diabetes. **Looking for documentation of:** A lab value. Physicians can use a non-HDL cholesterol test that does not require fasting. Children with abnormal results should be followed up with a fasting lipid profile.

13. **Hereditary/Metabolic Screening** (newborn 3-5 day screening). **Looking for documentation of:** Infants age 3-5 days having blood drawn for the recommended uniform screening panel. This identifies conditions that can affect the health and life of the newborn. This should be done in the hospital prior to discharge. Results of the metabolic screening for newborn age 3-5 days should be in the medical record.

Elements Explained *(Continued)*

14. **STD/HIV Screening at 11-21 year age Visit** (if sexually active). **Looking for documentation of:** male or female as sexually active and lab results. If a male or female in this age group is sexually active then they should be screened for chlamydia and gonorrhea. If patient is sexually active and positive on risk questions, a syphilis and HIV blood test should be done. If patient is sexually active without contraception, late menses or amenorrhea, a urine hCG should be performed.

15. **Pelvic Exam/Pap Smear Risk Assessment at age 21 years. Looking for documentation of:** The Pap smear was completed with results. PCP can transfer to GYN if this is not performed in the office.

16. **DTap/DPT – Four vaccines by age 2. Looking for documentation of:** Immunization records are present in the medical record and are up-to-date. All updated immunizations records should be in the medical record regardless of where the vaccine was given, including the health departments.

17. **Polio (IPV) - Three vaccines by age 2**. Same as #16.

18. **HIB – Three vaccines by age 2.** Same as #16.

19. **Hep B Vaccine – Three vaccines by age 2.** Same as #16.

20. **MMR – One vaccine by age 2 and second by age 6.** Same as #16.

21. **Varicella – One vaccine by age 2 and second by age 6.** Same as # 16.

22. **Td/Tdap – One vaccine between ages 11 and 12.** Same as # 16.

23. **MCV or MPSV – One vaccine between ages 11 and 12.** Same as # 16.

24. **PPD Risk Assessment during Infancy, Childhood and Adolescents. Looking for documentation of:** A TB screening or member received PPD. TB screening recommended at age 1, 6, 12 and 24 months, and then annually 3-21 years.

25. **Age Appropriate Health Education/Anticipatory Guidance at EACH Visit. Looking for documentation of:** Education about use of bicycle helmets, school readiness, smoke-free home, sports safety, etc.

26. **Dental Referral and a Risk Assessment at ages 12, 18, 24 and 30 months, and 3, 4, 5, and 6 years. Looking for documentation of:** The primary water source is deficient in fluoride and if positive, oral fluoride supplementation should be considered. The American Academy of Pediatrics recommends that a dental home (ongoing relationship between the dentist and the member) is established by age 1. If one is not available, an oral health risk assessment should be performed. If primary water source is deficient in fluoride, consider oral fluoride supplementation.

27. **Any Services Refused** (i.e., immunizations or well-child visits). **Looking for documentation of:** A parent or guardian refused services during the well-child exam.

28. **Tobacco, Alcohol or Drug Use Assessment ages 11 through 21 years. Looking for documentation of:** Screening for tobacco, alcohol or drugs.

Elements Explained *(Continued)*

29. **Depression Screening at ages 12 through 21 years. Looking for documentation of:** A screening for depression.

30. **Maternal Depression Screening at ages 1, 2, 4, and 6 months Infant Check-Up. Looking for documentation:** The member's mother was screened for depression.

31. **Autism Screening at ages 18 and 24 months. Looking for documentation:** A screening for autism was performed. Examples: CHAT (parent); M-CHAT (parent); Pervasive Developmental Disorders Screening Test II (PDDST-II parent); STAT – screening tool for autism in 2 year olds (provider); Social Communication Questionnaire (SQC) (parent).

COMBO 10 is recommended, but is not required in Kentucky. COMBO 10 are recommended immunizations by the time the member reaches 2 years of age and includes:

- 4 – Diphtheria, tetanus and acellular pertussis (DTaP) 4 doses
- 3 – Polio (IPV) 3 doses. Child will also need their 4th IPV between the ages of 4 and 6.[1]
- 1 – Measles, mumps and rubella (MMR) 1 dose
- 2 – H influenza type B (HIB) 2 doses
- 3 – Hepatitis B (Hep B) 3 doses
- 1 – Chicken pox (VZV) 1 dose
- 4 – Pneumococcal conjugate (PCV) 4 doses
- 2 – Hepatitis A (Hep A) 2 doses
- 2 or 3 – Rotavirus (RV) 2 or 3 doses; and
- 2 Influenza (flu) vaccines, 2 doses

[1]Dosing requirements for OPV-IPV or OPV only can be found at **https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html**

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EPSDT Audit Tool

Vendor Name and Number _____

Reviewer: _____ Date: _____

Audit Element

Name: _____ DOB: _____ AGE: _____

1.	Complete history on initial visit	☐ Yes	☐ No	☐ NA
2.	Interval history at each visit	☐ Yes	☐ No	☐ NA
3.	Developmental assessment at each visit (age-appropriate physical and mental health milestones)	☐ Yes	☐ No	☐ NA
4.	Nutritional assessment at each visit	☐ Yes	☐ No	☐ NA
5.	Lead exposure assessment ages 4, 6, 18 months and 3, 4, 5 and 6 years	☐ Yes	☐ No	☐ NA
6.	Complete physical exam at each visit	☐ Yes	☐ No	☐ NA
7.	Growth chart at each visit	☐ Yes	☐ No	☐ NA
8.	Vision screening ages 3, 4, 5, 6, 8, 10 and 15	☐ Yes	☐ No	☐ NA
9.	Hearing screening newborn and ages 4, 5, 6, 8 and 10 years. Screening with audiometry between ages 11-14 years, between 15-17 years and between 18-21 years.	☐ Yes	☐ No	☐ NA
10.	Hemoglobin/Hematocrit at age 12 months	☐ Yes	☐ No	☐ NA
11.	Lead blood level (low risk history) at ages 12 months and 2 years	☐ Yes	☐ No	☐ NA
12.	Lead blood level (high-risk history) immediately	☐ Yes	☐ No	☐ NA

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13.	Cholesterol screening – risk assessment during early childhood. Fasting or non-fasting lipid profile once in middle childhood ages 9-11. Once in ages 17-21	☐ Yes	☐ No	☐ NA
14.	Hereditary/Metabolic screening (newborn 3-5 day screening)	☐ Yes	☐ No	☐ NA
15.	STI/HIV screening at ages 11-21 (if sexually active or at high risk)	☐ Yes	☐ No	☐ NA
16.	Pelvic Exam/Pap Smear risk assessment at age 21	☐ Yes	☐ No	☐ NA
17.	DTaP/DPT – Four vaccines by age 2	☐ Yes	☐ No	☐ NA
18.	Polio (IPV) Three vaccines by age 2	☐ Yes	☐ No	☐ NA
19.	HiB – Three vaccines by age 2. Child will also need their 4th IPV between the ages of 4 and 6.[3]	☐ Yes	☐ No	☐ NA
20.	Hep B – Three vaccines by age 2	☐ Yes	☐ No	☐ NA
21.	MMR – One vaccine by age 2 and second by age 6	☐ Yes	☐ No	☐ NA
22.	Varicella – One vaccine by age 2 and second by age 6	☐ Yes	☐ No	☐ NA
23.	Td/Tdap One vaccine between ages 11-12	☐ Yes	☐ No	☐ NA
24.	MCV4 One vaccine between ages 11-12	☐ Yes	☐ No	☐ NA
25.	Tuberculosis/PPD risk assessment ages 1, 6, 12, 24 months and 3-21 years	☐ Yes	☐ No	☐ NA
26.	Age-appropriate health education/anticipatory guidance at each visit	☐ Yes	☐ No	☐ NA
27.	Dental referral and a risk assessment ages 12, 18, 24, 30 months and 3, 4, 5 and 6 years	☐ Yes	☐ No	☐ NA
28.	Any services refused (i.e. immunizations or well-child visits	☐ Yes	☐ No	☐ NA
29.	Tobacco, Alcohol or Drug Assessment ages 11-211	☐ Yes	☐ No	☐ NA
30.	Depression screening at ages 12-21[1]	☐ Yes	☐ No	☐ NA
31.	Maternal depression screening at infant ages 1, 2, 4 and 6 months[1]	☐ Yes	☐ No	☐ NA
32.	Autism screening ages 18 and 24 months[2]	☐ Yes	☐ No	☐ NA

[1]New measures for 2017

[2]New measure for 2018

[3]Dosing requirements for OPV-IPV or OPV only can be found at **https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html**

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Monday, March 5, 2018

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Record Review Report Card by Provider: Detailed Scoring Sheet

Vendor ID: [redacted]

Vendor Name: [redacted]

Vendor Address: [redacted]

Vendor Fax #: [redacted]

Vendor Phone #: [redacted]

Overall Report Card Totals for All Members

	Points Earned	Total Possible Points	
1. Complete history on initial visit	3	3	100%
2. Interval history at each visit	2	2	100%
3. Developmental assessment at each visit (age appropriate physical and mental health milestones)	3	3	100%
4. Nutritional assessment at each visit	3	3	100%
5. Lead exposure assessment (6 month – 6 year age visits)	2	2	100%
6. Complete physical exam at each visit	3	3	100%
7. Growth chart at each visit	3	3	100%
8. Vision screening 3-6 year age visits, 8 year, 10 year, 12 year, 15 year age visits	0	1	0%
9. Hearing screening newborn, 4, 5 and 6 year visits, 8 year and 10 year age visits and 11-21 year age visit	2	2	100%
10. Hemoglobin/Hematocrit at 12 month visit	1	1	100%
11. Lead blood level (low risk history) at 12 month and 2 year age visits	0	1	0%
12. Lead blood level (high risk history) immediately		0	
13. Cholesterol screening – risk assessment during early childhood and performed once at age 9-11 years and 17-21 years		0	

Record Review Report Card by Provider: Detailed Scoring Sheet

Vendor ID: [redacted]

Vendor Name: [redacted]

Vendor Address: [redacted]

Vendor Fax #: [redacted]

Vendor Phone #: [redacted]

	Points Earned	Total Possible Points	
14. Hereditary/Metabolic screening (newborn screening)	3	3	100%
15. STI/HIV screening at 11-21 year age visits (if sexually active or high risk)		0	
16. Pelvic Exam/Pap Smear risk assessment at 21 year age visit.		0	
17. DTaP/DPT- 4 vaccines by age 2	3	3	100%
18. HiB – 3 vaccines by age 2	3	3	100%
19. IPV - 3 vaccines by age 2	3	3	100%
20. Hep B - 3 vaccines by age 2	3	3	100%
21. MMR – 1 by age 2 and 2nd vaccine by age 6	2	2	100%
22. Varicella - 1 by age 2 and 2nd vaccine by age 6	2	2	100%
23. Td/Tdap – 1 vaccine between ages 11 and 12		0	
24. MCV4 One vaccine between ages 11 and 12		0	
25. PPD risk assessment during infancy, childhood, and adolescents	2	3	67%
26. Age appropriate health education/anticipatory guidance at each visit	3	3	100%
27. Dental referral and a risk assessment at 12, 18, 24, 30 months and ages 3, 4, 5 and 6 years	2	2	100%
28. Any Services Refused (i.e. Immunizations or Well Child Visit)		0	
29. Tobacco, Alcohol or Drug Assessment ages 11 through 21 years of age		0	

Record Review Report Card by Provider: Detailed Scoring Sheet

Vendor ID: [redacted]

Vendor Name: [redacted]

Vendor Address: [redacted]

Vendor Fax #: [redacted]

Vendor Phone #: [redacted]

	Points Earned	Total Possible Points
30. Depression screening at ages 12 through 21 years of age		0
31. Maternal Depression screening at 1, 2, 4 and 6 month infant check-up		0

Point Explanation

If the criteria is met, 1 point is awarded.
If the criteria is not met, 0 points are awarded.
If the criteria is not applicable, N/A is notated.

Total Overall Points Earned:	**48**
Total Overall Points Possible:	**51**
Total Overall Score:	**94%**
Count of Members Reviewed:	**3**

Section Eight

Additional WellCare Information

- ☑ HEDIS® Guide Pediatric Quick Tips
- ☑ HEDIS® At-A-Glance Key Pediatric Measures
- ☑ How to Code for a Well Visit with a Sick Visit
- ☑ Billing Change for Well-Child and Adolescent Visits
- ☑ Physical Activity Coding Flyer
- ☑ Chlamydia Screening Flyer

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2019 HEDIS® AT-A-GLANCE:
KEY PEDIATRIC MEASURES

At WellCare, we value everything you do to deliver quality care for our members – your patients – to make sure they have a positive healthcare experience. That's why we've created this easy-to-use, informative HEDIS® At-A-Glance Guide. It gives you the tools you need to meet, document and code HEDIS Measures. Together, we can provide the care and services our members need to stay healthy. This will improve quality scores and Star Ratings, which benefits our providers, WellCare and ultimately our members. Please contact your WellCare representative if you need more information or have any questions.

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*Measurement year 2018

	HEDIS Measure	Documentation Tips	Sample Codes Used
VISITS	**Well-Child Visit (W15) (W34)** **Ages:** First 15 months (seen 6+ times on or before their 15-month birthday which falls in the measurement year) 3-6 years (at least one well-child visit with a PCP during the measurement year) *Performed: Jan. 1–Dec. 31 of measurement year**	Documentation of a visit to a PCP, the date of the visit and **all** of the following: • Health history • Two developmental histories (physical and mental) • A physical exam • Health education/anticipatory guidance Preventive services may be rendered on visits other than well-child visits but MUST NOT be related to the assessment or treatment of the acute or chronic condition.	**CPT Codes:** • 0-12 months – 99381, 99391, 99461 • 1-4 years – 99382, 99392 • 5-11 years – 99383, 99393 **ICD-10-Dx Codes:** **General Exam:** Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.5, Z02.6, Z02.71, Z02.79, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
	Adolescent Well-Child Visit (AWC) One Well Visit to a PCP or OB/GYN within the measurement year **Ages:** 12-21 years *Performed: Jan. 1–Dec. 31 of measurement year**	A note indicating a visit to a PCP or OB/GYN, the date of well visit and evidence of **all** the following: • Health history • Two developmental histories (physical and mental) • A physical exam Preventive services may be rendered on visits other than well-child visits but MUST NOT be related to the assessment or treatment of the acute or chronic condition.	**CPT Codes:** 12-17 years – 99384, 99394 **CPT Codes:** ≥18 years – 99385, 99395 **ICD-10-Dx Codes:** **General Exam:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
	Dental Visit (ADV) At least one dental visit during the measurement year. **Ages:** 2-20 years *Performed: Jan. 1–Dec. 31 of measurement year**	Annual Dental visit *This measure applies only if dental care is a covered benefit in the organization's Medicaid contract.*	Please refer your patients for a dental screening annually. Services must be rendered by a dental provider.

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Care1st will be integrated into WellCare's operations on April 1, 2019, and branded as WellCare in all future provider communications.

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ASSESSMENT & SCREENING

HEDIS Measure	Documentation Tips	Sample Codes Used
Weight Assessment & Counseling for Nutrition & Physical Activity for Children and Adolescents (WCC) An outpatient visit with a PCP or OB/GYN and who had: • BMI percentile documentation • Counseling for Nutrition • Counseling for Physical Activity **Ages:** 3-17 years *Performed: Jan. 1–Dec. 31 of measurement year**	Documentation of a visit including date and all of the following: • BMI percentile documentation – Must have height and weight; BMI must be represented as a percentile. • Counseling for nutrition – The discussion must be related to nutrition and/or obesity counseling. Services that don't count: Notes of "health education", "anticipatory guidance" without specific mention of nutrition; counseling/education before or after the measurement year; no notes for counseling/education on nutrition and diet; or, a physical exam finding alone (e.g., well-nourished) because it doesn't indicate counseling for nutrition. • Counseling for physical activity or referral for physical activity – Services that do not count: Developmental milestones discussion, "cleared for gym class", "health education", "anticipatory guidance", or "computer or TV time" or anticipatory guidance related solely to safety without specific mention of physical activity; counseling/education before or after the measurement year; or, no notes for counseling/education on physical activity. Services specific to the assessment or treatment of an acute or chronic condition do not count toward the "Counseling for Nutrition" and "Counseling for Physical Activity" indicators. For example, decreased appetite as a result of an acute or chronic condition.	**Pediatric BMI (ages 3-17 years)** ICD-10-Dx Codes: • <5th percentile for age: Z68.51 • 5th to <85th percentile for age: Z68.52 • 85th to <95th percentile for age: Z68.53 • ≥95th percentile for age: Z68.54 **Nutritional Counseling** **CPT Codes:** 97802-97804 **ICD-10-Dx Codes:** Z71.3 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470 **Physical Activity** **ICD-10-Dx Code:** Z71.82 (Exercise Counseling); Z02.5 (Sports Physical) **HCPCS:** G0447, S9451
Lead Screening (LSC) At least one capillary or venous lead blood test completed by the 2nd birthday. **Ages:** By 2 years	• Must be completed on or before the child's 2nd birthday, which falls in the measurement year. • A note indicating the date the test was performed and the result or finding. • Lab report with appropriate member identifiers showing results date and results.	**CPT Code:** 83655

	HEDIS Measure	Documentation Tips	Sample Codes Used
CONTINUED	**Chlamydia Screening (CHL)** Women who were identified as sexually active and who had at least one chlamydia test in the measurement year. **Ages:** 16-24 years *Performed: Jan. 1–Dec. 31 of measurement year**	• May be either a urine analysis or vaginal swab from the same ThinPrep used for the Pap smear. Samples must be sent to the lab vendor for analysis. • A note indicating the date the test was performed, and the result or finding.	**CPT Codes:** 87110, 87270, 87320, 87490-87492, 87810
BEHAVIORAL HEALTH	**Follow-Up Care for Children Prescribed ADHD Medication (ADD)** **Initiation Phase:** Those children with a new prescription for an ADHD medication who had 1 follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. **Continuation and Maintenance (C&M) Phase:** Those children who have at least 2 follow-up visits within 270 days after the end of the Initiation Phase. **Ages:** 6-12 years *Performed: March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year**	• When prescribing a new medication, be sure to schedule a follow-up visit within 30 days to assess how the medication is working and to address side effect issues. Schedule this visit while your member is still in the office. • Schedule two more visits in the 9 months after the 30-day Initiation Phase to continue to monitor your member's progress. • If your member cancels an appointment be sure to reschedule right away.	**CPT Codes:** 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510 **Telephone Visits:** 98966-98968, 99441-99443 **CPT Telehealth Modifiers:** 95, GT **Initiation Phase:** **CPT Codes:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 **WITH POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72 **C & M Phase:** **CPT Codes:** 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291 **WITH POS:** 52, 53
RESPIRATORY	**Appropriate Testing for Children With Pharyngitis (CWP)** Members diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test. **Ages:** 3-18 years *Performed: July 1 of year prior to measurement year through June 30 of measurement year**	• Rapid Strep Test can be performed in office. If negative, a Throat Culture should be done and sent to lab for analysis. • The group A Strep test should be in the 7-day period from the 3 days prior through 3 days after the episode date.	**CPT Codes:** 87070, 87071, 87081, 87430, 87650-87652, 87880 **ICD-10-Dx Codes:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
	Medication Management for People with Asthma (MMA) Those diagnosed with persistent asthma **and** were dispensed and remained on medications during the treatment period. **Ages:** 5-64 years *Performed: Jan. 1–Dec. 31 of measurement year**	Two rates are reported: • Those who remained on an asthma controller medication for **at least 50% of their treatment period.** • Those who remained on an asthma controller medication for **at least 75% of their treatment period.** • FDA-Approved Asthma Medications: For a complete list of medications and NDC codes, please visit **www.ncqa.org**.	**CPT Codes:** 99201-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99281-99285, 99291, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456 **ICD-10-Dx Codes:** J45.20-J45.22, J45.30-J45.32, J45.40- J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998 **Online Assessment:** 98969, 99444 **Telehealth Modifier:** 95, GT **Telehealth POS:** 02 **Telephone Visits:** 98966-98968, 99441-99443

VACCINATIONS

HEDIS Measure	Documentation Tips	Sample Codes Used
Childhood Immunizations (CIS) Immunizations must occur on or prior to the 2nd birthday, with the exceptions of MMR, VZV, and HepA which must be administered on or between the first and second birthdays. This measure follows CDC and ACIP guidelines for immunizations. Changes to the guidelines (e.g., new vaccine recommendations) are implemented after 3 years to account for the measure's look-back period and to allow the industry time to adapt. Confirmation of 4 DTap, 3 IPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV, 1 HepA, 2 or 3 RV, and 1 flu vaccines. **Ages:** By 2 years *Performed: Given 2016–2018*	• All immunizations must be completed by the child's 2nd birthday, which falls in the measurement year. • A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates and immunization types given. • For rotavirus, vaccine must be on different dates of service. • Document history of specific disease, anaphylactic reactions, or contraindications for a specific vaccine. • A note that says "Immunizations are up to date or documentation of parental refusal do not count". • For MMR, HepB, VZV, & HepA - Evidence of the antigen or combination vaccine OR documented history of the illness OR a seropositive test result for each antigen.	CPT Codes: **DTaP (4 vaccines):** 90698, 90700, 90721, 90723; **IPV (3 vaccines):** 90698, 90713, 90723; **HIB (3 vaccines):** 90644-90648, 90698, 90721, 90748 **Hep B (3 vaccines):** 90723, 90740, 90744, 90747, 90748; **HCPCS:** G0010 **VZV (1 vaccine):** 90710, 90716 **MMR (1 vaccine):** 90707, 90710 **Measles:** 90705 **Measles/Rubella:** 90708; **Rubella:** 90706; **Mumps:** 90704; **Hep A (1 vaccine):** 90633; **Pneumococcal conjugate (4 vaccines):** 90669 (7 valent), 90670 (13 valent), **HCPCS:** G0009; **Influenza (2 vaccines)**: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688; **HCPCS:** G0008; **Rotavirus:** 2 doses-90681; 3 doses-90680 CVX Codes: **DTaP:** 20, 50, 106, 107, 110, 120; **IPV**: 10, 89, 110, 120; **HIB:** 17, 46-51, 120, 148; **Hep B:** 08, 44, 45, 51, 110; **VZV**: 21, 94; **MMR:** 03, 94; **Measles:** 05; **Measles/Rubella:** 04; **Rubella**: 06; **Mumps:** 07; **Hep A:** 31, 83, 85; **Pneumococcal conjugate:** 100 (7 valent), 133 (13 valent), 152; **Influenza:** 88, 135, 140, 141, 150, 153, 155, 158, 161, **Rotavirus:** 119 (2 doses), 116 (3 doses), 122 **ICD-10-Procedure Code:** 3E0234Z
Immunizations for Adolescents (IMA) One dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and two doses of the human papillomavirus (HPV) vaccine by the 13th birthday. This measure follows CDC and ACIP guidelines for immunizations. Changes to the guidelines (e.g., new vaccine recommendations) are implemented after 3 years to account for the measure's look-back period and to allow the industry time to adapt. **Ages:** Tdap/Td: 10-13 years MGN: 11-13 years HPV: 9-13 years *Performed:* • *Tdap/Td – Given 2015–2018* • *MGN – Given 2016–2018* • *HPV – Given 2014–2018*	• Date of Service (DOS) for Tdap/Td must fall between the member's 10th-13th birthdate. • DOS for MGN must fall between the member's 11th-13th birthdate. • DOS for HPV must fall between the member's 9th-13th birthdate. Must be at least 2 vaccines with different DOS. • A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates and immunizations types given. • Notation indicating contraindication for a specific vaccine or anaphylactic reactions. • A note that says "Immunizations are up to date or documentation of parental refusal do not count".	CPT Codes: **Meningococcal (1 vaccine):** 90734 **Tdap (1 vaccine):** 90715 **HPV:** 90649-90651 CVX Codes: **MGN:** 108, 114, 136, 147, 167 **Tdap:** 115 **HPV:** 62, 118, 137, 165

Immunizations for Adolescents: Members 13 years of age	
Meningococcal (1 dose)	
CPT	90734
CVX	108, 114, 136, 147, 167
Tdap (1)	
CPT	90715
CVX	115
Human Papillomavirus Vaccine (HPV) (2 doses)	
CPT	90649, 90650, 90651
CVX	62, 118, 137, 165

Chlamydia Screening: Sexually active females ages **16–24 years** should be tested with either a urine analysis or vaginal swab from the same ThinPrep used for the Pap smear. Samples must be sent to lab vendor for analysis. **CPT Code: 87110, 87270, 87320, 87490-87492, 87810**

Strep Test: Ages **3–18** – Rapid Strep Test – throat culture samples must be sent to lab vendor for analysis. **CPT Code: 87070, 87071, 87081, 87430, 87650-87652, 87880**

Dental Visit: Ages **2–20 years** – Annual dental visit. **Please refer your patients for a dental screening annually. Services must be rendered by a dental provider.**

Depression Remission/Response for Teens and Adults: For 12 and over with depression who had remission or response within 5-7 months after elevated PHQ-9. **CPT code 96127**

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Care1st will be integrated into WellCare's operations on April 1, 2019, and branded as WellCare in all future provider communications.

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This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment.

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HEDIS® Guide
Pediatric Quick Tips

Submit consistent, detailed claims to help reduce medical record review in your offices. Include all existing conditions on the claim, at the time of each visit. Every time you see a member is an opportunity for preventive care as well as sick care.

Schedule regular checkups and/or blood work for members who are on long-term medications.

Assess member compliance/adherence to long-term medication therapy (i.e., asthma medications).

Document all procedures done by other physicians with a date and result.

All Well Visits must include:

- Health history
- Two developmental histories (physical and mental)
- A comprehensive unclothed physical exam: measurements, height/weight, head circumference, general appearance, head/neck/eyes/ears, cardiovascular, respiratory, gastrointestinal, neurological evaluation, reproductive system and breast, musculoskeletal, lymphatic system, integument, speech patterns, orientation and mental alertness, parent and child interaction/behavior.
- Health education/anticipatory guidance: oral health, infant care, parent interaction, injury/illness prevention and community resources.

Well-Child Visits (0–15 months): Children should be seen 6+ times on or before their 15-month birthday, which falls in the measurement year.

CPT Code: Ages **0–12 months** – **99381, 99391, 99461**
Ages **1–4** – **99382, 99392**

ICD-10-CM: Ages **0–12 months** – **Z00.110, Z00.111, Z00.121, Z00.129, Z00.8**

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Childhood Immunizations:

Should be given to members according to ACIP guidelines and completed by the 2nd birthday. Combination vaccine CPT codes should be used when applicable.

Vaccinations		
DTap (4)		
CPT	90698, 90700, 90721, 90723	
CVX	20, 50, 106, 107, 110, 120	
IPV (3)		
CPT	90698, 90713, 90723	
CVX	10, 89, 110, 120	
HIB (3)		
CPT	90644-90648, 90698, 90721, 90748	
CVX	17, 46-51, 120, 148	
Hep B (3)		
CPT	90723, 90740, 90744, 90747, 90748	
CVX	08, 44, 45, 51, 110	
VZV (1)		
CPT	90710, 90716	
CVX	21, 94	
MMR (1)		
CPT	MMR: 90707, 90710 Measles: 90705 Measles/Rubella: 90708	Rubella: 90706 Mumps: 90704
CVX	MMR: 03, 94 Measles: 05 Measles/Rubella: 04	Rubella: 06 Mumps: 07
Hep A (1)		
CPT	90633	
CVX	31, 83, 85	
Pneumococcal conjugate (4)		
CPT	90669 (7 valent); 90670 (13 valent)	
CVX	100 (7 valent); 133, 152 (13 valent)	
Influenza (2)		
CPT	90655, 90657, 90661, 90662, 90673, 90685-90688	
CVX	88, 135, 140, 141, 150, 153, 155, 161	
Rotavirus		
CPT	90681 (2 doses); 90680 (3 doses)	
CVX	119 (2 doses); 116 (3 doses);122	

Childhood Immunizations (Continued)

HCPCS: Hep B-**G0010**
Pneumonoccal conjugate-**G0009**
Influenza-**G0008**

Lead Screening: One or more completed by 2nd birthday. **CPT 83655**

Well-Child Visits (3–6 years): Annual visit for children.

CPT Code: Ages **1–4: 99382, 99392**
Ages **5–11: 99383, 99393**

ICD-10-CM: Z00.121, Z00.129, Z00.8

Adolescent Well-Visits (12–21 years): The medical record must include a note indicating a visit to a PCP or OB/GYN practitioner, the date when the well-visit occurred and the evidence of all the following:

- Health history
- Two developmental histories (physical and mental)
- A physical exam
- Health education/anticipatory guidance, including tobacco use, drugs and alcohol use, sexual activity, and depression

CPT Code: 12–17 years – 99384, 99394
18+ years – 99385, 99395

ICD-10-CM – Z00.00, Z00.01, Z00.121, Z00.129, Z00.8

Weight Assessment & Counseling for Nutrition and Physical Activity for Children/ Adolescents (for all children 3–17 years):

Pediatric BMI (Ages 3–17 years):

- Less than 5th percentile for age: **Z68.51**
- 5th percentile to less than 85th percentile for age: **Z68.52**
- 85th percentile to less than 95th percentile for age: **Z68.53**
- Greater than or equal to 95th percentile for age: **Z68.54**

Nutritional Counseling: Dx Code: Z71.3; CPT 97802-97804, HCPCS: G0270, G0271, G0447, S9449, S9452, S9470

Physical Activity: ICD-10-Dx Code: Z71.82 (Exercise Counseling); **Z02.5** (Sports Exam); **HCPCS: G0447** (Face-to-face behavioral counseling for obesity, 15 minutes), **S9451** (Exercise classes, non-physician provider, per session)

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How to Code for a Well Visit with a Sick Visit

From a pure coding perspective, the guidelines for billing an Evaluation and Management (E/M) service in addition to a preventive service are spelled out under the *Preventive Medicine Services* section in the CPT book. The guidelines state: **"If an abnormality/ies is/are encountered or a preexisting problem is addressed in the process of performing this preventive medicine E/M service, and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate office/outpatient code, 99201–99215, should also be reported. Modifier 25 should be added to the office/outpatient code to indicate that a significant, separately identifiable E/M service was provided by the same physician on the same day as the preventive medicine service."**

The key to adding an E/M service to a preventive service is the significance of the problem, the amount of work required at that visit to deal with the problem, and how clearly this is documented in the patient chart.

1. Acute Visit – Minor Problem Combined with Well Visit
Bill only the preventive well-child visit.

Documentation is the key to whether the additional work during the preventive visit qualifies for an additional E/M visit code. Insignificant or minor problems that do not require additional workup should not be reported separately.

Example of when **not** to use the E/M code with modifier 25: During an acute visit for a 12-month-old child, the physician notes diaper rash in the chart and writes a prescription for the rash. During that visit, she/he also becomes aware that the child has not been in for a well visit since the child was 6 months old. The physician decides to conduct a well-child visit during the acute visit. Do not count this visit as a sick visit since the problem (diaper rash) was an insignificant or minor problem. Code the visit as a well visit only. Also, the well-child visit will go toward the Pay-for-Quality Program.

EXAMPLE
Diagnosis Code:
Z00.129 (Encounter for routine child health examination without abnormal findings)

CPT Code:
99392 (Established preventive medicine services code for child age 1 through 4)

Documentation requirements:
Must document all components for well-child visit during the above visit:

A. A comprehensive health history
B. A physical development history
C. A mental development history
D. An unclothed physical exam with height, weight and head circumference
C. Health education or anticipatory guidance

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2. Acute Visit with Significant Problem Combined with Well Visit
Bill both the preventive well-child visit and all services rendered during the sick visit.

If the physician encounters a significant new problem or a preexisting problem that requires a significant workup, including the ordering of additional tests, consultation with other specialists, and/or further follow-up care, then the appropriate level of E/M for the additional work should be coded.

Example of when to use an E/M code with modifier 25: A 4-year-old child comes in for a follow-up visit for asthma. The physician notes that child is still wheezing. She/he sends child for an X-ray and gives nebulizer treatment. While reviewing chart, she/he also notes that member has not been in for a well visit since age 2. The physician decides to conduct a well-child visit during the acute visit. Because the problem/abnormality is **significant enough to require additional work to perform the key components of a problem-oriented E/M service,** then the appropriate code, 99201–99215, should also be reported. **Modifier 25 should be added** to the office/outpatient code to indicate that **a significant, separately identifiable E/M service was provided** by the same physician on the same day as the preventive medicine service.

EXAMPLE
Diagnosis Code:
Z00.129 (Encounter for routine child health examination without abnormal findings)
J45.20 (Mild intermittent asthma, uncomplicated)

CPT Code:
99392 (Established preventive medicine services code for child age 1 through 4)
99214 (E/M for established patient), with modifier 25
71010 (Chest, single view)
Code for nebulizer treatment

Documentation requirements:
Must document all components for well-child visit during the above visit:

A. A comprehensive health history
B. A physical developmental history
C. A mental development history
D. An unclothed physical exam with height, weight and head circumference
E. Health education or anticipatory guidance

In addition to the well visit, documentation must also show the additional work that was conducted for the asthma follow-up visit.

Care1st will be integrated into WellCare's operations on April 1, 2019, and branded as WellCare in all future provider communications.

Billing Change for Well-Child and Adolescent Visits

You may now bill for a well-child visit EVERY calendar year for children and adolescents

Do not forget to include: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Ages 3–17 (WCC):

1. **Pediatric BMI** (ages 3–17)
   - Less than 5th percentile for age: **Z68.51**
   - 5th percentile to less than 85th percentile for age: **Z68.52**
   - 85th percentile to less than 95th percentile for age: **Z68.53**
   - Greater than or equal to 95th percentile for age: **Z68.54**
2. **Nutritional Counseling:** Dx Code: **Z71.3**; CPT **97802-97804**; HCPCS **G0270**, **G0271**, **G0447**, **S9449**, **S9470**
3. **Physical Activity:** Dx Code: **Z02.5** (Sports Exam); HCPCS **G0447** (Face-to-face behavioral counseling for obesity, 15 minutes); **S9451** (Exercise classes, non-physician provider, per session); **New 10/1/2017** Exercise Counseling **Z71.82**

ATTENTION – Effective 01/01/2018

Remember:

You can perform and bill for a well-child/care visit with an acute visit. Refer to the WellCare flyer *How to Code for a Well Visit with a Sick Visit.*

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ATTENTION

New ICD-10 Code for Physical Activity

Effective 10/01/2017

Z71.82 Exercise Counseling

This new code allows you to document your counseling for physical activity for children and adolescents.

This activity is part of the HEDIS® measure Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC). This measure looks at the percentage of members 3-17 years of age who had an outpatient visit and had the following documented:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

Please start using this code on your claims beginning **Oct. 1, 2017**.

We're here to help, and we continue to support our provider partners with quality incentive programs, quicker claims payments and dedicated local market support. Please feel free to contact your provider representative or call Provider Services at 1-888-453-2534 if you have questions or need assistance.

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Chlamydia Screenings Now Can Prevent Problems Later

At WellCare, we value everything you do to deliver quality care to our members – your patients – and to ensure they have a positive health care experience. For young women, an important part of quality care is an annual chlamydia screening. Early detection and treatment of chlamydia is cost effective and can help prevent adverse health consequences such as pelvic inflammatory disease and infertility.

Chlamydia is extremely common with infection rates highest among sexually active females 15 to 19 years of age and those in their early 20s. It is the leading preventable cause of infertility in the U.S.

Kentucky ranked 34th among 50 states in chlamydial infections (391.2 per 100,000 persons).[1]

An annual chlamydia screening for females 25 years of age and younger is recommended by the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Preventive Medicine (ACPM), the American College of Obstetricians and Gynecologists (ACOG), the American Medical Association (AMA), the Centers for Disease Control and Prevention (CDC), and the U. S. Preventive Services Task Force (USPSTF). It is also a HEDIS® measure.[2]

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Screening and early treatment prevent costly complications. The cost to treat pelvic inflammatory disease is conservatively estimated at $1,334.[3]

Nucleic Acid Amplified Tests (NAATs) using urine specimens make it easy to screen for chlamydia. (CPT Code 87491)

Putting Screening into Practice: Tips for provider and/or staff

Normalize the practice of chlamydia screening; consider performing urine-based chlamydia screening when you do other routine urine dipstick testing for females 13 to 25 years of age. Place reminders on chart or in EMRs.

Make screening for chlamydia a priority. CPT Codes: 87110, 87270, 87320, 87490, 87491, 87492, 87810.

Have chlamydia educational material available and discuss with your patients.

We're here to help, and we continue to support our provider partners with quality incentive programs, quicker claims payments and dedicated local market support. Please feel free to contact your provider representative if you have questions or need assistance.

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Non-screening is a missed opportunity to promote health and prevent disease when delivering health care services to adolescents and young adults.

[1] https://www.cdc.gov/nchhstp/stateprofiles/pdf/kentucky_profile.pdf

[2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

[3] Chesson, H. W., Blandford, J. M., Gift, T. L., et al. (2004). The estimated direct medical cost of sexually transmitted diseases among American youth, 2000. Perspectives on Sexual and Reproductive Health, Jan-Feb

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Section Nine

Transportation Information

- ☑ Transportation Providers and Counties

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Transportation Providers

Company	Counties	Number
Audubon Area Community Services (GRITS)	Ballard, Calloway, Carlisle, Daviess, Fulton, Graves, Hancock, Henderson, Hickman McLean, Marshall, McCracken, Ohio, Union, and Webster	**1-800-816-3511**
Bluegrass Community Action Partnership (BGCAP)	Anderson, Boyle, Casey, Franklin, Garrard, Jessamine, Lincoln, Mercer, Scott, Washington, and Woodford	**1-800-456-6588**
Federated Transit Services of the Bluegrass (FTSB)	Bourbon, Bullitt, Clark, Estill, Fayette, Harrison, Henry, Jefferson, Madison, Montgomery, Nicholas, Oldham, Powell, Shelby, Spencer, and Trimble	**1-888-848-0989**
Licking Valley Community Action Program (LVCAP)	Bracken, Fleming, Lewis, Mason, and Robertson	**1-800-803-1310**
LKLP Community Action Council	Adair, Allen, Barren, Bath, Boone, Boyd, Breathitt, Breckinridge, Butler, Campbell, Carroll, Carter, Clay, Edmonson, Elliott, Gallatin, Grant, Grayson, Green, Greenup, Hardin, Harlan, Hart, Jackson, Kenton, Knott, Larue, Lawrence, Lee, Leslie, Letcher, Logan, Marion, Meade, Menifee, Metcalfe, Morgan, Nelson, Owen, Owsley, Pendleton, Perry, Rowan, Simpson, Taylor, Warren, and Wolfe	**1-800-245-2826**
Pennyrile Allied Community Services	Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd, and Trigg	**1-800-467-4601**
Rural Transit Enterprises (RTEC)	Bell, Clinton, Cumberland, Knox, Laurel, McCreary, Monroe, Pulaski, Rockcastle, Russell, Wayne, and Whitley	**1-800-321-7832**

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Section Ten

Bright Futures Previsit Questionnaires

- ☑ 2 to 5 Days Visit
- ☑ 1 Month Visit
- ☑ 2 Month Visit
- ☑ 4 Month Visit
- ☑ 6 Month Visit
- ☑ 9 Month Visit
- ☑ 12 Month Visit
- ☑ 15 Month Visit
- ☑ 18 Month Visit
- ☑ 2 Year Visit
- ☑ 2 1/2 Year Visit
- ☑ 3 Year Visit
- ☑ 4 Year Visit
- ☑ 5 Year Visit
- ☑ 6 Year Visit
- ☑ 7 Year Visit
- ☑ 8 Year Visit
- ☑ 9 Year Visit
- ☑ 10 Year Visit
- ☑ 15 to 17 Year Visits
- ☑ 18 to 21 Year Visits
- ☑ Older Child/Younger Adolescent Visit
- ☑ Early Adolescent Visits

Available at **https://brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx**

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Bright Futures Previsit Questionnaire
2 to 5 Day (First Week) Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

How You Are Feeling	☐ Your health ☐ Feeling sad ☐ Family stress ☐ Unwanted advice ☐ Starting a daily routine
Getting Used to Your Baby	☐ How you are doing with your baby ☐ Calming your baby ☐ Crib safety ☐ Where your baby sleeps ☐ How your baby sleeps ☐ Placing baby on back to sleep
Feeding Your Baby	☐ Gaining weight ☐ How your baby shows if he/she is hungry or full ☐ Drinking enough ☐ Jaundice (skin is yellow) ☐ Burping ☐ Breastfeeding ☐ Formula
Safety	☐ Car safety seat ☐ Cigarette smoke ☐ Water heater temperature
Baby Care	☐ When to call the doctor's office ☐ Taking your baby's temperature ☐ Not getting sick ☐ Hand washing ☐ Emergency situations ☐ Leaving the house ☐ Skin care ☐ Sunburns

Questions About Your Baby

Have any of your baby's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Other than your baby's birth, have there been any major changes in your family lately?
☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes? Describe:

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things	☐ Not at all	☐ Several days	☐ More than half the days	☐ Nearly every day
2. Feeling down, depressed, or hopeless	☐ Not at all	☐ Several days	☐ More than half the days	☐ Nearly every day

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Baby

Do you have specific concerns about how your baby is growing, learning, or acting? ☐ No ☐ Yes, describe:

Check off each of the tasks that your baby is able to do.

☐ Eats well
☐ Turns and calms to your voice
☐ Follows your face
☐ Can suck, swallow, and breathe easily

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME

Name

DRUG ALLERGIES	CURRENT MEDICATIONS

ID NUMBER

WEIGHT (%)	LENGTH (%)	WEIGHT FOR LENGTH (%)	HEAD CIRC (%)
See growth chart.			

TEMPERATURE	BIRTH DATE	AGE
		☐ M ☐ F

History

HOSPITAL

☐ Term or _____ weeks
Birth weight _____
Discharge weight _____
Newborn hearing screening
☐ Done & NL _____
_____
_____

Blood type: Maternal _____
Infant _____ Direct Coombs _____
Bilirubin screening ☐ None
Transcutaneous bilirubin _____
Serum bilirubin _____
Hep B (maternal): ☐ Pos ☐ Neg ☐ Unk
Hep B vaccine _____/_____/_____

Concerns and questions ☐ None ☐ Addressed (see other side)

_____

Follow-up on previous concerns ☐ None ☐ Addressed (see other side)

☐ Medication Record reviewed and updated

☐ Child has special health care needs ☐ Previsit Questionnaire reviewed

Social/Family History

See Initial History Questionnaire.

Family situation

Parent adjustment to new child _____

_____

Maternal depression ☐ Y ☐ N _____

Reaction of siblings to new child _____

_____

Work plans _____

_____

Child care plans _____

_____

Review of Systems

See Initial History Questionnaire and Problem List.

Changes since last visit _____

_____

Nutrition: ☐ Breast milk Minutes per feeding _____
Hours between feeding _____ Feedings per 24 hours _____
Problems with breastfeeding _____
☐ Formula Ounces per feeding _____
Source of water _____ Vitamins/Fluoride _____

Elimination: ☐ NL _____

_____

Sleep: ☐ NL _____

_____

Behavior: ☐ NL _____

Development (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- Eats well

☐ COMMUNICATIVE
- Turns and calms to your voice

☐ PHYSICAL DEVELOPMENT
- Can suck, swallow, and breathe easily

☐ COGNITIVE
- Follows your face

Physical Examination

☑=NL

Bright Futures Priority
- ☐ **HEAD/FONTANELLE**
- ☐ **EYES (red reflex/strabismus/appears to see)**
- ☐ **HEART**
  - ☐ **FEMORAL PULSES**
- ☐ **ABDOMEN (umbilical cord, vessels)**
- ☐ **SKIN (rashes, jaundice)**
- ☐ **NEUROLOGIC (tone, symmetry, state regulation)**
- ☐ **MUSCULOSKELETAL (torticollis)**
  - ☐ **HIPS**

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ EARS/APPEARS TO HEAR
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ LUNGS
- ☐ GENITALIA
  - ☐ Male/Testes down
  - ☐ Female
- ☐ EXTREMITIES
- ☐ BACK

Abnormal findings and comments _____

_____

_____

_____

_____

Assessment

☐ Well child

_____

_____

_____

_____

_____

Anticipatory Guidance

☐ Discussed and/or handout given

☐ NEWBORN TRANSITION
- Back to sleep
- Daily routines
- Calming techniques

☐ NEWBORN CARE
- Emergency preparedness plan
- Frequent hand washing
- Avoid direct sun exposure
- Expect 6–8 wet diapers/day

☐ NUTRITIONAL ADEQUACY
- Breastfeeding (vitamin D supplement)
- Iron-fortified formula (if not breastfed)
- No solid foods
- No honey

☐ PARENTAL WELL-BEING
- Baby blues
- Accept help
- Sleep when baby sleeps
- Unwanted advice

☐ SAFETY
- Car safety seat
- Smoke-free environment
- No shaking
- Burns
  - Water heater
- Smoke detectors
- Crib safety

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	

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Bright Futures Parent Handout
2 to 5 Day (First Week) Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

PARENTAL WELL-BEING

How You Are Feeling

- Call us for help if you feel sad, blue, or overwhelmed for more than a few days.
- Try to sleep or rest when your baby sleeps.
- Take help from family and friends.
- Give your other children small, safe ways to help you with the baby.
- Spend special time alone with each child.
- Keep up family routines.
- If you are offered advice that you do not want or do not agree with, smile, say thanks, and change the subject.

NUTRITIONAL ADEQUACY

Feeding Your Baby

- Feed only breast milk or iron-fortified formula, no water, in the first 6 months.
- Feed when your baby is hungry.
  - Puts hand to mouth
  - Sucks or roots
  - Fussing
- End feeding when you see your baby is full.
  - Turns away
  - Closes mouth
  - Relaxes hands

If Breastfeeding

- Breastfeed 8–12 times per day.
- Make sure your baby has 6–8 wet diapers a day.
- Avoid foods you are allergic to.
- Wait until your baby is 4–6 weeks old before using a pacifier.
- A breastfeeding specialist can give you information and support on how to position your baby to make you more comfortable.
- WIC has nursing supplies for mothers who breastfeed.

If Formula Feeding

- Offer your baby 2 oz every 2–3 hours, more if still hungry.

NUTRITION

- Hold your baby so you can look at each other while feeding
- Do not prop the bottle.
- Give your baby a pacifier when sleeping.

NEWBORN CARE

Baby Care

- Use a rectal thermometer, not an ear thermometer.
- Check for fever, which is a rectal temperature of 100.4°F/38.0°C or higher.
- In babies 3 months and younger, fevers are serious. Call us if your baby has a temperature of 100.4°F/38.0°C or higher.
- Take a first aid and infant CPR class.
- Have a list of phone numbers for emergencies.
- Have everyone who touches the baby wash their hands first.
- Wash your hands often.
- Avoid crowds.
- Keep your baby out of the sun; use sunscreen only if there is no shade.
- Know that babies get many rashes from 4–8 weeks of age. Call us if you are worried.

NEWBORN TRANSITION

Getting Used to Your Baby

- Comfort your baby.
  - Gently touch baby's head.
  - Rocking baby.
- Start routines for bathing, feeding, sleeping, and playing daily.
- Help wake your baby for feedings by
  - Patting
  - Changing diaper
  - Undressing
- Put your baby to sleep on his or her back.
  - In a crib, in your room, not in your bed.
  - In a crib that meets current safety standards, with no drop-side rail and slats no more than 2 3/8 inches apart. Find more information on the Consumer Product Safety Commission Web site at www.cpsc.gov.
  - If your crib has a drop-side rail, keep it up and locked at all times. Contact the crib company to see if there is a device to keep the drop-side rail from falling down.
  - Keep soft objects and loose bedding such as comforters, pillows, bumper pads, and toys out of the crib.

NEWBORN TRANSITION

SAFETY

Safety

- The car safety seat should be rear-facing in the back seat in all vehicles.
- Your baby should never be in a seat with a passenger air bag.
- Keep your car and home smoke free.
- Keep your baby safe from hot water and hot drinks.
- Do not drink hot liquids while holding your baby.
- Make sure your water heater is set at lower than 120°F.
- Test your baby's bathwater with your wrist.
- Always wear a seat belt and never drink and drive.

What to Expect at Your Baby's 1 Month Visit

We will talk about

- Any concerns you have about your baby
- Feeding your baby and watching him or her grow
- How your baby is doing with your whole family
- Your health and recovery
- Your plans to go back to school or work
- Caring for and protecting your baby
- Safety at home and in the car

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Bright Futures Previsit Questionnaire
1 Month Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

How You Are Feeling	☐ Feeling sad ☐ Using drugs ☐ Using alcohol ☐ Smoking ☐ Getting back to work or school ☐ Breastfeeding plans ☐ Choosing child care
Your Baby and Family	☐ Asking for help when you need it ☐ Community services that may be able to help your family ☐ Violence at home/abuse
Getting to Know Your Baby	☐ Sleep/wake schedules ☐ Where your baby sleeps ☐ How your baby sleeps ☐ How to keep your baby safe while sleeping ☐ Bored baby ☐ Tummy time for playtime with you ☐ How to calm your baby ☐ Crying too much
Feeding Your Baby	☐ How often you should feed your baby ☐ How to know your baby is getting enough ☐ What to feed your baby ☐ Formula feeding ☐ Help with breastfeeding ☐ How to hold your baby while feeding ☐ Burping ☐ Using a pacifier ☐ Worry about your baby's weight
Safety	☐ Car safety seats ☐ Preventing falls ☐ Choking from bracelets, necklaces, and toys with loops or strings

Questions About Your Baby

Have any of your baby's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Was your child born in a country at high risk for tuberculosis (countries other than the United Sates, Canada, Australia, New Zealand, and Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Other than your baby's birth, have there been any major changes in your family lately?
☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes? Describe:

Over the past 2 weeks, how often have you been bothered by any of the following problems?
1. Little interest or pleasure in doing things ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
2. Feeling down, depressed, or hopeless ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Baby

Do you have specific concerns about your baby's development, learning, or behavior? ☐ No ☐ Yes, describe:

Check off each of the tasks that your baby is able to do.
☐ If upset, able to calm ☐ Recognizes parents' voices ☐ Lifts head when on tummy
☐ Follows parents with eyes ☐ Smiles

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME

Name

DRUG ALLERGIES	CURRENT MEDICATIONS

ID NUMBER

WEIGHT (%)	LENGTH (%)	WEIGHT FOR LENGTH (%)	HEAD CIRC (%)
See growth chart.			

TEMPERATURE	BIRTH DATE	AGE
		☐ M ☐ F

History

☐ Previsit Questionnaire reviewed
☐ Child has special health care needs

Newborn screening ☐ NL
Hearing screening ☐ NL

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

Parental adjustment to child

Maternal depression ☐ Y ☐ N

Observation of parent-child interaction

Reaction of siblings to new child

Work plans

Child care plans

Review of Systems

See Initial History Questionnaire and Problem List.

☐ No interval change

Changes since last visit

Nutrition: ☐ Breast milk Minutes per feeding
Hours between feeding Feedings per 24 hours
Problems with breastfeeding
☐ Formula Ounces per feeding
Source of water Vitamins/Fluoride

Elimination: ☐ NL

Sleep: ☐ NL

Behavior: ☐ NL

Development (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- If upset, able to calm

☐ COGNITIVE
- Has started to smile

☐ COMMUNICATIVE
- Recognizes parents' voices
- Follows parent with eyes

☐ PHYSICAL DEVELOPMENT
- Able to lift head when on tummy

Physical Examination

☑= NL

Bright Futures Priority

- ☐ **HEAD/FONTANELLE (positional skull deformities)**
- ☐ **EYES (red reflex/strabismus/ appears to see)**
- ☐ **HEART**
  - ☐ **FEMORAL PULSES**
- ☐ **ABDOMEN**
- ☐ **MUSCULOSKELETAL (torticollis)**
  - ☐ **HIPS**
- ☐ **NEUROLOGIC (tone, strength, symmetry)**

Additional Systems

- ☐ GENERAL APPEARANCE
- ☐ EARS/APPEARS TO HEAR
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ LUNGS
- ☐ GENITALIA
  - ☐ Male/Testes down
  - ☐ Female
- ☐ EXTREMITIES
- ☐ BACK
- ☐ SKIN

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ PARENTAL WELL-BEING
☐ FAMILY ADJUSTMENT
☐ FEEDING ROUTINES
- Breastfeeding (400 IU vitamin D supplement)
- Iron-fortified formula
- Solid foods (wait until 4–6 months)
- Elimination
  - 5–8 wet diapers, 3–4 stools

☐ INFANT ADJUSTMENT
- Tummy time
- Encourage daily routines
- Back to sleep
- Sleep location
- Techniques to calm

☐ SAFETY
- Car safety seat
- Falls
- No strings around neck
- No shaking
- Smoke-free environment

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	

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HE0483

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HE0483

9-218/1208

Bright Futures Parent Handout
1 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

PARENTAL WELL-BEING

How You Are Feeling

- Taking care of yourself gives you the energy to care for your baby. Remember to go for your postpartum checkup.
- Call for help if you feel sad or blue, or very tired for more than a few days.
- Know that returning to work or school is hard for many parents.
- Find safe, loving child care for your baby. You can ask us for help.
- If you plan to go back to work or school, start thinking about how you can keep breastfeeding.

INFANT ADJUSTMENT

Getting to Know Your Baby

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Put your baby to sleep on his back.
  - In a crib, in your room, not in your bed.
  - In a crib that meets current safety standards, with no drop-side rail and slats no more than 2 3/8 inches apart. Find more information on the Consumer Product Safety Commission Web site at www.cpsc.gov.
  - If your crib has a drop-side rail, keep it up and locked at all times. Contact the crib company to see if there is a device to keep the drop-side rail from falling down.
  - Keep soft objects and loose bedding such as comforters, pillows, bumper pads, and toys out of the crib.
  - Give your baby a pacifier if he wants it.
- Hold and cuddle your baby often.
  - Tummy time—put your baby on his tummy when awake and you are there to watch.
- Crying is normal and may increase when your baby is 6–8 weeks old.
- When your baby is crying, comfort him by talking, patting, stroking, and rocking.
- *Never shake your baby.*
- If you feel upset, put your baby in a safe place; call for help.

SAFETY

Safety

- Use a rear-facing car safety seat in all vehicles.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Always wear your seat belt and never drive after using alcohol or drugs.
- Keep your car and home smoke-free.
- Keep hanging cords or strings away from and necklaces and bracelets off of your baby.
- Keep a hand on your baby when changing clothes or the diaper.

FAMILY ADJUSTMENT

Your Baby and Family

- Plan with your partner, friends, and family to have time for yourself.
- Take time with your partner too.
- Let us know if you are having any problems and cannot make ends meet. There are resources in our community that can help you.
- Join a new parents group or call us for help to connect to others if you feel alone and lonely.
- Call for help if you are ever hit or hurt by someone and if you and your baby are not safe at home.
- Prepare for an emergency/illness.
  - Keep a first-aid kit in your home.
  - Learn infant CPR.
  - Have a list of emergency phone numbers.
  - Know how to take your baby's temperature rectally. Call us if it is 100.4°F (38.0°C) or higher.
- Wash your hands often to help your baby stay healthy.

Feeding Your Baby

- Feed your baby only breast milk or iron-fortified formula in the first 4–6 months.

FEEDING ROUTINES

- Pat, rock, undress, or change the diaper to wake your baby to feed.
- Feed your baby when you see signs of hunger.
  - Putting hand to mouth
  - Sucking, rooting, and fussing
- End feeding when you see signs your baby is full.
  - Turning away
  - Closing the mouth
  - Relaxed arms and hands
- Breastfeed or bottle-feed 8–12 times per day.
- Burp your baby during natural feeding breaks.
- Having 5–8 wet diapers and 3–4 stools each day shows your baby is eating well.

If Breastfeeding

- Continue to take your prenatal vitamins.
- When breastfeeding is going well (usually at 4–6 weeks), you can offer your baby a bottle or pacifier.

If Formula Feeding

- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 2 oz every 2–3 hours. If your baby is still hungry, you can feed more.
- Hold your baby so you can look at each other.
- Do not prop the bottle.

What to Expect at Your Baby's 2 Month Visit

We will talk about

- Taking care of yourself and your family
- Sleep and crib safety
- Keeping your home safe for your baby
- Getting back to work or school and finding child care
- Feeding your baby

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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Bright Futures Previsit Questionnaire
2 Month Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

How You Are Feeling	☐ Getting back to normal activities ☐ Feeling sad ☐ Your partner helping you take care of your home and baby ☐ Help taking care of your baby ☐ Brothers and sisters getting along with your baby ☐ Taking time for yourself ☐ Finding time alone with your partner
Your Growing Baby	☐ How you are doing with your baby ☐ Where your baby sleeps ☐ How your baby sleeps ☐ How to keep your baby safe while sleeping ☐ Tummy time for playtime with you ☐ Rolling over ☐ Talking with your baby ☐ Calming your baby ☐ Daily routines
Your Baby and Family	☐ Leaving your baby when going to work or school ☐ Finding good child care
Feeding Your Baby	☐ Feeding routine ☐ When to begin solid food ☐ Holding ☐ Burping ☐ Your child's weight ☐ Knowing when your baby is hungry or full ☐ Help with breastfeeding ☐ Formula feeding
Safety	☐ Car safety seats ☐ How to check hot water temperature ☐ Choking ☐ Preventing falls from rolling over ☐ Bathtub safety ☐ Cigarette smoke

Questions About Your Baby

Have any of your baby's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Other than your baby's birth, have there been any major changes in your family lately?
☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things	☐ Not at all	☐ Several days	☐ More than half the days	☐ Nearly every day
2. Feeling down, depressed, or hopeless	☐ Not at all	☐ Several days	☐ More than half the days	☐ Nearly every day

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Baby

Do you have specific concerns about your baby's development, learning, or behavior? ☐ No ☐ Yes, describe:

Check off each of the tasks that your baby is able to do.

- ☐ Smiles
- ☐ Coos
- ☐ Looks at you
- ☐ Comforts self (brings hands to mouth)
- ☐ Has different types of cries to show hunger or when tired
- ☐ Fusses if bored
- ☐ Moves both arms and legs together
- ☐ Holds head up when held
- ☐ Pushes head up when lying on tummy

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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

Newborn screening ☐ NL
Hearing screening ☐ NL

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

Parental adjustment to child

Maternal depression ☐ Y ☐ N

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 milk Minutes per feeding
Hours between feeding Feedings per 24 hours
Problems with breastfeeding
☐ Formula Ounces per feeding
Source of water Vitamins/Fluoride

Elimination: ☐ NL

Sleep: ☐ NL

Behavior: ☐ NL

Development (if not reviewed in Previsit Questionnaire)

☐ PHYSICAL DEVELOPMENT
- Lifts head and begins to push up when prone
- Holds head erect for short periods (when held upright)
- Diminished newborn reflexes
- Symmetrical movement

☐ COGNITIVE
- Indicates boredom when no activity change

☐ COMMUNICATIVE
- Coos
- Different cries for different needs

☐ SOCIAL-EMOTIONAL
- Smiles
- Looks at parent
- Self-comfort

Physical Examination

☑=NL

Bright Futures Priority
- ☐ **SKIN (rashes, bruising)**
- ☐ **HEAD/FONTANELLE (positional skull deformities)**
- ☐ **EYES (red reflex/strabismus/ appears to see)**
- ☐ **HEART**
  - ☐ **FEMORAL PULSES**
- ☐ **MUSCULOSKELETAL (torticollis)**
  - ☐ **HIPS**
- ☐ **NEUROLOGIC (tone, strength, symmetry)**

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ EARS/APPEARS TO HEAR
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ LUNGS
- ☐ ABDOMEN
- ☐ GENITALIA
  - ☐ Male/Testes down
  - ☐ Female
- ☐ EXTREMITIES
- ☐ BACK

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ PARENTAL (MATERNAL) WELL-BEING
☐ INFANT-FAMILY SYNCHRONY
☐ NUTRITIONAL ADEQUACY
- Breastfeeding (400 IU vitamin D supplement)
- Iron-fortified formula
- Solid foods (wait until 4–6 months)
- Elimination
- No bottle in bed

☐ INFANT BEHAVIOR
- Calming skills
- Physical
  - Tummy time
  - Daily routines
- Sleep
  - Back to sleep

☐ SAFETY
- Car safety seat
- Falls
- Burns
  - Hot liquids
  - Water heater
- Smoke-free environment
- Drowning
- Choking
  - Small objects
  - Plastic bags

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	

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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.

Bright Futures Parent Handout
2 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

PARENTAL WELL-BEING

How You Are Feeling

- Taking care of yourself gives you the energy to care for your baby. Remember to go for your postpartum checkup.
- Find ways to spend time alone with your partner.
- Keep in touch with family and friends.
- Give small but safe ways for your other children to help with the baby, such as bringing things you need or holding the baby's hand.
- Spend special time with each child reading, talking, or doing things together.

INFANT BEHAVIOR

Your Growing Baby

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Put your baby to sleep on her back.
  - In a crib, in your room, not in your bed.
  - In a crib that meets current safety standards, with no drop-side rail and slats no more than 2 3/8 inches apart. Find more information on the Consumer Product Safety Commission Web site at www.cpsc.gov.
  - If your crib has a drop-side rail, keep it up and locked at all times. Contact the crib company to see if there is a device to keep the drop-side rail from falling down.
  - Keep soft objects and loose bedding such as comforters, pillows, bumper pads, and toys out of the crib.
  - Give your baby a pacifier if she wants it.
- Hold, talk, cuddle, read, sing, and play often with your baby. This helps build trust between you and your baby.
- Tummy time—put your baby on her tummy when awake and you are there to watch.
- Learn what things your baby does and does not like.

BEHAVIOR

- Notice what helps to calm your baby such as a pacifier, fingers or thumb, or stroking, talking, rocking, or going for walks.

SAFETY

Safety

- Use a rear-facing car safety seat in the back seat in all vehicles.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Always wear your seat belt and never drive after using alcohol or drugs.
- Keep your car and home smoke-free.
- Keep plastic bags, balloons, and other small objects, especially small toys from other children, away from your baby.
- Your baby can roll over, so keep a hand on your baby when dressing or changing him.
- Set the water heater so the temperature at the faucet is at or below 120°F.
- Never leave your baby alone in bathwater, even in a bath seat or ring.

INFANT-FAMILY SYNCHRONY

Your Baby and Family

- Start planning for when you may go back to work or school.
- Find clean, safe, and loving child care for your baby.
- Ask us for help to find things your family needs, including child care.
- Know that it is normal to feel sad leaving your baby or upset about your baby going to child care.

NUTRITIONAL ADEQUACY

Feeding Your Baby

- Feed only breast milk or iron-fortified formula in the first 4–6 months.
- Avoid feeding your baby solid foods, juice, and water until about 6 months.
- Feed your baby when your baby is hungry.
- Feed your baby when you see signs of hunger.
  - Putting hand to mouth
  - Sucking, rooting, and fussing
- End feeding when you see signs your baby is full.
  - Turning away
  - Closing the mouth
  - Relaxed arms and hands
- Burp your baby during natural feeding breaks.

NUTRITIONAL ADEQUACY

If Breastfeeding

- Feed your baby 8 or more times each day.
- Plan for pumping and storing breast milk. Let us know if you need help.

If Formula Feeding

- Feed your baby 6–8 times each day.
- Make sure to prepare, heat, and store the formula safely. If you need help, ask us.
- Hold your baby so you can look at each other.
- Do not prop the bottle.

What to Expect at Your Baby's 4 Month Visit

We will talk about

- Your baby and family
- Feeding your baby
- Sleep and crib safety
- Calming your baby
- Playtime with your baby
- Caring for your baby and yourself
- Keeping your home safe for your baby
- Healthy teeth

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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DEDICATED TO THE HEALTH OF ALL CHILDREN™

Bright Futures Previsit Questionnaire
4 Month Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

How Your Family Is Doing	☐ Taking time for yourself ☐ Having time alone with your partner ☐ Spending time alone with each of your children ☐ Returning to work or school ☐ What is good child care
Your Changing Baby	☐ Where your baby sleeps ☐ How your baby sleeps ☐ How to keep your baby safe while sleeping ☐ Tummy time for playtime with you ☐ How to calm your baby ☐ Keeping daily routines
Feeding Your Baby	☐ Breastfeeding ☐ Formula feeding ☐ How your baby is growing ☐ Starting solid foods ☐ Food allergies ☐ Your child's weight
Healthy Teeth	☐ Using a pacifier ☐ Teething ☐ Drooling ☐ Not using a bottle in bed
Safety	☐ Car safety seats ☐ Preventing falls, burns, and choking ☐ Not using walkers ☐ Drowning and pools ☐ How to check for lead in your home ☐ Checking the hot water heater temperature

Questions About Your Baby

Have any of your baby's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Hearing	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
Anemia	Is your child drinking anything other than breast milk or iron-fortified formula?	☐ Yes	☐ No	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Other than your baby's birth, have there been any major changes in your family lately?
☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Baby

Do you have specific concerns about your baby's learning, development, or behavior? ☐ No ☐ Yes, describe:

Check off each of the tasks that your baby is able to do.

- ☐ Smiles to get your attention
- ☐ Keeps head steady when sitting up on your lap
- ☐ Begins to roll and reach for objects
- ☐ Wants you to play
- ☐ Can calm down on his own
- ☐ Likes to cuddle
- ☐ Lets you know when she likes something
- ☐ Lets you know when he does not like something
- ☐ Uses arms to lift chest
- ☐ Babbling

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME

Name

DRUG ALLERGIES	CURRENT MEDICATIONS

ID NUMBER

WEIGHT (%)	LENGTH (%)	WEIGHT FOR LENGTH (%)	HEAD CIRC (%)
See growth chart.			

TEMPERATURE	BIRTH DATE	AGE
		☐ M ☐ F

History

☐ Previsit Questionnaire reviewed ☐ Child has special health care needs

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

Parental support—work/family balance

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 milk Minutes per feeding

Hours between feeding Feedings per 24 hours

Problems with breastfeeding

☐ Formula Ounces per feeding

Source of water Vitamins/Fluoride

Elimination: ☐ NL

Sleep: ☐ NL

Behavior: ☐ NL

Activity (tummy time): ☐ NL

Development (if not reviewed in Previsit Questionnaire)

☐ PHYSICAL DEVELOPMENT
- Pushes chest up to elbows
- Good head control
- Symmetry in movements
- Begins to roll and reach for objects

☐ COGNITIVE
- Responds to affection
- Indicates pleasure and displeasure

☐ COMMUNICATIVE
- Spontaneous expressive babbling

☐ SOCIAL-EMOTIONAL
- Social smile
- Elicits social interactions
- Can calm down on own

Physical Examination

☑=NL

Bright Futures Priority
- ☐ **SKIN (rashes, bruising)**
- ☐ **HEAD/FONTANELLE (positional skull deformities)**
- ☐ **EYES (red reflex/strabismus/ appears to see)**
- ☐ **HEART**
  - ☐ **FEMORAL PULSES**
- ☐ **MUSCULOSKELETAL (torticollis)**
  - ☐ **HIPS**
- ☐ **NEUROLOGIC (tone, strength, symmetry)**

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ LUNGS
- ☐ EARS/APPEARS TO HEAR
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ ABDOMEN
- ☐ GENITALIA
  - ☐ Male/Testes down
  - ☐ Female
- ☐ EXTREMITIES
- ☐ BACK

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ FAMILY FUNCTIONING

☐ NUTRITIONAL ADEQUACY AND GROWTH
- Breastfeeding (vitamin D, iron supplement)
- Iron-fortified formula
- Solid foods
  - When and how to add
- Weight gain and growth spurts
- Elimination

☐ INFANT DEVELOPMENT
- Social development
- Communication skills
- Physical (tummy time)
- Daily routines
- Sleep

☐ ORAL HEALTH
- Don't share utensils/pacifier
- Avoid bottle in bed

☐ SAFETY
- Car safety seat
- Burns
  - Hot liquids
  - Water heaters
- Falls
- Walkers
- Choking
- Drowning
- Lead poisoning

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	

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WELL CHILD/4 months

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Bright Futures Parent Handout
4 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

How Your Family Is Doing

FAMILY FUNCTIONING

- Take time for yourself.
- Take time together with your partner.
- Spend time alone with your other children.
- Encourage your partner to help care for your baby.
- Choose a mature, trained, and responsible babysitter or caregiver.
- You can talk with us about your child care choices.
- Hold, cuddle, talk to, and sing to your baby each day.
- Massaging your infant may help your baby go to sleep more easily.
- Get help if you and your partner are in conflict. Let us know. We can help.

Feeding Your Baby

NUTRITIONAL ADEQUACY AND GROWTH

- For babies at 4 months of age, human milk or formula remains the best food. Solid feeding is discouraged until about 6 months of age.
- Avoid feeding your baby too much by following the baby's signs of fullness
  - Leaning back
  - Turning away
- Ask us about programs like WIC that can help get food for you if you are breastfeeding and formula for your baby if you are formula feeding.

If Breastfeeding

- Exclusive breastfeeding for about the first 6 months of life provides ideal nutrition and supports the best possible growth and development.
- If you are still breastfeeding, that's great!
- Plan for pumping and storage of breast milk.

If Formula Feeding

- Make sure to prepare, heat, and store the formula safely.
- Hold your baby so you can look at each other while feeding.
- Do not prop the bottle.
- Do not give your baby a bottle in the crib.

Safety

SAFETY

- Use a rear-facing car safety seat in the back seat in all vehicles.
- Always wear a seat belt and never drive after using alcohol or drugs.
- Keep small objects and plastic bags away from your baby.
- Keep a hand on your baby on any high surface from which she can fall and be hurt.
- Prevent burns by setting your water heater so the temperature at the faucet is 120°F or lower.
- Do not drink hot drinks when holding your baby.
- Never leave your baby alone in bathwater, even in a bath seat or ring.
- The kitchen is the most dangerous room. Don't let your baby crawl around there; use a playpen or high chair instead.
- Do not use a baby walker.

Your Changing Baby

INFANT DEVELOPMENT

- Keep routines for feeding, nap time, and bedtime.

Crib/Playpen

- Put your baby to sleep on her back.
  - In a crib that meets current safety standards, with no drop-side rail and slats no more than 2 3/8 inches apart. Find more information on the Consumer Product Safety Commission Web site at www.cpsc.gov.
  - If your crib has a drop-side rail, keep it up and locked at all times. Contact the crib company to see if there is a device to keep the drop-side rail from falling down.
  - Keep soft objects and loose bedding such as comforters, pillows, bumper pads, and toys out of the crib.
  - Lower your baby's mattress.
  - If using a mesh playpen, make sure the openings are less than ¼ inch apart.

Playtime

INFANT DEVELOPMENT

- Learn what things your baby likes and does not like.
- Encourage active play.
  - Offer mirrors, floor gyms, and colorful toys to hold.
  - Tummy time—put your baby on his tummy when awake and you can watch.
- Promote quiet play.
  - Hold and talk with your baby.
  - Read to your baby often.

Crying

- Give your baby a pacifier or his fingers or thumb to suck when crying.

Healthy Teeth

ORAL HEALTH

- Go to your own dentist twice yearly. It is important to keep your teeth healthy so that you don't pass bacteria that causes tooth decay on to your baby.
- Do not share spoons or cups with your baby or use your mouth to clean the baby's pacifier.
- Use a cold teething ring if your baby has sore gums with teething.
- Clean gums and teeth (as soon as you see the first tooth) 2 times per day with a soft cloth or soft toothbrush with a small smear of fluoride toothpaste (the size of a grain of rice).

What to Expect at Your Baby's 6 Month Visit

We will talk about

- Introducing solid food
- Getting help with your baby
- Home and car safety
- Brushing your baby's teeth
- Reading to and teaching your baby

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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Bright Futures Previsit Questionnaire
6 Month Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

How Your Family Is Doing	☐ Being a good parent and partner ☐ Where to go when you need help ☐ Finding good child care ☐ Finding and joining playgroups
Your Baby's Development	☐ How your baby learns ☐ How your baby can calm down alone ☐ How to keep your baby safe while sleeping ☐ Bedtime routines ☐ Your baby falling asleep on his own ☐ Your child's weight
Feeding Your Baby	☐ Starting solid food ☐ How to add new foods ☐ How much food your baby should eat ☐ Drinking from a cup ☐ Staying on breast milk or formula ☐ Food allergies
Healthy Teeth	☐ Brushing your baby's teeth ☐ Need for fluoride supplements
Safety	☐ Keeping your home safe with a crawling baby ☐ Car safety seats ☐ Preventing burns, falls, choking, and poisoning ☐ Bathtub and water safety

Questions About Your Baby

Have any of your baby's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Hearing	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
Lead	Does your child have a sibling or playmate who has or had lead poisoning?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1950?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Oral Health	Are cavities a problem for you or anyone else in your family?	☐ Yes	☐ No	☐ Unsure
	Does your child sleep with a bottle?	☐ Yes	☐ No	☐ Unsure
	Does your child continuously breastfeed through the night?	☐ Yes	☐ No	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
2. Feeling down, depressed, or hopeless ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Baby

Do you have specific concerns about your baby's learning, development, or behavior? ☐ No ☐ Yes, describe:

_____

_____

_____

_____

Check off each of the tasks that your baby is able to do.

- ☐ Rolls over
- ☐ Sits briefly, leans forward
- ☐ Likes to play with you
- ☐ Babbles and tries to "talk" to you
- ☐ Likes to look around
- ☐ Begins name recognition
- ☐ Smiles at people he knows
- ☐ Puts things in her mouth

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

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

Parental support—work/family balance

Maternal depression ☐ Y ☐ N

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 milk Minutes per feeding

Hours between feeding Feedings per 24 hours

Problems with breastfeeding

☐ Formula Ounces per feeding

Source of water Vitamins/Fluoride

Elimination: ☐ NL

Sleep: ☐ NL

Behavior: ☐ NL

Activity (tummy time, no TV): ☐ NL

Development (if not reviewed in Previsit Questionnaire)

☐ PHYSICAL DEVELOPMENT
- Sits briefly, leaning forward
- Rolls over

☐ COGNITIVE
- Uses visual exploration
- Beginning to use oral exploration

☐ COMMUNICATIVE
- Uses a string of vowels (ah, eh, oh)
- Beginning to recognize own name
- Enjoys vocal turn taking

☐ SOCIAL-EMOTIONAL
- Shows pleasure from interactions with parents or others

Physical Examination

☑=NL

Bright Futures Priority

☐ **SKIN (rashes, bruising)**
☐ **EYES (red reflex/strabismus/ appears to see)**
☐ **HEART**
☐ **FEMORAL PULSES**
☐ **MUSCULOSKELETAL (torticollis)**
☐ **HIPS**
☐ **NEUROLOGIC (tone, strength, symmetry)**

Additional Systems

☐ GENERAL APPEARANCE
☐ EARS/APPEARS TO HEAR
☐ NOSE
☐ MOUTH AND THROAT
☐ LUNGS
☐ ABDOMEN
☐ HEAD/FONTANELLE
☐ GENITALIA
☐ Male/Testes down
☐ Female
☐ BACK
☐ EXTREMITIES
☐ TEETH

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ FAMILY FUNCTIONING
☐ NUTRITION AND FEEDING
- Breastfeeding (vitamin D, iron supplement)
- Iron-fortified formula
- Solid foods
  - Types and amounts
  - Begin cup
- Elimination

☐ INFANT DEVELOPMENT
- Social development
- Communication skills
- Sleep

☐ ORAL HEALTH
- Brush teeth
- Avoid bottle in bed

☐ SAFETY
- Car safety seat
- Poisons
- Burns
  - Hot water
- Falls
- Infant walkers
- Drowning
- Choking (finger foods)
- Kitchen safety

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	

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Bright Futures Parent Handout
6 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

NUTRITION AND FEEDING

Feeding Your Baby

- Most babies have doubled their birth weight.
- Your baby's growth will slow down.
- If you are still breastfeeding, that's great! Continue as long as you both like.
- If you are formula feeding, use an iron-fortified formula.
- You may begin to feed your baby solid food when your baby is ready.
- Some of the signs your baby is ready for solids
  - Opens mouth for the spoon.
  - Sits with support.
  - Good head and neck control.
  - Interest in foods you eat.

Starting New Foods

- Introduce new foods one at a time.
  - Iron-fortified cereal
- Good sources of iron include
  - Red meat
- Introduce fruits and vegetables after your baby eats iron-fortified cereal or pureed meats well.
  - Offer 1–2 tablespoons of solid food 2–3 times per day.
- Avoid feeding your baby too much by following the baby's signs of fullness.
  - Leaning back
  - Turning away
- Do not force your baby to eat or finish foods.
  - It may take 10–15 times of giving your baby a food to try before she will like it.
- The only foods to be avoided are raw honey or chunks of food that could cause choking. Newer data suggest that the early introduction of all foods may actually prevent individual food allergies.
- To prevent choking
  - Only give your baby very soft, small bites of finger foods.
  - Keep small objects and plastic bags away from your baby.

FAMILY FUNCTIONING

How Your Family Is Doing

- Call on others for help.
- Encourage your partner to help care for your baby.
- Ask us about helpful resources if you are alone.
- Invite friends over or join a parent group.
- Choose a mature, trained, and responsible babysitter or caregiver.
- You can talk with us about your child care choices.

ORAL HEALTH

Healthy Teeth

- Many babies begin to cut teeth.
- Clean gums and teeth (as soon as you see the first tooth) 2 times per day with a soft cloth or soft toothbrush with a small smear of fluoride toothpaste (the size of a grain of rice).
- Do not give a bottle in bed.
- Do not prop the bottle.
- Have regular times for your baby to eat. Do not let him eat all day.

INFANT DEVELOPMENT

Your Baby's Development

- Place your baby so she is sitting up and can look around.
- Talk with your baby by copying the sounds your baby makes.
- Look at and read books together.
- Play games such as peekaboo, patty-cake, and so big.
- Offer active play with mirrors, floor gyms, and colorful toys to hold.
- If your baby is fussy, give her safe toys to hold and put in her mouth and make sure she is getting regular naps and playtimes.

Crib/Playpen

- Put your baby to sleep on her back.
  - In a crib that meets current safety standards, with no drop-side rail and slats no more than 2 3/8 inches apart. Find more information on the Consumer Product Safety Commission Web site at www.cpsc.gov.
  - If your crib has a drop-side rail, keep it up and locked at all times. Contact the crib company to see if there is a device to keep the drop-side rail from falling down.
  - Keep soft objects and loose bedding such as comforters, pillows, bumper pads, and toys out of the crib.
  - Lower your baby's mattress all the way.
  - If using a mesh playpen, make sure the openings are less than ¼ inch apart.

SAFETY

Safety

- Use a rear-facing car safety seat in the back seat in all vehicles, even for very short trips.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Don't leave your baby alone in the tub or high places such as changing tables, beds, or sofas.
- While in the kitchen, keep your baby in a high chair or playpen.
- Do not use a baby walker.
- Place gates on stairs.
- Close doors to rooms where your baby could be hurt, like the bathroom.
- Prevent burns by setting your water heater so the temperature at the faucet is 120°F or lower.
- Turn pot handles inward on the stove.
- Do not leave hot irons or hair care products plugged in.
- Never leave your baby alone near water or in bathwater, even in a bath seat or ring.
  - Always be close enough to touch your baby.
- Lock up poisons, medicines, and cleaning supplies; call Poison Help if your baby eats them.

What to Expect at Your Baby's 9 Month Visit

We will talk about

- Disciplining your baby
- Introducing new foods and establishing a routine
- Helping your baby learn
- Car seat safety
- Safety at home

Poison Help: 1-800-222-1222

Child safety seat inspection: 1-866-SEATCHECK; seatcheck.org

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Bright Futures Previsit Questionnaire
9 Month Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Baby and Family	☐ Having time alone for yourself ☐ Having time alone with your partner ☐ Feeling safe in your home ☐ Your family's ideas about how your baby should act ☐ Your baby's behavior
Your Changing and Developing Baby	☐ How your baby is learning ☐ Games and toys that help your baby learn ☐ Your baby's nighttime routine ☐ Waking up at night ☐ Crying with new people
Feeding Your Baby	☐ Baby feeding himself ☐ Adding solid and table food ☐ Increasing the thickness of foods ☐ Using a cup ☐ Continuing breastfeeding and formula-feeding ☐ Your baby's weight
Safety	☐ Keeping your home safe with an active baby ☐ Car safety seats ☐ Preventing burns, falls, and poisoning ☐ Gun safety ☐ Water and bathtub safety

Questions About Your Baby

Have any of your baby's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Hearing	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	☐ Yes	☐ No	☐ Unsure
	Have your child's eyes ever been injured?	☐ Yes	☐ No	☐ Unsure
Oral Health	Are cavities a problem for you or anyone else in your family?	☐ Yes	☐ No	☐ Unsure
	Does your child sleep with a bottle?	☐ Yes	☐ No	☐ Unsure
	Does your child continuously breastfeed through the night?	☐ Yes	☐ No	☐ Unsure
Lead	Does your child have a sibling or playmate who has or had lead poisoning?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1950?	☐ Yes	☐ No	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Baby

Do you have specific concerns about your baby's learning, development, or behavior? ☐ No ☐ Yes, describe:

_____

_____

_____

_____

Check off each of the tasks that your baby is able to do.

- ☐ Looks for something that has been dropped
- ☐ Pulls to stand
- ☐ Is afraid of new people
- ☐ Goes to you to play and be comforted
- ☐ Points things out
- ☐ Sits well
- ☐ Can repeat sounds
- ☐ Looks at books
- ☐ Crawls
- ☐ Plays peekaboo

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

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 milk Minutes per feeding
Hours between feeding Feedings per 24 hours
☐ Formula Ounces per feeding
Source of water Vitamins/Fluoride

Elimination: ☐ NL

Sleep: ☐ NL

Behavior: ☐ NL

Activity (playtime, no TV): ☐ NL

Development

☐ **Structured developmental screen** ☐ **NL** **Tool**

Developmental Surveillance (if not reviewed in Previsit Questionnaire)

☐ PHYSICAL DEVELOPMENT
- Sits well
- Crawls
- Pulls to feet with support

☐ COGNITIVE
- Peekaboo
- Object permanence
- Looks at books

☐ COMMUNICATIVE
- Imitates sounds
- Points out objects

☐ SOCIAL-EMOTIONAL
- Stranger anxiety
- Seeks parent for comfort

Physical Examination

☑=NL

Bright Futures Priority
- ☐ **HEAD (positional skull deformities)**
- ☐ **EYES (ocular mobility, eye alignment, red reflex)**
- ☐ **HEART**
  - ☐ **FEMORAL PULSES**
- ☐ **MUSCULOSKELETAL (torticollis)**
  - ☐ **HIPS**
- ☐ **NEUROLOGIC (tone, strength, symmetry of movements, parachute reflex)**

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ EARS/APPEARS TO HEAR
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ TEETH
- ☐ LUNGS
- ☐ ABDOMEN
- ☐ GENITALIA
  - ☐ Male/Testes down
  - ☐ Female
- ☐ BACK
- ☐ SKIN
- ☐ EXTREMITIES

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ FAMILY ADAPTATIONS
- Limit word "no"
- Age-appropriate discipline
- Domestic violence
- Time for self/partner

☐ INFANT INDEPENDENCE
- Consistent routines
- Separation anxiety
- Learning and developing
- No TV

☐ FEEDING ROUTINE
- Self-feeding
- Solid foods
- Safe foods
- Using a cup
- Breastfeeding (vitamin D, iron supplement)
- Iron-fortified formula
- No bottle in bed
- Brush teeth

☐ SAFETY
- Car safety seat
- Poisons
- Water/Drowning
- Falls/Window guards
- Burns
- Guns

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	

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.

Bright Futures Parent Handout
9 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

FAMILY ADAPTATIONS

Your Baby and Family

- Tell your baby in a nice way what to do ("Time to eat"), rather than what not to do.
- Be consistent.
- At this age, sometimes you can change what your baby is doing by offering something else like a favorite toy.
- Do things the way you want your baby to do them—you are your baby's role model.
- Make your home and yard safe so that you do not have to say "No!" often.
- *Use "No!" only when your baby is going to get hurt or hurt others.*
- Take time for yourself and with your partner.
- Keep in touch with friends and family.
- Invite friends over or join a parent group.
- If you feel alone, we can help with resources.
- Use only mature, trustworthy babysitters.
- If you feel unsafe in your home or have been hurt by someone, let us know; we can help.

FEEDING ROUTINE

Feeding Your Baby

- Be patient with your baby as he learns to eat without help.
- Being messy is normal.
- Give 3 meals and 2–3 snacks each day.
- Vary the thickness and lumpiness of your baby's food.
- Start giving more table foods.
- Give only healthful foods.
- Do not give your baby soft drinks, tea, coffee, and flavored drinks.
- Avoid forcing the baby to eat.
- Babies may say no to a food 10–12 times before they will try it.
- Help your baby to use a cup.

FEEDING ROUTINE

- Continue to breastfeed or bottle-feed until 1 year; do not change to cow's milk.
- No foods need to be withheld except for raw honey and chunks that could cause choking.

INFANT INDEPENDENCE

Your Changing and Developing Baby

- Keep daily routines for your baby.
- Make the hour before bedtime loving and calm.
- Check on, but do not pick up, the baby if she wakes at night.
- Watch over your baby as she explores inside and outside the home.
- Crying when you leave is normal; stay calm.
- Give the baby balls, toys that roll, blocks, and containers to play with.
- Avoid the use of TV, videos, and computers.
- Show and tell your baby in simple words what you want her to do.
- Avoid scaring or yelling at your baby.
- Help your baby when she needs it.
- Talk, sing, and read daily.

SAFETY

Safety

- Use a rear-facing car safety seat in the back seat in all vehicles.
- Have your child's car safety seat rear-facing until your baby is 2 years of age *or* until she reaches the highest weight or height allowed by the car safety seat's manufacturer.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Always wear your own seat belt and do not drive after using alcohol or drugs.
- Empty buckets, pools, and tubs right after you use them.

SAFETY

- Place gates on stairs; do not use a baby walker.
- Do not leave heavy or hot things on tablecloths that your baby could pull over.
- Put barriers around space heaters, and keep electrical cords out of your baby's reach.
- Never leave your baby alone in or near water, even in a bath seat or ring. Be within arm's reach at all times.
- Keep poisons, medications, and cleaning supplies locked up and out of your baby's sight and reach.
- Call Poison Help (1-800-222-1222) if you are worried your child has eaten something harmful.
- Install openable window guards on second-story and higher windows and keep furniture away from windows.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.
- Keep your baby in a high chair or playpen when in the kitchen.

What to Expect at Your Child's 12 Month Visit

We will talk about

- Setting rules and limits for your child
- Creating a calming bedtime routine
- Feeding your child
- Supervising your child
- Caring for your child's teeth

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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Bright Futures Previsit Questionnaire
12 Month Visit

For us to provide you and your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Family Support	☐ Ways to manage your child's behavior ☐ Finding time for yourself ☐ Parent/family community activities
Establishing Routines	☐ Nap time routines ☐ Bedtime routines ☐ Brushing teeth ☐ Starting family traditions
Feeding Your Child	☐ Using a spoon and cup ☐ Healthy food choices ☐ How many meals or snacks a day ☐ How much your child should eat ☐ Change in appetite and growth ☐ Your child's weight
Finding a Dentist	☐ Your child's first dental checkup ☐ Brushing teeth twice daily ☐ Finger sucking, pacifiers, and bottles
Safety	☐ Home safety indoors and outdoors ☐ Car safety seats ☐ Water safety ☐ Gun safety ☐ Older siblings watching your child ☐ Foods that might cause choking

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Hearing	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
	Do you have concerns about how your child speaks?	☐ Yes	☐ No	☐ Unsure
Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
	Does your child hold objects close when trying to focus?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	☐ Yes	☐ No	☐ Unsure
	Have your child's eyes ever been injured?	☐ Yes	☐ No	☐ Unsure
Lead	Does your child have a sibling or playmate who has or had lead poisoning?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1950?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Oral Health	Do you know a dentist to whom you can bring your child?	☐ No	☐ Yes	☐ Unsure
	Does your child's primary water source contain fluoride?	☐ No	☐ Yes	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other problems?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

_____

_____

_____

_____

Check off each of the tasks that your child is able to do.

- ☐ Bangs toys together
- ☐ Waves bye-bye
- ☐ Tries to do what you do
- ☐ Stands alone
- ☐ Drinks from a cup
- ☐ Speaks 1 to 2 words
- ☐ Babbles
- ☐ Tries to make the same sounds you do
- ☐ Looks at things you are looking at
- ☐ Cries when you leave
- ☐ Hands you a book to read
- ☐ Follows simple directions
- ☐ Plays peekaboo

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 a dental home
☐ Child has special health care needs

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 milk Minutes per feeding _____
Hours between feeding _____ Feedings per 24 hours _____
☐ Formula Ounces per feeding _____
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
- Waves bye-bye
- Tries to do what you do
- Cries when you leave
- Plays peekaboo
- Hands you a book to read

☐ COMMUNICATIVE
- Speaks 1–2 words
- Babbles
- Tries to make the same sounds you do
- Looks at things you are looking at

☐ COGNITIVE
- Follows simple directions

☐ PHYSICAL DEVELOPMENT
- Bangs toys together
- Pulls to stand
- Stands alone
- Drinks from a cup

Physical Examination

☑= NL

Bright Futures Priority
- ☐ **EYES (red reflex, cover/uncover test)**
- ☐ **NEUROLOGIC (tone, strength, gait)**
- ☐ **TEETH (caries, white spots, staining)**
- ☐ **GENITALIA**
  - ☐ **MALE/TESTES DOWN**
  - ☐ **FEMALE**

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ HEAD/FONTANELLE
- ☐ EARS/APPEARS TO HEAR
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ HEART
  - ☐ Femoral pulses
- ☐ EXTREMITIES/HIPS
- ☐ LUNGS
- ☐ ABDOMEN
- ☐ BACK
- ☐ SKIN

Abnormal findings and comments _____

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ FAMILY SUPPORT
- Time for self/partner
- Community activities
- Age-appropriate discipline

☐ ESTABLISHING ROUTINES
- Family traditions
- Nap and bedtime

☐ FEEDING AND APPETITE CHANGES
- Self-feeding
- Consistent meals/snacks
- Variety of nutritious foods
- Iron-fortified formula

☐ ESTABLISHING A DENTAL HOME
- First dentist visit
- Brush teeth twice a day
- Limit bottle use (water only)
- No bottle in bed

☐ SAFETY
- Car safety seat
- Poisons
- Water
- No supervision by young children
- Sharp objects
- Guns
- Home safety
- Falls

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Hgb/Hct** ☐ **Lead** **Other** _____

☐ Referral to _____

Follow-up/Next visit _____

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

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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.**

Bright Futures Parent Handout
12 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

Family Support

FAMILY SUPPORT

- Try not to hit, spank, or yell at your child.
- Keep rules for your child short and simple.
- Use short time-outs when your child is behaving poorly.
- Praise your child for good behavior.
- Distract your child with something he likes during bad behavior.
- Play with and read to your child often.
- Make sure everyone who cares for your child gives healthy foods, avoids sweets, and uses the same rules for discipline.
- Make sure places your child stays are safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.

Establishing Routines

ESTABLISHING ROUTINES

- Your child should have at least one nap. Space it to make sure your child is tired for bed.
- Make the hour before bedtime loving and calm.
- Have a simple bedtime routine that includes a book.
- Avoid having your child watch TV and videos, and never watch anything scary.
- Be aware that fear of strangers is normal and peaks at this age.
- Respect your child's fears and have strangers approach slowly.
- Avoid watching TV during family time.
- Start family traditions such as reading or going for a walk together.

Feeding Your Child

FEEDING AND APPETITE CHANGES

- Have your child eat during family mealtime.
- Be patient with your child as she learns to eat without help.
- Encourage your child to feed herself.
- Give 3 meals and 2–3 snacks spaced evenly over the day to avoid tantrums.
- Make sure caregivers follow the same ideas and routines for feeding.
- Use a small plate and cup for eating and drinking.
- Provide healthy foods for meals and snacks.
- Let your child decide what and how much to eat.
- End the feeding when the child stops eating.
- Avoid small, hard foods that can cause choking—nuts, popcorn, hot dogs, grapes, and hard, raw veggies.

Safety

SAFETY

- Have your child's car safety seat rear-facing until your child is 2 years of age *or* until she reaches the highest weight or height allowed by the car safety seat's manufacturer.
- Lock away poisons, medications, and lawn and cleaning supplies. Call Poison Help (1-800-222-1222) if your child eats nonfoods.
- Keep small objects, balloons, and plastic bags away from your child.
- Place gates at the top and bottom of stairs and guards on windows on the second floor and higher. Keep furniture away from windows.
- Lock away knives and scissors.
- Only leave your toddler with a mature adult.
- Near or in water, keep your child close enough to touch.
- Make sure to empty buckets, pools, and tubs when done.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.

SAFETY

Finding a Dentist

ESTABLISHING A DENTAL HOME

- Take your child for a first dental visit either by 12 months or as soon as you can after the first tooth erupts.
- Brush your child's teeth twice a day with a soft toothbrush. Use a small smear of fluoride toothpaste (the size of a grain of rice).
- If using a bottle, offer only water.

What to Expect at Your Child's 15 Month Visit

We will talk about

- Your child's speech and feelings
- Getting a good night's sleep
- Keeping your home safe for your child
- Temper tantrums and discipline
- Caring for your child's teeth

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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Bright Futures Previsit Questionnaire
15 Month Visit

For us to provide you and your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Talking and Feeling	☐ How to handle your upset child when you leave ☐ Handling your frustrations with your child ☐ Helping your child speak and learn ☐ Your child being scared of new people ☐ Knowing how to give your child limited choices
A Good Night's Sleep	☐ Your child's bedtime routine ☐ Waking up at night
Temper Tantrums and Discipline	☐ Temper tantrums ☐ How to discipline your child ☐ Encouraging good behavior
Healthy Teeth	☐ Stop using the bottle/pacifier ☐ Brushing teeth ☐ First dentist visit ☐ Preventing tooth problems
Safety	☐ Car safety seats ☐ Preventing fires, burns, and poisoning ☐ How to make your home safe on the inside and outside

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Hearing	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
	Do you have concerns about how your child speaks?	☐ Yes	☐ No	☐ Unsure
Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
	Have your child's eyes ever been injured?	☐ Yes	☐ No	☐ Unsure
	Does your child hold objects close when trying to focus?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	☐ Yes	☐ No	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other problems?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

Check off each of the tasks that your child is able to do.

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

List what words your child says.

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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 a dental home
☐ Child has special health care needs

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

Physical Examination

☑=NL

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

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ HEAD/FONTANELLE
- ☐ EARS/APPEARS TO HEAR
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ 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

☐ COMMUNICATION AND SOCIAL DEVELOPMENT
- Give limited choices
- Stranger anxiety
- Read and talk with child

☐ SLEEP ROUTINES AND ISSUES
- Consistent routines
- Night waking

☐ TEMPER TANTRUMS AND DISCIPLINE
- Distraction
- Praise
- Consistency

☐ HEALTHY TEETH
- First dentist visit
- Healthy oral habits
- No bottle

☐ SAFETY
- Car safety seat
- Home safety
- Poisons
- Falls
- Burns
- Smoke detectors
- Carbon monoxide detectors

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	

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.**

Bright Futures Parent Handout
15 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

COMMUNICATION AND SOCIAL DEVELOPMENT

Talking and Feeling

- Show your child how to use words.
  - Use words to describe your child's feelings.
  - Describe your child's gestures with words.
  - Use simple, clear phrases to talk to your child.
  - When reading, use simple words to talk about the pictures.
- Try to give choices. Allow your child to choose between 2 good options, such as a banana or an apple, or 2 favorite books.
- Your child may be anxious around new people; this is normal. Be sure to comfort your child.

SLEEP ROUTINES AND ISSUES

A Good Night's Sleep

- Make the hour before bedtime loving and calm.
- Have a simple bedtime routine that includes a book.
- Put your child to bed at the same time every night. Early is better.
- Try to tuck in your child when she is drowsy but still awake.
- Avoid giving enjoyable attention if your child wakes during the night. Use words to reassure and give a blanket or toy to hold for comfort.

SAFETY

Safety

- Have your child's car safety seat rear-facing until your child is 2 years of age *or* until she reaches the highest weight or height allowed by the car safety seat's manufacturer.
- Follow the owner's manual to make the needed changes when switching the car safety seat to the forward-facing position.
- Never put your child's rear-facing seat in the front seat of a vehicle with a passenger airbag. The back seat is the safest place for children to ride
- Everyone should wear a seat belt in the car.
- Lock away poisons, medications, and lawn and cleaning supplies.
- Call Poison Help (1-800-222-1222) if you are worried your child has eaten something harmful.
- Place gates at the top and bottom of stairs and guards on windows on the second floor and higher. Keep furniture away from windows.
- Keep your child away from pot handles, small appliances, fireplaces, and space heaters.
- Lock away cigarettes, matches, lighters, and alcohol.
- Have working smoke and carbon monoxide alarms and an escape plan.
- Set your hot water heater temperature to lower than 120°F.

TEMPER TANTRUMS AND DISCIPLINE

Temper Tantrums and Discipline

- Use distraction to stop tantrums when you can.
- Limit the need to say "No!" by making your home and yard safe for play.
- Praise your child for behaving well.
- Set limits and use discipline to teach and protect your child, not punish.
- Be patient with messy eating and play. Your child is learning.
- Let your child choose between 2 good things for food, toys, drinks, or books.

HEALTHY TEETH

Healthy Teeth

- Take your child for a first dental visit if you have not done so.
- Brush your child's teeth twice each day after breakfast and before bed with a soft toothbrush and plain water.
- Wean from the bottle; give only water in the bottle.
- Brush your own teeth and avoid sharing cups and spoons with your child or cleaning a pacifier in your mouth.

What to Expect at Your Child's 18 Month Visit

We will talk about

- Talking and reading with your child
- Playgroups
- Preparing your other children for a new baby
- Spending time with your family and partner
- Car and home safety
- Toilet training
- Setting limits and using time-outs

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Bright Futures Previsit Questionnaire
18 Month Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Child and Family	☐ Taking time for yourself ☐ Being a role model ☐ Your child getting along with brothers and sisters ☐ Family time together ☐ Having another child ☐ Getting your child to try new foods ☐ Your child's weight
Your Child's Behavior	☐ How your child acts ☐ How to tell your child she did a good job ☐ Fun activities for your child ☐ Your child being scared in new places ☐ Setting limits and discipline
Talking and Hearing	☐ How your child talks ☐ Helping your child to learn
Toilet Training	☐ Knowing when your child is ready ☐ How to toilet train
Safety	☐ Car safety seats ☐ Preventing falls, fires, and poisoning ☐ Gun safety ☐ Keeping your child safe outside

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Hearing	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
	Do you have concerns about how your child speaks?	☐ Yes	☐ No	☐ Unsure
Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
	Does your child hold objects close when trying to focus?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	☐ Yes	☐ No	☐ Unsure
	Have your child's eyes ever been injured?	☐ Yes	☐ No	☐ Unsure
Lead	Does your child have a sibling or playmate who has or had lead poisoning?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1950?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Anemia	Do you ever struggle to put food on the table?	☐ Yes	☐ No	☐ Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure
Oral Health	Does your child have a dentist?	☐ No	☐ Yes	☐ Unsure
	Does your child's primary water source contain fluoride?	☐ No	☐ Yes	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

_____

_____

_____

Check off each of the tasks that your child is able to do.

- ☐ Knows name of favorite book
- ☐ Laughs in response to others
- ☐ Runs
- ☐ Walks up steps
- ☐ Speaks 6 words
- ☐ Uses spoon and cup without spilling most of the time
- ☐ Points to 1 body part
- ☐ Stacks 2 small blocks
- ☐ Helps around the house

ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME

Name

DRUG ALLERGIES	CURRENT MEDICATIONS

ID NUMBER

WEIGHT (%)	LENGTH (%)	WEIGHT FOR LENGTH (%)	HEAD CIRC (%)
See growth chart.			

TEMPERATURE	BIRTH DATE	AGE
		☐ M ☐ F

History

☐ Previsit Questionnaire reviewed
☐ Child has a dental home
☐ Child has special health care needs

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)

☐ SOCIAL-EMOTIONAL
- Helps in the house
- Laughs in response to others

☐ COMMUNICATIVE
- Speaks 6 words

☐ COGNITIVE
- Knows name of favorite book
- Points to 1 body part

☐ PHYSICAL DEVELOPMENT
- Stacks 2 small blocks
- Runs
- Walks up steps
- 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	

American Academy of Pediatrics
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Bright Futures Parent Handout
18 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

LANGUAGE PROMOTION/HEARING

Talking and Hearing

- Read and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Tell your child the words for her feelings.
- Ask your child simple questions, confirm her answers, and explain simply.
- Use simple, clear words to tell your child what you want her to do.

FAMILY SUPPORT

Your Child and Family

- Create time for your family to be together.
- Keep outings with a toddler brief—1 hour or less.
- Do not expect a toddler to share.
- Give older children a safe place for toys they do not want to share.
- Teach your child not to hit, bite, or hurt other people or pets.
- Your child may go from trying to be independent to clinging; this is normal.
- Consider enrolling in a parent-toddler playgroup.
- Ask us for help in finding programs to help your family.
- Prepare for your new baby by reading books about being a big brother or sister.
- Spend time with each child.
- Make sure you are also taking care of yourself.
- Tell your child when he is doing a good job.
- Give your toddler many chances to try a new food. Allow mouthing and touching to learn about them.
- Tell us if you need help with getting enough food for your family.

SAFETY

Safety

- Use a car safety seat in the back seat of all vehicles.
- Have your child's car safety seat rear-facing until your child is 2 years of age *or* until she reaches the highest weight or height allowed by the car safety seat's manufacturer.
- Everyone should always wear a seat belt in the car.
- Lock away poisons, medications, and lawn and cleaning supplies.
- Call Poison Help (1-800-222-1222) if you are worried your child has eaten something harmful.
- Place gates at the top and bottom of stairs and guards on windows on the second floor and higher.
- Move furniture away from windows.
- Watch your child closely when she is on the stairs.
- When backing out of the garage or driving in the driveway, have another adult hold your child a safe distance away so he is not run over.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.
- Prevent burns by keeping hot liquids, matches, lighters, and the stove away from your child.
- Have a working smoke detector on every floor.

TOILET-TRAINING READINESS

Toilet Training

- Signs of being ready for toilet training include
  - Dry for 2 hours
  - Knows if he is wet or dry
  - Can pull pants down and up
  - Wants to learn
  - Can tell you if he is going to have a bowel movement
- Read books about toilet training with your child.
- Have the parent of the same sex as your child or an older brother or sister take your child to the bathroom.
- Praise sitting on the potty or toilet even with clothes on.
- Take your child to choose underwear when he feels ready to do so.

CHILD DEVELOPMENT AND BEHAVIOR

Your Child's Behavior

- Set limits that are important to you and ask others to use them with your toddler.
- Be consistent with your toddler.
- Praise your child for behaving well.
- Play with your child each day by doing things she likes.
- Keep time-outs brief. Tell your child in simple words what she did wrong.
- Tell your child what to do in a nice way.
- Change your child's focus to another toy or activity if she becomes upset.
- Parenting class can help you understand your child's behavior and teach you what to do.
- Expect your child to cling to you in new situations.

What to Expect at Your Child's 2 Year Visit

We will talk about

- Your talking child
- Your child and TV
- Car and outside safety
- Toilet training
- How your child behaves

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

American Academy of Pediatrics
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Bright Futures Previsit Questionnaire
2 Year Visit

For us to provide you and your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Talking Child	☐ How your child talks ☐ Reading together
How Your Child Behaves	☐ Praising your child ☐ Helping your child express feelings ☐ Knowing how to give your child limited choices ☐ Playing with others ☐ Helping your child follow directions ☐ Your child's weight
Toilet Training	☐ Signs your child is ready to potty train ☐ Helping your child potty train
Your Child and TV	☐ How much TV is too much TV ☐ Learning activities other than TV ☐ How to be physically active as a family
Safety	☐ Car safety seats ☐ Bike helmets ☐ Being safe outside ☐ Gun safety

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Hearing	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
	Do you have concerns about how your child speaks?	☐ Yes	☐ No	☐ Unsure
Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
	Does your child hold objects close when trying to focus?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	☐ Yes	☐ No	☐ Unsure
	Have your child's eyes ever been injured?	☐ Yes	☐ No	☐ Unsure
Lead	Does your child have a sibling or playmate who has or had lead poisoning?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1950?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Dyslipidemia	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	☐ Yes	☐ No	☐ Unsure
	Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	☐ Yes	☐ No	☐ Unsure
Anemia	Do you ever struggle to put food on the table?	☐ Yes	☐ No	☐ Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure
Oral Health	Does your child have a dentist?	☐ No	☐ Yes	☐ Unsure
	Does your child's primary water source contain fluoride?	☐ No	☐ Yes	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

_____

_____

_____

Check off each of the tasks that your child is able to do.

- ☐ Stacks 5 or 6 small blocks
- ☐ Kicks a ball
- ☐ Walks up and down stairs 1 step at a time alone while holding wall or railing
- ☐ Can point to at least 2 pictures that you name when reading a book
- ☐ Throws a ball overhand
- ☐ Names 1 picture such as a cat, dog, or ball
- ☐ Jumps up
- ☐ Copies things that you do
- ☐ Follows 2-step command
- ☐ When talking, puts 2 words together, like "my book"
- ☐ Turns book pages 1 at a time
- ☐ Plays pretend
- ☐ Plays alongside other children

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 a dental home
☐ Child has special health care needs

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

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

☐ TEMPERAMENT AND BEHAVIOR
- Praise, respect
- Help express feelings
- Self-expression
- Playing with other children

☐ 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	

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Bright Futures Parent Handout
2 Year Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

ASSESSMENT OF LANGUAGE DEVELOPMENT

Your Talking Child

- Talk about and describe pictures in books and the things you see and hear together.
- Parent-child play, where the child leads, is the best way to help toddlers learn to talk.
- Read to your child every day.
- Your child may love hearing the same story over and over.
- Ask your child to point to things as you read.
- Stop a story to let your child make an animal sound or finish a part of the story.
- Use correct language; be a good model for your child.
- Talk slowly and remember that it may take a while for your child to respond.

TELEVISION VIEWING

Your Child and TV

- It is better for toddlers to play than watch TV.
- Limit TV to 1–2 hours or less each day.
- Watch TV together and discuss what you see and think.
- Be careful about the programs and advertising your young child sees.
- Do other activities with your child such as reading, playing games, and singing.
- Be active together as a family. Make sure your child is active at home, at child care, and with sitters.

SAFETY

Safety

- Be sure your child's car safety seat is correctly installed in the back seat of all vehicles.
- All children 2 years or older, or those younger than 2 years who have outgrown the rear-facing weight or height limit for their car safety seat, should use a forward-facing car safety seat with a harness for as long as possible, up to the highest weight or height allowed by their car safety seat's manufacturer.
- Everyone should wear a seat belt in the car. Do not start the vehicle until everyone is buckled up.
- Never leave your child alone in your home or yard, especially near cars, without a mature adult in charge.
- When backing out of the garage or driving in the driveway, have another adult hold your child a safe distance away so he is not run over.
- Keep your child away from moving machines, lawn mowers, streets, moving garage doors, and driveways.
- Have your child wear a good-fitting helmet on bikes and trikes.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.

TOILET TRAINING

Toilet Training

- Signs of being ready for toilet training
  - Dry for 2 hours
  - Knows if she is wet or dry
  - Can pull pants down and up
  - Wants to learn
  - Can tell you if she is going to have a bowel movement
- Plan for toilet breaks often. Children use the toilet as many as 10 times each day.
- Help your child wash her hands after toileting and diaper changes and before meals.
- Clean potty chairs after every use.
- Teach your child to cough or sneeze into her shoulder. Use a tissue to wipe her nose.
- Take the child to choose underwear when she feels ready to do so.

TEMPERAMENT AND BEHAVIOR

How Your Child Behaves

- Praise your child for behaving well.
- It is normal for your child to protest being away from you or meeting new people.
- Listen to your child and treat him with respect. Expect others to as well.
- Play with your child each day, joining in things the child likes to do.
- Hug and hold your child often.
- Give your child choices between 2 good things in snacks, books, or toys.
- Help your child express his feelings and name them.
- Help your child play with other children, but do not expect sharing.
- Never make fun of the child's fears or allow others to scare your child.
- Watch how your child responds to new people or situations.

What to Expect at Your Child's 2½ Year Visit

We will talk about

- Your talking child
- Getting ready for preschool
- Family activities
- Home and car safety
- Getting along with other children

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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Bright Futures Previsit Questionnaire
2½ Year Visit

For us to provide you and your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

_____

_____

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Family Routines	☐ Setting limits on your child's behavior ☐ All caregivers using the same rules with your child ☐ Your child's weight ☐ Doing fun things as a family ☐ Day and evening routines ☐ Eating together as a family
Learning to Talk and Communicate	☐ How much TV is too much TV ☐ Your child's speech
Getting Along With Others	☐ Playing well with others ☐ How and why to give your child choices
Getting Ready for Preschool	☐ Is your child ready for preschool ☐ Playgroups ☐ Toilet training
Safety	☐ Car safety seats ☐ Staying safe near water ☐ Playing safe outside ☐ Preventing sunburns ☐ Preventing fires ☐ Staying safe with your pets and others

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

_____

_____

Hearing	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
	Do you have concerns about how your child speaks?	☐ Yes	☐ No	☐ Unsure
Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
	Does your child hold objects close when trying to focus?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	☐ Yes	☐ No	☐ Unsure
	Have your child's eyes ever been injured?	☐ Yes	☐ No	☐ Unsure
Oral Health	Does your child have a dentist?	☐ No	☐ Yes	☐ Unsure
	Does your child's primary water source contain fluoride?	☐ No	☐ Yes	☐ Unsure

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

_____

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

_____

_____

Check off each of the tasks that your child is able to do.

- ☐ Points to 6 body parts
- ☐ Jumps up and down in place
- ☐ Puts on clothes with help
- ☐ Other people can understand what your child is saying half the time
- ☐ Washes and dries hands without help
- ☐ Plays pretend
- ☐ Plays with other children, like tag
- ☐ When talking, puts 3 or 4 words together
- ☐ Knows correct animal sounds (such as cat meows, dog barks)
- ☐ Brushes teeth with help

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME

Name

DRUG ALLERGIES	CURRENT MEDICATIONS

ID NUMBER

WEIGHT (%)	HEIGHT (%)	HEAD CIRC (%)	BMI (%)
See growth chart.			

TEMPERATURE	BIRTH DATE	AGE
		☐ M ☐ F

History

☐ Previsit Questionnaire reviewed
☐ Child has a dental home
☐ Child has special health care needs

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

☐ **Structured developmental screen** ☐ **NL** **Tool** _____

Developmental Surveillance (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- Plays pretend
- Plays with other children (eg, tag)

☐ COMMUNICATIVE
- Other people can understand what your child is saying half of the time
- When talking, puts 3 or 4 words together

☐ COGNITIVE
- Points to 6 body parts
- Knows correct animal sounds (eg, cat meows, dog barks)

☐ PHYSICAL DEVELOPMENT
- Jumps up and down in place
- Puts on clothes with help
- Washes and dries hands without help
- Brushes teeth with help

Physical Examination

☑=NL

Bright Futures Priority

☐ **EYES (red reflex, cover/uncover test)**
☐ **NEUROLOGIC (coordination, language, socialization)**

Additional Systems

☐ GENERAL APPEARANCE
☐ HEAD
☐ EARS
☐ NOSE
☐ MOUTH AND THROAT
☐ NECK
☐ TEETH
☐ LUNGS
☐ HEART
☐ ABDOMEN
☐ GENITALIA
- ☐ Male/Testes down
- ☐ Female

☐ EXTREMITIES/HIPS
☐ BACK
☐ SKIN

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ FAMILY ROUTINES
- Family meals
- Family activities

☐ LANGUAGE PROMOTION AND COMMUNICATION
- Limit TV
- Daily reading
- Listen and repeat to child

☐ SOCIAL DEVELOPMENT
- Supervised play with other children
- Setting limits
- Emerging independence

☐ PRESCHOOL CONSIDERATIONS
- Group activities/ preschool (if possible)
- Toilet training

☐ SAFETY
- Car safety seat
- Water
- Appropriate supervision
- Sun exposure
- Fire safety
- Smoke detectors
- Outdoor safety
- Playground
- Dogs

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	

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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.**

Bright Futures Parent Handout
2½ Year Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

LANGUAGE PROMOTION AND COMMUNICATION

Learning to Talk and Communicate

- Limit TV and videos to no more than 1–2 hours each day.
- Be aware of what your child is watching on TV.
- Read books together every day. Reading aloud will help your child get ready for preschool. Take your child to the library and story times.
- Give your child extra time to answer questions.
- Listen to your child carefully and repeat what is said using correct grammar.

PRESCHOOL CONSIDERATIONS

Getting Ready for Preschool

- Make toilet-training easier.
  - Dress your child in clothing that can easily be removed.
  - Place your child on the toilet every 1–2 hours.
  - Praise your child when she is successful.
- Try to develop a potty routine.
- Create a relaxed environment by reading or singing on the potty.
- Think about preschool or Head Start for your child.
- Join a playgroup or make playdates.

FAMILY ROUTINES

Family Routines

- Get in the habit of reading at least once each day.
- Your child may ask to read the same book again and again.
- Visit zoos, museums, and other places that help your child learn.
- Enjoy meals together as a family.
- Have quiet pre-bedtime and bedtime routines.
- Be active together as a family.
- Your family should agree on how to best prepare for your growing child.
  - All family members should have the same rules.

SAFETY

Safety

- Be sure that the car safety seat is correctly installed in the back seat of all vehicles.
- Never leave your child alone inside or outside your home, especially near cars
- Limit time in the sun. Put a hat and sunscreen on the child before he goes outside.
- Teach your child to ask if it is OK to pet a dog or other animal before touching it.
- Be sure your child wears an approved safety helmet when riding trikes or in a seat on adult bikes.
- Watch your child around grills or open fires. Place a barrier around open fires, fire pits, or campfires. Put matches well out of sight and reach.
- Install smoke detectors on every level of your home and test monthly. It is best to use smoke detectors that use long-life batteries, but if you do not, change the batteries every year.
- Make an emergency fire escape plan.

SAFETY

Water Safety

- Watch your child constantly whenever he is near water including buckets, play pools, and the toilet. An adult should be within arm's reach at all times when your child is in or near water.
- Empty buckets, play pools, and tubs right after use.
- Check that pools have 4-sided fences with self-closing latches.

PROMOTING SOCIAL DEVELOPMENT

Getting Along With Others

- Give your child chances to play with other toddlers.
- Have 2 of her favorite toys or have friends buy the same toys to avoid battles.
- Give your child choices between 2 good things in snacks, books, or toys.
- Follow daily routines for eating, sleeping, and playing.

What to Expect at Your Child's 3 Year Visit

We will talk about

- Reading and talking
- Rules and good behavior
- Staying active as a family
- Safety inside and outside
- Playing with other children

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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Bright Futures Previsit Questionnaire
3 Year Visit

For us to provide you and your child with the best possible health care, we would like to know how things are going. Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Family Support	☐ Balancing work and family ☐ Giving your child choices ☐ Having time alone with your partner ☐ Being consistent with your child ☐ Showing affection to your child ☐ How to use time-outs ☐ How your child is getting along with brothers and sisters ☐ Taking time for yourself ☐ Your child's weight
Reading and Talking With Your Child	☐ How to get your child interested in reading ☐ What to talk about with your child
Playing With Others	☐ Fun games to play with your child ☐ Playing and getting along with other children
Your Active Child	☐ How to keep your child active ☐ How much TV is too much TV
Safety	☐ Car safety seats ☐ Staying safe outside ☐ Crossing the street safely ☐ Preventing falls from windows ☐ Gun safety

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Hearing	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
	Do you have concerns about how your child speaks?	☐ Yes	☐ No	☐ Unsure
Lead	Does your child have a sibling or playmate who has or had lead poisoning?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1950?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Anemia	Do you ever struggle to put food on the table?	☐ Yes	☐ No	☐ Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure
Oral Health	Does your child have a dentist?	☐ No	☐ Yes	☐ Unsure
	Does your child's primary water source contain fluoride?	☐ No	☐ Yes	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

Check off each of the tasks that your child is able to do.

- ☐ Stacks 6 small blocks
- ☐ Throws a ball overhand
- ☐ Balances on each foot
- ☐ Copies a circle
- ☐ Names a friend
- ☐ Pretend play, such as playing house or school
- ☐ Has a conversation with 2 or 3 sentences together
- ☐ Knows the name and use of cup, spoon, ball, and crayon
- ☐ Usually understandable
- ☐ Walks up the stairs switching feet
- ☐ Toilet trained during the day
- ☐ Draws a person with 2 body parts
- ☐ Can help take care of himself by feeding and dressing
- ☐ Identifies herself as a girl or boy

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME

Name

DRUG ALLERGIES	CURRENT MEDICATIONS

ID NUMBER

WEIGHT (%)	HEIGHT (%)	BMI (%)	BLOOD PRESSURE
See growth chart.			

TEMPERATURE	BIRTH DATE	AGE
		☐ M ☐ F

History

☐ Previsit Questionnaire reviewed
☐ Child has a dental home
☐ Child has special health care needs

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 _____

Preschool: ☐ Yes ☐ No _____

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

Parent-child interaction

Communication: ☐ NL _____

Choices: ☐ NL _____

Cooperation: ☐ NL _____

Appropriate responses to behavior: ☐ NL _____

Development (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- Self-care skills
- Imaginative play

☐ COMMUNICATIVE
- 2–3 sentences
- Usually understandable
- Names a friend

☐ COGNITIVE
- Names objects
- Knows if boy or girl

☐ PHYSICAL DEVELOPMENT
- Builds tower (6–8 blocks)
- Stands on 1 foot
- Throws ball overhand
- Walks upstairs alternating feet
- Copies circle
- Draws person (2 body parts)
- Toilet trained during day

Physical Examination

☑=NL

Bright Futures Priority
- ☐ **EYES (red reflex, cover/uncover test)**
- ☐ **TEETH (caries, white spots, staining)**
- ☐ **NEUROLOGIC (language, speech, social interaction)**

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ HEAD
- ☐ EARS
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ NECK
- ☐ LUNGS
- ☐ HEART
- ☐ ABDOMEN
- ☐ GENITALIA
- ☐ EXTREMITIES
- ☐ BACK
- ☐ SKIN

Abnormal findings and comments _____

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ FAMILY SUPPORT
- Show affection
- Manage anger
- Reinforce appropriate behavior
- Reinforce limits
- Find time for yourself

☐ ENCOURAGING LITERACY ACTIVITIES
- Read, sing, play
- Talk about pictures in books
- Encourage child to talk

☐ PLAYING WITH PEERS
- Encourage appropriate play
- Encourage fantasy play
- Encourage play with peers

☐ PROMOTING PHYSICAL ACTIVITY
- Family exercise, activities
- Limit screen time—maximum 1–2 hours/day
- No TV in bedroom

☐ SAFETY
- Car safety seat
- Supervise play near streets, cars
- Safety near windows
- Guns

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Vision** _____

☐ Referral to _____

Follow-up/Next visit _____

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

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HE0493

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

Bright Futures Parent Handout
3 Year Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

ENCOURAGING LITERACY ACTIVITIES

Reading and Talking With Your Child

- Read books, sing songs, and play rhyming games with your child each day.
- Reading together and talking about a book's story and pictures helps your child learn how to read.
- Use books as a way to talk together.
- Look for ways to practice reading everywhere you go, such as stop signs or signs in the store.
- Ask your child questions about the story or pictures. Ask him to tell a part of the story.
- Ask your child to tell you about his day, friends, and activities.

PROMOTING PHYSICAL ACTIVITY

Your Active Child

Apart from sleeping, children should not be inactive for longer than 1 hour at a time.

- Be active together as a family.
- Limit TV, video, and video game time to no more than 1–2 hours each day.
- No TV in your child's bedroom.
- Keep your child from viewing shows and ads that may make her want things that are not healthy.
- Be sure your child is active at home and preschool or child care.
- Let us know if you need help getting your child enrolled in preschool or Head Start.

FAMILY SUPPORT

Family Support

- Take time for yourself and to be with your partner.
- Parents need to stay connected to friends, their personal interests, and work.
- Be aware that your parents might have different parenting styles than you.
- Give your child the chance to make choices.
- Show your child how to handle anger well—time alone, respectful talk, or being active. Stop hitting, biting, and fighting right away.
- Reinforce rules and encourage good behavior.
- Use time-outs or take away what's causing a problem.
- Have regular playtimes and mealtimes together as a family.

SAFETY

Safety

- Use a forward-facing car safety seat in the back seat of all vehicles.
- Switch to a belt-positioning booster seat when your child outgrows her forward-facing seat.
- Never leave your child alone in the car, house, or yard.
- Do not let young brothers and sisters watch over your child.
- Your child is too young to cross the street alone.
- Make sure there are operable window guards on every window on the second floor and higher. Move furniture away from windows.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun. Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.
- Supervise play near streets and driveways.

PLAYING WITH PEERS

Playing With Others

Playing with other preschoolers helps get your child ready for school.

- Give your child a variety of toys for dress-up, make-believe, and imitation.
- Make sure your child has the chance to play often with other preschoolers.
- Help your child learn to take turns while playing games with other children.

What to Expect at Your Child's 4 Year Visit

We will talk about

- Getting ready for school
- Community involvement and safety
- Promoting physical activity and limiting TV time
- Keeping your child's teeth healthy
- Safety inside and outside
- How to be safe with adults

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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Bright Futures Previsit Questionnaire
4 Year Visit

For us to provide you and your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

_____

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Getting Ready for School	☐ How your child is doing in preschool ☐ How your child does playing with other children ☐ If your child is ready for grade school ☐ How your child is speaking ☐ Your child's feelings ☐ Your child's weight
Healthy Habits	☐ How your child is eating ☐ Brushing teeth ☐ How your child is sleeping
TV and Media	☐ How much TV is too much TV ☐ Encouraging your child to be active
Your Community	☐ Fun activities to do outside the home ☐ Educational programs in the community ☐ Getting along with other children and adults ☐ Feeling safe in your home ☐ Playing safely with other children ☐ Answering questions about your child's body
Safety	☐ Car safety seats and booster seats ☐ Being safe outside ☐ Gun safety ☐ Keeping your child safe from sexual abuse

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

_____

Lead	Does your child have a sibling or playmate who has or had lead poisoning?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1950?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Dyslipidemia	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	☐ Yes	☐ No	☐ Unsure
	Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	☐ Yes	☐ No	☐ Unsure
Anemia	Do you ever struggle to put food on the table?	☐ Yes	☐ No	☐ Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

_____

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

_____

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

_____

Check off each of the tasks that your child is able to do.

- ☐ Builds a tower of 8 small blocks
- ☐ Copies a cross
- ☐ Can balance on each foot
- ☐ Names 4 colors
- ☐ Hops on 1 foot
- ☐ Draws a person with 3 parts
- ☐ Dresses herself, including buttons
- ☐ Plays pretend by himself and with others
- ☐ Knows her name, age, and whether she is a boy or girl
- ☐ Plays board or card games
- ☐ Other people can understand what he is saying
- ☐ Brushes own teeth

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KY8PROFLY22386E_0000

ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

WEIGHT (%)	HEIGHT (%)	BMI (%)	BLOOD PRESSURE	TEMPERATURE	BIRTH DATE	AGE
See growth chart.						☐ M ☐ F

History

☐ Previsit Questionnaire reviewed
☐ Child has a dental home
☐ Child has special health care needs

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

Preschool: ☐ Yes ☐ No

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 trained: ☐ Yes ☐ No

Sleep: ☐ NL

Behavior/Temperament: ☐ NL

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

Toxic exposure: Passive smoking ☐ Yes ☐ No

Parent-child interaction

Communication: ☐ NL

Choices: ☐ NL

Cooperation: ☐ NL

Appropriate responses to behavior: ☐ NL

Development (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- Interactions with peers
- Fantasy play

☐ COMMUNICATIVE
- Usually understandable
- Knows name, age, gender

☐ COGNITIVE
- Names 4 colors
- Draws person (3 body parts)
- Plays board/card games

☐ PHYSICAL DEVELOPMENT
- Hops on 1 foot
- Balances on 1 foot for 2 seconds
- Builds tower (8 blocks)
- Copies a cross
- Brushes own teeth
- Dresses self

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HE0494

Physical Examination

☑=NL

Bright Futures Priority

☐ **NEUROLOGIC**
- ☐ **FINE MOTOR SKILLS**
- ☐ **GROSS MOTOR SKILLS**
- ☐ **LANGUAGE**
- ☐ **SPEECH**
- ☐ **THOUGHT PROCESS**

☐ **TEETH (caries, white spots, staining)**

Additional Systems

☐ GENERAL APPEARANCE
☐ HEAD
☐ EARS
☐ NOSE
☐ MOUTH AND THROAT
☐ NECK
☐ LUNGS
☐ HEART
☐ ABDOMEN
☐ GENITALIA
☐ EXTREMITIES
☐ BACK
☐ SKIN

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ SCHOOL READINESS
- Model behavior
- Be sensitive to child's feelings
- Encourage play with other children
- Consider preschool
- Daily reading
- Talk with child

☐ HEALTHY PERSONAL HABITS
- Calm bedtime routine
- Brush teeth twice daily
- Daily physical activity

☐ TV/MEDIA
- Limit TV/video to 1–2 hours/day
- No TV in bedroom

☐ CHILD AND FAMILY INVOLVEMENT
- Community activities
- Expect curiosity about body—answer questions using proper terms
- Safety rules with adults
- Good and bad touches
- How to seek help when needed

☐ SAFETY
- Appropriately restrained in all vehicles
- Supervise all outdoor play
- Guns

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Vision** ☐ **Hearing**

☐ Referral to

Follow-up/Next visit

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

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

HE0494

9-233/0109

Bright Futures Parent Handout
4 Year Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

SCHOOL READINESS

Getting Ready for School

- Ask your child to tell you about her day, friends, and activities.
- Read books together each day and ask your child questions about the stories.
- Take your child to the library and let her choose books.
- Give your child plenty of time to finish sentences.
- Listen to and treat your child with respect. Insist that others do so as well.
- Model apologizing and help your child to do so after hurting someone's feelings.
- Praise your child for being kind to others.
- Help your child express her feelings.
- Give your child the chance to play with others often.
- Consider enrolling your child in a preschool, Head Start, or community program. Let us know if we can help.

CHILD AND FAMILY INVOLVEMENT AND SAFETY IN THE COMMUNITY

Your Community

- Stay involved in your community. Join activities when you can.
- Use correct terms for all body parts as your child becomes interested in how boys and girls differ.
- Teach your child about how to be safe with other adults.
  - No one should ask for a secret to be kept from parents.
  - No one should ask to see private parts.
  - No adult should ask for help with his private parts.
- Know that help is available if you don't feel safe.

DEVELOPING HEALTHY PERSONAL HABITS

Healthy Habits

- Have relaxed family meals without TV.
- Create a calm bedtime routine.
- Have the child brush his teeth twice each day using a pea-sized amount of toothpaste with fluoride.
- Have your child spit out toothpaste, but do not rinse his mouth with water.

SAFETY

Safety

- Use a forward-facing car safety seat or booster seat in the back seat of all vehicles.
- Switch to a belt-positioning booster seat when your child reaches the weight or height limit for her car safety seat, her shoulders are above the top harness slots, or her ears come to the top of the car safety seat.
- Never leave your child alone in the car, house, or yard.
- Do not permit your child to cross the street alone.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun. Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.
- Supervise play near streets and driveways.

TELEVISION AND MEDIA

TV and Media

- Be active together as a family often.
- Limit TV time to no more than 2 hours per day.
- Discuss the TV programs you watch together as a family.
- No TV in the bedroom.
- Create opportunities for daily play.
- Praise your child for being active.

What to Expect at Your Child's 5 and 6 Year Visits

We will talk about

- Keeping your child's teeth healthy
- Preparing for school
- Dealing with child's temper problems
- Eating healthy foods and staying active
- Safety outside and inside

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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Bright Futures Previsit Questionnaire
6 Year Visit

For us to provide your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Ready for School	☐ Your child's fears about school ☐ After-school care ☐ Talking with your child's teacher ☐ Your child's friends ☐ Bullying ☐ Your child feeling sad
Your Child and Family	☐ Family time together ☐ Your child's chores ☐ Your child handling his feelings ☐ Your child being angry
Staying Healthy	☐ Your child's weight ☐ Eating fruits ☐ Eating vegetables ☐ Eating whole grains ☐ Getting enough calcium ☐ 1 hour of physical activity per day
Healthy Teeth	☐ Regular dentist visits ☐ Brushing teeth twice daily ☐ Flossing daily
Safety	☐ Street safety ☐ Booster seats ☐ Always wearing safety helmets ☐ Swimming safety ☐ Sunscreen ☐ Preventing sexual abuse ☐ Fire escape and fire drill plan ☐ Carbon monoxide alarms in your home ☐ Gun safety

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Lead	Does your child have a sibling or playmate who has or had lead poisoning?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1950?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Dyslipidemia	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	☐ Yes	☐ No	☐ Unsure
	Does your child have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	☐ Yes	☐ No	☐ Unsure
Anemia	Does your child eat a strict vegetarian diet?	☐ Yes	☐ No	☐ Unsure
	If your child is a vegetarian, does your child take an iron supplement?	☐ No	☐ Yes	☐ Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure
Oral Health	Does your child have a dentist?	☐ No	☐ Yes	☐ Unsure
	Does your child's primary water soure contain fluoride?	☐ No	☐ Yes	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

Check off each of the tasks that your child is able to do.

- ☐ Listens well and follows simple instructions
- ☐ Names at least 4 colors
- ☐ Balances on 1 foot
- ☐ Draws a person with 6 body parts
- ☐ Counts to 10
- ☐ Copies squares, triangles
- ☐ Can tell a story with full sentences
- ☐ Writes some letters and numbers
- ☐ Hops, skips, climbs
- ☐ Ties a knot

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KY8PROFLY22387E_0000

ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

WEIGHT (%)	HEIGHT (%)	BMI (%)	BLOOD PRESSURE	BIRTH DATE	AGE
See growth chart.					☐ M ☐ F

History

☐ Previsit Questionnaire reviewed
☐ Child has a dental home
☐ Child has special health care needs

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

After-school care: ☐ Yes ☐ No

Changes since last visit

Review of Systems

See Initial History Questionnaire and Problem List.

☐ No interval change

Changes since last visit

Nutrition

Sleep: ☐ NL

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

School: Grade Special education ☐ Yes ☐ No

Social interaction ☐ NL

Performance ☐ NL

Behavior ☐ NL

Attention ☐ NL

Homework ☐ NL

Parent/Teacher concerns ☐ None

Home: Parent-child-sibling interaction ☐ NL

Cooperation/Oppositional behavior ☐ NL

Development (if not reviewed in Previsit Questionnaire)

☐ MOTOR
- Balances on 1 foot
- Hops and skips
- Able to tie knot

☐ LANGUAGE
- Good articulation/language skills

☐ LEARNING
- Draws person (6+ body parts)
- Prints some letters and numbers
- Copies squares, triangles
- Counts to 10
- Names 4 or more colors
- Follows simple directions
- Listens and attends

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HE0495

Physical Examination

☑=NL

Bright Futures Priority
- ☐ **EYES**
- ☐ **MOUTH/TEETH (caries, gingival)**
- ☐ **NEUROLOGIC (fine/gross motor)**
  - ☐ **GAIT**
  - ☐ **LANGUAGE**

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ HEAD
- ☐ EARS
- ☐ THROAT
- ☐ NOSE
- ☐ NECK
- ☐ LUNGS
- ☐ HEART
- ☐ ABDOMEN
- ☐ GENITALIA
- ☐ EXTREMITIES
- ☐ BACK
- ☐ SKIN

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ SCHOOL READINESS
- Establish routines
- After-school care/activities
- Friends
- Bullying
- Communicate with teachers

☐ MENTAL HEALTH
- Family time
- Anger management
- Discipline for teaching not punishment
- Limit TV

☐ NUTRITION AND PHYSICAL ACTIVITY
- Healthy weight
- Well-balanced diet, including breakfast
- Fruits, vegetables, whole grains
- Adequate calcium
- 60 minutes of exercise/day

☐ ORAL HEALTH
- Regular dentist visits
- Brushing/Flossing
- Fluoride

☐ SAFETY
- Sexual safety
- Pedestrian safety
- Safety helmets
- Swimming safety
- Fire escape plan
- Smoke/carbon monoxide detectors
- Guns
- Sun
- Appropriately restrained in all vehicles

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Vision** ☐ **Hearing**

☐ Referral to

Follow-up/Next visit

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

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

HE0495

9-220/0109

Bright Futures Parent Handout
5 and 6 Year Visits

Here are some suggestions from Bright Futures experts that may be of value to your family.

ORAL HEALTH

Healthy Teeth

- Help your child brush his teeth twice a day.
  - After breakfast
  - Before bed
- Use a pea-sized amount of toothpaste with fluoride.
- Help your child floss her teeth once a day.
- Your child should visit the dentist at least twice a year.

SCHOOL READINESS

Ready for School

- Take your child to see the school and meet the teacher.
- Read books with your child about starting school.
- Talk to your child about school.
- Make sure your child is in a safe place after school with an adult.
- Talk with your child every day about things he liked, any worries, and if anyone is being mean to him.
- Talk to us about your concerns.

MENTAL HEALTH

Your Child and Family

- Give your child chores to do and expect them to be done.
- Have family routines.
- Hug and praise your child.
- Teach your child what is right and what is wrong.
- Help your child to do things for herself.
- Children learn better from discipline than they do from punishment.
- Help your child deal with anger.
  - Teach your child to walk away when angry or go somewhere else to play.

NUTRITION AND PHYSICAL ACTIVITY

Staying Healthy

- Eat breakfast.
- Buy fat-free milk and low-fat dairy foods, and encourage 3 servings each day.
- Limit candy, soft drinks, and high-fat foods.
- Offer 5 servings of vegetables and fruits at meals and for snacks every day.
- Limit TV time to 2 hours a day.
- Do not have a TV in your child's bedroom.
- Make sure your child is active for 1 hour or more daily.

SAFETY

Safety

- Your child should always ride in the back seat and use a car safety seat or booster seat.
- Teach your child to swim.
- Watch your child around water.
- Use sunscreen when outside.
- Provide a good-fitting helmet and safety gear for biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Have a working smoke alarm on each floor of your house and a fire escape plan.
- Install a carbon monoxide detector in a hallway near every sleeping area.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.
- Teach your child how to cross the street safely. Children are not ready to cross the street alone until age 10 or older.
- Teach your child about bus safety.
- Teach your child about how to be safe with other adults.
  - No one should ask for a secret to be kept from parents.
  - No one should ask to see private parts.
  - No adult should ask for help with his private parts.

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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Bright Futures Previsit Questionnaire
7 Year Visit

For us to provide your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

School	☐ How your child is learning and doing in school ☐ Bullying ☐ After-school activities and care ☐ Special education needs ☐ How your child acts ☐ Talking with your child's school
Your Growing Child	☐ How your child feels about herself ☐ Following rules ☐ Getting ready for puberty ☐ Being angry ☐ Your child dealing with his problems ☐ Becoming more independent
Staying Healthy	☐ Your child's weight ☐ 1 hour of physical activity daily ☐ Playing sports ☐ TV time ☐ Getting enough calcium ☐ Drinking enough water ☐ How much your child should eat at one time
Healthy Teeth	☐ Regular dentist visits ☐ Brushing teeth twice daily ☐ Flossing daily
Safety	☐ Booster seats ☐ Helmets and sports safety ☐ Swimming safety ☐ Wearing sunscreen ☐ Knowing your child's computer use ☐ Knowing your child's friends and their families ☐ Gun safety ☐ Smoke-free house and cars ☐ Preventing sexual abuse

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
	Has your child ever failed a school vision screening test?	☐ Yes	☐ No	☐ Unsure
	Does your child tend to squint?	☐ Yes	☐ No	☐ Unsure
Hearing	Do you have concerns about how your child speaks?	☐ Yes	☐ No	☐ Unsure
	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
	Does your child have trouble hearing with a noisy background or over the telephone?	☐ Yes	☐ No	☐ Unsure
	Does your child have trouble following the conversation when 2 or more people are talking at the same time?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Anemia	Does your child eat a strict vegetarian diet?	☐ Yes	☐ No	☐ Unsure
	If your child is a vegetarian, does your child take an iron supplement?	☐ No	☐ Yes	☐ Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

Check off each of the following that are true for your child.

- ☐ Eats healthy meals and snacks
- ☐ Has friends
- ☐ Gets along with family
- ☐ Is doing well in school
- ☐ Participates in an after-school activity
- ☐ Is vigorously active for 1 hour a day
- ☐ Does chores when asked

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

WEIGHT (%)	HEIGHT (%)	BMI (%)	BLOOD PRESSURE	BIRTH DATE	AGE
See growth chart.					☐M ☐F

History

☐ Previsit Questionnaire reviewed
☐ Child has a dental home
☐ Child has special health care needs

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

After-school care: ☐ Yes ☐ No

Changes since last visit

Review of Systems

See Initial History Questionnaire and Problem List.

☐ No interval change

Changes since last visit

Nutrition

Sleep: ☐ NL

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

School: Grade Special education ☐ Yes ☐ No

Social interaction ☐ NL

Performance ☐ NL

Behavior ☐ NL

Attention ☐ NL

Homework ☐ NL

Parent/Teacher concerns ☐ None

Home: Cooperation ☐ NL

Parent-child interaction ☐ NL

Sibling interaction ☐ NL

Oppositional behavior ☐ None

Development (if not reviewed in Previsit Questionnaire)

- Eats healthy meals and snacks
- Participates in an after-school activity
- Has friends
- Is vigorously active for 1 hour a day
- Is doing well in school
- Does chores when asked
- Gets along with family

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HE0496

Physical Examination

☑=NL

Bright Futures Priority

- ☐ **MUSCULOSKELETAL (hip, knee, ankle)**
- ☐ **MOUTH/TEETH (caries, gingival)**
- ☐ **BREASTS/GENITALIA SEXUAL MATURITY RATING**

Additional Systems

- ☐ GENERAL APPEARANCE
- ☐ NECK
- ☐ HEAD
- ☐ EYES
- ☐ EARS
- ☐ NOSE
- ☐ LUNGS
- ☐ THROAT
- ☐ HEART
- ☐ ABDOMEN
- ☐ BACK
- ☐ SKIN
- ☐ NEUROLOGIC

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ SCHOOL
- Show interest in school
- Communicate with teachers

☐ DEVELOPMENT AND MENTAL HEALTH
- Encourage independence
- Praise strengths
- Be a positive role model
- Discuss expected body changes

☐ NUTRITION AND PHYSICAL ACTIVITY
- Encourage proper nutrition
- Eat meals as a family
- 60 minutes of physical activity daily
- Limit TV and screen time

☐ ORAL HEALTH
- Dental visits twice a year
- Brush teeth twice a day
- Floss teeth daily
- Wear mouth guard during sports

☐ SAFETY
- Know child's friends
- Home emergency plan
- Safety rules with adults
- Appropriate vehicle restraint
- Helmets and pads
- Supervise around water
- Smoke-free environment
- Guns
- Monitor computer use

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Vision** ☐ **Hearing**

☐ Referral to

Follow-up/Next visit

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

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***Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 3rd Edition.**

Bright Futures Patient Handout
7 and 8 Year Visits

SCHOOL

Doing Well at School

- Try your best at school. Doing well in school is important to how you feel about yourself.
- Ask for help when you need it.
- Join clubs and teams you like.
- Tell kids who pick on you or try to hurt you to stop it. Then walk away.
- Tell adults you trust about bullies.

SAFETY

Playing It Safe

- Don't open the door to anyone you don't know.
- Have friends over only when your parents say it's OK.
- Wear your helmet for biking, skating, and skateboarding.
- Ask a grown-up for help if you are scared or worried.
- It is OK to ask to go home and be with your Mom or Dad.
- Keep your private parts, the parts of your body covered by a bathing suit, covered.
- Tell your parent or another grown-up right away if an older child or grown-up shows you their private parts, asks you to show them yours, or touches your private parts.
- Always sit in your booster seat and ride in the back seat of the car.

NUTRITION AND PHYSICAL ACTIVITY

Eating Well, Being Active

- Eat breakfast every day.
- Aim for eating 5 fruits and vegetables every day.
- Only drink 1 cup of 100% fruit juice a day.
- Limit high-fat foods and drinks such as candies, snacks, fast food, and soft drinks.
- Eat healthful snacks like fruit, cheese, and yogurt.
- Eating healthy is important to help you do well in school and sports.
- Eat with your family often.
- Drink at least 2 cups of milk daily.
- Match every 30 minutes of TV or computer time with 30 minutes of active play.

ORAL HEALTH

Healthy Teeth

- Brush your teeth at least twice each day, morning and night.
- Floss your teeth every day.
- Wear your mouth guard when playing sports.

DEVELOPMENT AND MENTAL HEALTH

Handling Feelings

- Talk about feeling mad or sad with someone who listens well.
- Talk about your worries. It helps.
- Ask your parent or other trusted adult about changes in your body.
- Even embarrassing questions are important. It's OK to talk about your body and how it's changing.

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Bright Futures Parent Handout
7 and 8 Year Visits

Here are some suggestions from Bright Futures experts that may be of value to your family.

NUTRITION AND PHYSICAL ACTIVITY

Staying Healthy

- Eat together often as a family.
- Start every day with breakfast.
- Buy fat-free milk and low-fat dairy foods, and encourage 3 servings each day.
- Limit soft drinks, juice, candy, chips, and high-fat food.
- Include 5 servings of vegetables and fruits at meals and for snacks daily.
- Limit TV and computer time to 2 hours a day.
- Do not have a TV or computer in your child's bedroom.
- Encourage your child to play actively for at least 1 hour daily.

SAFETY

Safety

- Your child should always ride in the back seat and use a booster seat until the vehicle's lap and shoulder belt fit.
- Teach your child to swim and watch her in the water.
- Use sunscreen when outside.
- Provide a good-fitting helmet and safety gear for biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Keep your house and cars smoke free.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.

SAFETY

- Watch your child's computer use.
  - Know who she talks to online.
  - Install a safety filter.
- Know your child's friends and their families.
- Teach your child plans for emergencies such as a fire.
  - Teach your child how and when to dial 911.
- Teach your child how to be safe with other adults.
  - No one should ask for a secret to be kept from parents.
  - No one should ask to see private parts.
  - No adult should ask for help with his private parts.

DEVELOPMENT AND MENTAL HEALTH

Your Growing Child

- Give your child chores to do and expect them to be done.
- Hug, praise, and take pride in your child for good behavior and doing well in school.
- Be a good role model.
- Don't hit or allow others to hit.
- Help your child to do things for himself.
- Teach your child to help others.
- Discuss rules and consequences with your child.
- Be aware of puberty and body changes in your child.
- Answer your child's questions simply.
- Talk about what worries your child.

SCHOOL

School

- Attend back-to-school night, parent-teacher events, and as many other school events as possible.
- Talk with your child and child's teacher about bullies.
- Talk to your child's teacher if you think your child might need extra help or tutoring.
- Your child's teacher can help with evaluations for special help, if your child is not doing well.

ORAL HEALTH

Healthy Teeth

- Help your child brush teeth twice a day.
  - After breakfast
  - Before bed
- Use a pea-sized amount of toothpaste with fluoride.
- Help your child floss her teeth once a day.
- Your child should visit the dentist at least twice a year.
- Encourage your child to always wear a mouth guard to protect teeth while playing sports.

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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prevention and health promotion for infants, children, adolescents, and their families™

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Bright Futures Patient Handout
7 and 8 Year Visits

SCHOOL

Doing Well at School

- Try your best at school. Doing well in school is important to how you feel about yourself.
- Ask for help when you need it.
- Join clubs and teams you like.
- Tell kids who pick on you or try to hurt you to stop it. Then walk away.
- Tell adults you trust about bullies.

SAFETY

Playing It Safe

- Don't open the door to anyone you don't know.
- Have friends over only when your parents say it's OK.
- Wear your helmet for biking, skating, and skateboarding.
- Ask a grown-up for help if you are scared or worried.
- It is OK to ask to go home and be with your Mom or Dad.
- Keep your private parts, the parts of your body covered by a bathing suit, covered.
- Tell your parent or another grown-up right away if an older child or grown-up shows you their private parts, asks you to show them yours, or touches your private parts.
- Always sit in your booster seat and ride in the back seat of the car.

NUTRITION AND PHYSICAL ACTIVITY

Eating Well, Being Active

- Eat breakfast every day.
- Aim for eating 5 fruits and vegetables every day.
- Only drink 1 cup of 100% fruit juice a day.
- Limit high-fat foods and drinks such as candies, snacks, fast food, and soft drinks.
- Eat healthful snacks like fruit, cheese, and yogurt.
- Eating healthy is important to help you do well in school and sports.
- Eat with your family often.
- Drink at least 2 cups of milk daily.
- Match every 30 minutes of TV or computer time with 30 minutes of active play.

ORAL HEALTH

Healthy Teeth

- Brush your teeth at least twice each day, morning and night.
- Floss your teeth every day.
- Wear your mouth guard when playing sports.

DEVELOPMENT AND MENTAL HEALTH

Handling Feelings

- Talk about feeling mad or sad with someone who listens well.
- Talk about your worries. It helps.
- Ask your parent or other trusted adult about changes in your body.
- Even embarrassing questions are important. It's OK to talk about your body and how it's changing.

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Bright Futures Parent Handout
7 and 8 Year Visits

Here are some suggestions from Bright Futures experts that may be of value to your family.

NUTRITION AND PHYSICAL ACTIVITY

Staying Healthy

- Eat together often as a family.
- Start every day with breakfast.
- Buy fat-free milk and low-fat dairy foods, and encourage 3 servings each day.
- Limit soft drinks, juice, candy, chips, and high-fat food.
- Include 5 servings of vegetables and fruits at meals and for snacks daily.
- Limit TV and computer time to 2 hours a day.
- Do not have a TV or computer in your child's bedroom.
- Encourage your child to play actively for at least 1 hour daily.

SAFETY

Safety

- Your child should always ride in the back seat and use a booster seat until the vehicle's lap and shoulder belt fit.
- Teach your child to swim and watch her in the water.
- Use sunscreen when outside.
- Provide a good-fitting helmet and safety gear for biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Keep your house and cars smoke free.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.

SAFETY

- Watch your child's computer use.
  - Know who she talks to online.
  - Install a safety filter.
- Know your child's friends and their families.
- Teach your child plans for emergencies such as a fire.
  - Teach your child how and when to dial 911.
- Teach your child how to be safe with other adults.
  - No one should ask for a secret to be kept from parents.
  - No one should ask to see private parts.
  - No adult should ask for help with his private parts.

DEVELOPMENT AND MENTAL HEALTH

Your Growing Child

- Give your child chores to do and expect them to be done.
- Hug, praise, and take pride in your child for good behavior and doing well in school.
- Be a good role model.
- Don't hit or allow others to hit.
- Help your child to do things for himself.
- Teach your child to help others.
- Discuss rules and consequences with your child.
- Be aware of puberty and body changes in your child.
- Answer your child's questions simply.
- Talk about what worries your child.

SCHOOL

School

- Attend back-to-school night, parent-teacher events, and as many other school events as possible.
- Talk with your child and child's teacher about bullies.
- Talk to your child's teacher if you think your child might need extra help or tutoring.
- Your child's teacher can help with evaluations for special help, if your child is not doing well.

ORAL HEALTH

Healthy Teeth

- Help your child brush teeth twice a day.
  - After breakfast
  - Before bed
- Use a pea-sized amount of toothpaste with fluoride.
- Help your child floss her teeth once a day.
- Your child should visit the dentist at least twice a year.
- Encourage your child to always wear a mouth guard to protect teeth while playing sports.

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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Bright Futures Previsit Questionnaire
8 Year Visit

For us to provide your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

School	☐ How your child is learning and doing in school ☐ Bullying ☐ After-school activities and care ☐ Special education needs ☐ How your child acts ☐ Talking with your child's school
Your Growing Child	☐ How your child feels about herself ☐ Following rules ☐ Getting ready for puberty ☐ Being angry ☐ Your child dealing with his problems ☐ Becoming more independent
Staying Healthy	☐ Your child's weight ☐ 1 hour of physical activity daily ☐ Playing sports ☐ TV time ☐ Getting enough calcium ☐ Drinking enough water ☐ How much your child should eat at one time
Healthy Teeth	☐ Regular dentist visits ☐ Brushing teeth twice daily ☐ Flossing daily
Safety	☐ Booster seats ☐ Helmets and sports safety ☐ Swimming safety ☐ Wearing sunscreen ☐ Knowing your child's computer use ☐ Knowing your child's friends and their families ☐ Gun safety ☐ Smoke-free house and cars ☐ Preventing sexual abuse

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Dyslipidemia	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	☐ Yes	☐ No	☐ Unsure
	Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	☐ Yes	☐ No	☐ Unsure
Anemia	Does your child eat a strict vegetarian diet?	☐ Yes	☐ No	☐ Unsure
	If your child is a vegetarian, does your child take an iron supplement?	☐ No	☐ Yes	☐ Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

Check off each of the following that are true for your child.

- ☐ Eats healthy meals and snacks
- ☐ Has friends
- ☐ Is doing well in school
- ☐ Participates in an after-school activity
- ☐ Is vigorously active for 1 hour a day
- ☐ Does chores when asked
- ☐ Gets along with friends

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

WEIGHT (%)	HEIGHT (%)	BMI (%)	BLOOD PRESSURE	BIRTH DATE	AGE
See growth chart.					☐M ☐F

History

☐ Previsit Questionnaire reviewed
☐ Child has a dental home
☐ Child has special health care needs

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

After-school care: ☐ Yes ☐ No

Changes since last visit

Review of Systems

See Initial History Questionnaire and Problem List.

☐ No interval change

Changes since last visit

Nutrition

Sleep: ☐ NL

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

School: Grade Special education ☐ Yes ☐ No

Social interaction ☐ NL

Performance ☐ NL

Behavior ☐ NL

Attention ☐ NL

Homework ☐ NL

Parent/Teacher concerns ☐ None

Home: Cooperation ☐ NL

Parent-child interaction ☐ NL

Sibling interaction ☐ NL

Oppositional behavior ☐ None

Development (if not reviewed in Previsit Questionnaire)

- Eats healthy meals and snacks
- Participates in an after-school activity
- Has friends
- Is vigorously active for 1 hour a day
- Is doing well in school
- Does chores when asked
- Gets along with family

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Physical Examination

☑=NL

Bright Futures Priority

- ☐ **MUSCULOSKELETAL (hip, knee, ankle)**
- ☐ **MOUTH/TEETH (caries, gingival)**
- ☐ **BREASTS/GENITALIA SEXUAL MATURITY RATING**

Additional Systems

- ☐ GENERAL APPEARANCE
- ☐ NECK
- ☐ HEAD
- ☐ EYES
- ☐ EARS
- ☐ NOSE
- ☐ LUNGS
- ☐ THROAT
- ☐ HEART
- ☐ ABDOMEN
- ☐ BACK
- ☐ SKIN
- ☐ NEUROLOGIC

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ SCHOOL
- Show interest in school
- Communicate with teachers

☐ DEVELOPMENT AND MENTAL HEALTH
- Encourage independence
- Praise strengths
- Be a positive role model
- Discuss expected body changes

☐ NUTRITION AND PHYSICAL ACTIVITY
- Encourage proper nutrition
- Eat meals as a family
- 60 minutes of physical activity daily
- Limit TV and screen time

☐ ORAL HEALTH
- Dental visits twice a year
- Brush teeth twice a day
- Floss teeth daily
- Wear mouth guard during sports

☐ SAFETY
- Know child's friends
- Home emergency plan
- Safety rules with adults
- Appropriate vehicle restraint
- Helmets and pads
- Supervise around water
- Smoke-free environment
- Guns
- Monitor computer use

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Vision** ☐ **Hearing**

☐ Referral to

Follow-up/Next visit

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

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

Bright Futures Previsit Questionnaire
9 Year Visit

For us to provide your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

_____

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

School	☐ How your child is doing in school ☐ Homework ☐ Bullying
Your Growing Child	☐ How your child feels about herself ☐ Dealing with your child's anger ☐ Setting limits for your child ☐ Your child's friends ☐ Readiness for middle school ☐ Your child's sexuality ☐ Puberty
Staying Healthy	☐ Your child's weight ☐ Your child's body image ☐ Eating breakfast ☐ Limiting soft drinks ☐ Eating together as a family ☐ Drinking enough water ☐ Limiting high-fat food ☐ 1 hour of physical activity daily
Healthy Teeth	☐ Regular dentist visits ☐ Brushing teeth twice daily ☐ Flossing daily
Safety	☐ Bicycle and sports safety and helmets ☐ Car safety ☐ Swimming safety ☐ Sunscreen ☐ Knowing your child's friends and their families ☐ Preventing cigarette, alcohol, and drug use ☐ Gun safety

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

_____

Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
	Has your child ever failed a school vision screening test?	☐ Yes	☐ No	☐ Unsure
	Does your child tend to squint?	☐ Yes	☐ No	☐ Unsure
Hearing	Do you have concerns about how your child speaks?	☐ Yes	☐ No	☐ Unsure
	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
	Does your child have trouble hearing with a noisy background or over the telephone?	☐ Yes	☐ No	☐ Unsure
	Does your child have trouble following the conversation when 2 or more people are talking at the same time?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Anemia	Does your child eat a strict vegetarian diet?	☐ Yes	☐ No	☐ Unsure
	If your child is a vegetarian, does your child take an iron supplement?	☐ No	☐ Yes	☐ Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

_____

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

_____

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

_____

Check off each of the following that are true for your child.

- ☐ Eats healthy meals and snacks
- ☐ Has friends
- ☐ Is doing well in school
- ☐ Feels good about himself
- ☐ Participates in an after-school activity
- ☐ Is vigorously active for 1 hour a day
- ☐ Gets along with family
- ☐ Getting chances to make own decisions
- ☐ Does an activity really well; describe: _____

_____

_____

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

WEIGHT (%)	HEIGHT (%)	BMI (%)	BLOOD PRESSURE	BIRTH DATE	AGE
See growth chart.					☐ M ☐ F

History

☐ Previsit Questionnaire reviewed
☐ Child has a dental home
☐ Child has special health care needs

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

After-school care: ☐ Yes ☐ No

Changes since last visit

Review of Systems

See Initial History Questionnaire and Problem List.

☐ No interval change

Changes since last visit

Nutrition

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

School: Grade

Social interaction ☐ NL

Performance ☐ NL

Behavior ☐ NL

Attention ☐ NL

Homework ☐ NL

Parent/Teacher concerns ☐ None

Home: Cooperation ☐ NL

Parent-child interaction ☐ NL

Sibling interaction ☐ NL

Oppositional behavior ☐ None

Development (if not reviewed in Previsit Questionnaire)

- Eats healthy meals and snacks
- Participates in an after-school activity
- Has friends
- Is vigorously active for 1 hour a day
- Has a caring/supportive family
- Is doing well in school
- Is getting chances to make own decisions
- Feels good about self
- Does an activity really well; describe:

Physical Examination

☑=NL

Bright Futures Priority

- ☐ **SKIN (tattoos, piercing, bruising, nevi)**
- ☐ **BACK (scoliosis)**
- ☐ **BREASTS/GENITALIA**
- **SEXUAL MATURITY RATING**

Additional Systems

- ☐ GENERAL APPEARANCE
- ☐ HEAD
- ☐ EYES
- ☐ EARS
- ☐ NOSE
- ☐ MOUTH, THROAT, TEETH
- ☐ NECK
- ☐ LUNGS
- ☐ HEART
- ☐ ABDOMEN
- ☐ SKIN
- ☐ EXTREMITIES
- ☐ NEUROLOGIC

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ SCHOOL
- Show interest in school
- Quiet space for homework
- Address bullying

☐ DEVELOPMENT AND MENTAL HEALTH
- Encouraging independence and self-responsibility
- Be a positive role model—discuss respect, anger
- Know child's friends and importance of peers
- Expect preadolescent behaviors
- Answer questions and discuss puberty
- Safety rules with adults

☐ NUTRITION AND PHYSICAL ACTIVITY
- Encourage proper nutrition
- 60 minutes of physical activity daily
- Limit TV and screen time

☐ ORAL HEALTH
- Dental visits twice a year
- Brush teeth twice a day
- Floss teeth daily
- Wear mouth guards during sports

☐ SAFETY
- Booster seat
- Teach to swim/water safety
- Sunscreen
- Avoid tobacco, alcohol, drugs
- Guns

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Vision** ☐ **Hearing**

☐ Referral to

Follow-up/Next visit

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

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Bright Futures Patient Handout
9 and 10 Year Visits

SCHOOL

Doing Well at School

- Try your best at school. It's important to how you feel about yourself.
- Ask for help when you need it.
- Join clubs and teams, church groups, and friends for activities after school.
- Tell kids who pick on you or try to hurt you to stop bothering you. Then walk away.
- Tell adults you trust about bullies.

SAFETY

Playing It Safe

- Wear your seat belt at all times in the car. Use a booster seat if the seat belt does not fit you yet.
- Sit in the back seat until you are 13. It is the safest place.
- Wear your helmet for biking, skating, and skateboarding.
- Always wear the right safety equipment for your activities.
- Never swim alone.
- Use sunscreen with an SPF of 15 or higher when out in the sun.
- Have friends over only when your parents say it's OK.
- Ask to go home if you are uncomfortable with things at someone else's house or a party.
- Avoid being with kids who suggest risky or harmful things to do.
- Know that no older child or adult has the right to ask to see or touch your private parts, or to scare you.

NUTRITION AND PHYSICAL ACTIVITY

Eating Well, Being Active

- Eat breakfast every day. It helps learning.
- Aim for eating 5 fruits and vegetables every day.
- Drink 3 cups of low-fat milk or water instead of soda pop or juice drinks.
- Limit high-fat foods and drinks such as candies, snacks, fast food, and soft drinks.
- Eat with your family often.
- Talk with a doctor or nurse about plans for weight loss or using supplements.
- Plan and get at least 1 hour of active exercise every day.
- Limit TV and computer time to 2 hours a day.

ORAL HEALTH

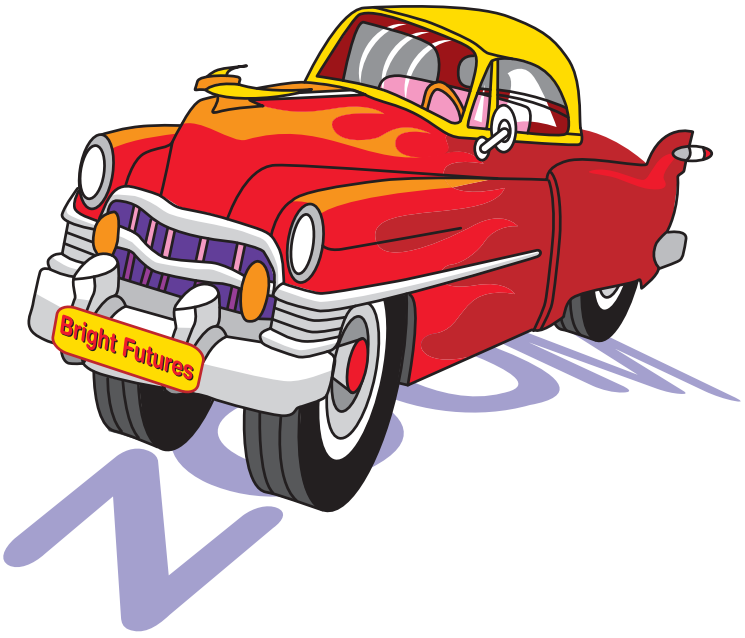
Healthy Teeth

- Brush your teeth at least twice each day, morning and night.
- Floss your teeth every day.
- Wear your mouth guard when playing sports.

DEVELOPMENT AND MENTAL HEALTH

Growing and Developing

- Ask a parent or trusted adult questions about changes in your body.
- Talking is a good way to handle anger, disappointment, worry, and feeling sad.
- Everyone gets angry.
  - Stay calm.
  - Listen and talk through it.
  - Try to understand the other person's point of view.
- Don't stay friends with kids who ask you to do scary or harmful things.
- It's OK to have up-and-down moods, but if you feel sad most of the time, talk to us.
- Know why you say "No!" to drugs, alcohol, tobacco, and sex.



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9 and 10 Year Visits

Here are some suggestions from Bright Futures experts that may be of value to your family.

NUTRITION AND PHYSICAL ACTIVITY

Staying Healthy

- Encourage your child to eat healthy.
- Buy fat-free milk and low-fat dairy foods, and encourage 3 servings each day.
- Include 5 servings of vegetables and fruits at meals and for snacks daily.
- Limit TV and computer time to 2 hours a day.
- Encourage your child to be active for at least 1 hour daily.
- Eat as a family often.

SAFETY

Safety

- The back seat is the safest place to ride in a car until your child is 13 years old.
- Use a booster seat until the vehicle's safety belt fits. The lap belt can be worn low and flat on the upper thighs. The shoulder belt can be worn across the shoulder and the child can bend at the knees while sitting against the vehicle seat back.
- Teach your child to swim and watch her in the water.
- Your child needs sunscreen (SPF 15 or higher) when outside.
- Your child needs a helmet and safety gear for biking, skating, in-line skating, skiing, snowmobiling, and horseback riding.
- Talk to your child about not smoking cigarettes, using drugs, or drinking alcohol.
- Make a plan for situations in which your child does not feel safe.
- Get to know your child's friends and their families.
- Never have a gun in the home. If necessary, store it unloaded and locked with the ammunition locked separately from the gun.

DEVELOPMENT AND MENTAL HEALTH

Your Growing Child

- Be a model for your child by saying you are sorry when you make a mistake.
- Show your child how to use his words when he is angry.
- Teach your child to help others.
- Give your child chores to do and expect them to be done.
- Give your child his own space.
- Still watch your child and your child's friends when they are playing.
- Understand that your child's friends are very important.
- Answer questions about puberty.
- Teach your child the importance of delaying sexual behavior. Encourage your child to ask questions.
- Teach your child how to be safe with other adults.
  - No one should ask for a secret to be kept from parents.
  - No one should ask to see your child's private parts.
  - No adult should ask for help with his private parts.

SCHOOL

School

- Show interest in school activities.
- If you have any concerns, ask your child's teacher for help.
- Praise your child for doing things well at school.
- Set a routine and make a quiet place for doing homework.
- Talk with your child and her teacher about bullying.

ORAL HEALTH

Healthy Teeth

- Help your child brush teeth twice a day.
  - After breakfast
  - Before bed
- Use a pea-sized amount of toothpaste with fluoride.
- Help your child floss his teeth once a day.
- Your child should visit the dentist at least twice a year.
- Encourage your child to always wear a mouth guard to protect teeth while playing sports.

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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Bright Futures Previsit Questionnaire
10 Year Visit

For us to provide your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

_____

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

School	☐ How your child is doing in school ☐ Homework ☐ Bullying
Your Growing Child	☐ How your child feels about herself ☐ Dealing with your child's anger ☐ Setting limits for your child ☐ Your child's friends ☐ Readiness for middle school ☐ Your child's sexuality ☐ Puberty
Staying Healthy	☐ Your child's weight ☐ Your child's body image ☐ Eating breakfast ☐ Limiting soft drinks ☐ Eating together as a family ☐ Drinking enough water ☐ Limiting high-fat food ☐ 1 hour of physical activity daily
Healthy Teeth	☐ Regular dentist visits ☐ Brushing teeth twice daily ☐ Flossing daily
Safety	☐ Bicycle and sports safety and helmets ☐ Car safety ☐ Swimming safety ☐ Sunscreen ☐ Knowing your child's friends and their families ☐ Preventing cigarette, alcohol, and drug use ☐ Gun safety

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

_____

Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Dyslipidemia	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	☐ Yes	☐ No	☐ Unsure
	Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	☐ Yes	☐ No	☐ Unsure
Anemia	Does your child eat a strict vegetarian diet?	☐ Yes	☐ No	☐ Unsure
	If your child is a vegetarian, does your child take an iron supplement?	☐ No	☐ Yes	☐ Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

_____

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

_____

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

_____

Check off each of the following that are true for your child.

☐ Eats healthy meals and snacks
☐ Has friends
☐ Is doing well in school
☐ Feels good about himself
☐ Gets along with family
☐ Participates in an after-school activity
☐ Vigorously exercises for 1 hour a day
☐ Does chores when asked
☐ Getting chances to make own decisions
☐ Does an activity really well; describe: _____

_____

_____

_____

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

WEIGHT (%)	HEIGHT (%)	BMI (%)	BLOOD PRESSURE	BIRTH DATE	AGE
See growth chart.					☐ M ☐ F

History

☐ Previsit Questionnaire reviewed
☐ Child has a dental home
☐ Child has special health care needs

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

After-school care: ☐ Yes ☐ No

Changes since last visit

Review of Systems

See Initial History Questionnaire and Problem List.

☐ No interval change

Changes since last visit

Nutrition

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

School: Grade

Social interaction ☐ NL

Performance ☐ NL

Behavior ☐ NL

Attention ☐ NL

Homework ☐ NL

Parent/Teacher concerns ☐ None

Home: Cooperation ☐ NL

Parent-child interaction ☐ NL

Sibling interaction ☐ NL

Oppositional behavior ☐ None

Development (if not reviewed in Previsit Questionnaire)

- Eats healthy meals and snacks
- Participates in an after-school activity
- Has friends
- Is vigorously active for 1 hour a day
- Has a caring/supportive family
- Is doing well in school
- Is getting chances to make own decisions
- Feels good about self
- Does an activity really well; describe:

Physical Examination

☑=NL

Bright Futures Priority

- ☐ **SKIN (tattoos, piercing, bruising, nevi)**
- ☐ **BACK (scoliosis)**
- ☐ **BREASTS/GENITALIA**
- **SEXUAL MATURITY RATING**

Additional Systems

- ☐ GENERAL APPEARANCE
- ☐ HEAD
- ☐ EYES
- ☐ EARS
- ☐ NOSE
- ☐ MOUTH, THROAT, TEETH
- ☐ NECK
- ☐ LUNGS
- ☐ HEART
- ☐ ABDOMEN
- ☐ SKIN
- ☐ EXTREMITIES
- ☐ NEUROLOGIC

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ SCHOOL
- Show interest in school
- Quiet space for homework
- Address bullying

☐ DEVELOPMENT AND MENTAL HEALTH
- Encouraging independence and self-responsibility
- Be a positive role model—discuss respect, anger
- Know child's friends and importance of peers
- Expect preadolescent behaviors
- Answer questions and discuss puberty
- Safety rules with adults

☐ NUTRITION AND PHYSICAL ACTIVITY
- Encourage proper nutrition
- 60 minutes of physical activity daily
- Limit TV and screen time

☐ ORAL HEALTH
- Dental visits twice a year
- Brush teeth twice a day
- Floss teeth daily
- Wear mouth guards during sports

☐ SAFETY
- Booster seat
- Teach to swim/water safety
- Sunscreen
- Avoid tobacco, alcohol, drugs
- Guns

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Vision** ☐ **Hearing**

☐ Referral to

Follow-up/Next visit

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

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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.**

Bright Futures Previsit Questionnaire
15 to 17 Year Visits

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

What changes or challenges have there been at home since last year?

Do you have any special health care needs? ☐ No ☐ Yes ☐ Unsure, describe:

Do you live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes, describe:

How many hours per day do you watch TV, play video games, and use the computer (not for schoolwork)? _____

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Growing and Changing Body	☐ How your body is changing ☐ Teeth ☐ Appearance or body image ☐ How you feel about yourself ☐ Healthy eating ☐ Good ways to keep active ☐ Protecting your ears from loud noise
School and Friends	☐ Your relationship with your family ☐ Your friends ☐ Girlfriend or boyfriend ☐ How you are doing in school ☐ Organizing your time to get things done ☐ Plans after high school
How You Are Feeling	☐ Dealing with stress ☐ Keeping under control ☐ Sexuality ☐ Feeling sad ☐ Feeling anxious ☐ Feeling irritable ☐ Keeping a postitive attitude
Healthy Behavior Choices	☐ Pregnancy ☐ Sexually transmitted infections (STIs) ☐ Smoking cigarettes ☐ Drinking alcohol ☐ Using drugs ☐ How to avoid risky situations ☐ Decisions about sex, alcohol, and drugs ☐ How to support friends who don't use alcohol and drugs ☐ How to follow through with decisions you have made about sex, alcohol, and drugs
Violence and Injuries	☐ Car safety ☐ Using a helmet ☐ Driving rules for new teen drivers ☐ Gun safety ☐ Dating violence or abuse ☐ Bullying or trouble with other kids ☐ Keeping yourself and your friends safe in risky situations

Questions

Vision	Do you complain that the blackboard has become difficult to see?	☐ Yes	☐ No	☐ Unsure
	Have you ever failed a school vision screening test?	☐ Yes	☐ No	☐ Unsure
	Do you hold books close to your eyes to read?	☐ Yes	☐ No	☐ Unsure
	Do you have trouble recognizing faces at a distance?	☐ Yes	☐ No	☐ Unsure
	Do you tend to squint?	☐ Yes	☐ No	☐ Unsure
Hearing	Do you have a problem hearing over the telephone?	☐ Yes	☐ No	☐ Unsure
	Do you have trouble following the conversation when 2 or more people are talking at the same time?	☐ Yes	☐ No	☐ Unsure
	Do you have trouble hearing with a noisy background?	☐ Yes	☐ No	☐ Unsure
	Do you find yourself asking people to repeat themselves?	☐ Yes	☐ No	☐ Unsure
	Do you misunderstand what others are saying and respond inappropriately?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Were you born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Have you traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Have you ever been incarcerated (in jail)?	☐ Yes	☐ No	☐ Unsure
	Are you infected with HIV?	☐ Yes	☐ No	☐ Unsure
Dyslipidemia	Do you have parents or grandparents who have had a stroke or heart problem before age 55?	☐ Yes	☐ No	☐ Unsure
	Do you have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	☐ Yes	☐ No	☐ Unsure
	Do you smoke cigarettes?	☐ Yes	☐ No	☐ Unsure
Anemia	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure
	Have you ever been diagnosed with iron deficiency anemia?	☐ Yes	☐ No	☐ Unsure

Alcohol or Drug Use	Have you ever had an alcoholic drink?	☐ Yes	☐ No	☐ Unsure
	Have you ever used marijuana or any other drug to get high?	☐ Yes	☐ No	☐ Unsure
STIs	Do you now use or have you ever used injectable drugs?	☐ Yes	☐ No	☐ Unsure
	For Females Only			
Anemia	Do you have excessive menstrual bleeding or other blood loss?	☐ Yes	☐ No	☐ Unsure
	Does your period last more than 5 days?	☐ Yes	☐ No	☐ Unsure
STIs	Have you ever had sex (including intercourse or oral sex)? **(If no, skip to Growing and Developing)**	☐ Yes	☐ No	☐ Unsure
	Have any of your past or current sex partners been infected with HIV, bisexual, or injection drug users?	☐ Yes	☐ No	☐ Unsure
	Have you ever been treated for a sexually transmitted infection?	☐ Yes	☐ No	☐ Unsure
	Are you having unprotected sex with multiple partners?	☐ Yes	☐ No	☐ Unsure
	Do you trade sex for money or drugs or have sex partners who do?	☐ Yes	☐ No	☐ Unsure
Cervical Dysplasia	Was your **first** time having sexual intercourse more than 3 years ago?	☐ Yes	☐ No	☐ Unsure
Pregnancy	Have you been sexually active without using birth control?	☐ Yes	☐ No	☐ Unsure
	Have you been sexually active and had a late or missed period within the last 2 months?	☐ Yes	☐ No	☐ Unsure
	For Males Only			
STIs	Have you ever had sex (including intercourse or oral sex)? **(If no, skip to Growing and Developing)**	☐ Yes	☐ No	☐ Unsure
	Have you ever been treated for a sexually transmitted infection?	☐ Yes	☐ No	☐ Unsure
	Are you having unprotected sex with multiple partners?	☐ Yes	☐ No	☐ Unsure
	Have you ever had sex with other men?	☐ Yes	☐ No	☐ Unsure
	Do you trade sex for money or drugs or have sex partners who do?	☐ Yes	☐ No	☐ Unsure
	Have any of your past or current sex partners been infected with HIV, bisexual, or injection drug users?	☐ Yes	☐ No	☐ Unsure

Growing and Developing

Check off all the items that you feel are true for you.

- ☐ I engage in behavior that supports a healthy lifestyle, such as eating healthy foods, being active, and keeping myself safe.
- ☐ I feel I have at least one responsible adult in my life who cares about me and who I can go to if I need help.
- ☐ I feel like I have at least one friend or a group of friends with whom I am comfortable.
- ☐ I help others on my own or by working with a group in school, a faith-based organization, or the community.
- ☐ I am able to bounce back from life's disappointments.
- ☐ I have a sense of hopefulness and self-confidence.
- ☐ I have become more independent and made more of my own decisions as I have become older.
- ☐ I feel that I am particularly good at doing a certain thing like math, soccer, theater, cooking, or hunting. Describe:

_____

_____

ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

WEIGHT (%)	HEIGHT (%)	BMI (%)	BLOOD PRESSURE	BIRTH DATE	AGE
					☐M ☐F

Visit with: ☐ Teen alone ☐ Parent(s) alone ☐ Mother ☐ Father ☐ Teen with parents ☐ Other _____

History

☐ Previsit Questionnaire reviewed
☐ Teen has a dental home
☐ Teen has special health care needs

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)

Menarche: Age _____ Regularity _____

Menstrual problems _____

☐ Medication Record reviewed and updated

Social/Family History

See Initial History Questionnaire. ☐ No interval change

Changes since last visit _____

Teen lives with _____

Relationship with parents/siblings _____

Risk Assessment

If not reviewed in Supplemental Questionnaire (Use other side if risks identified.)

HOME
- Eats meals with family ☐ Yes ☐ No
- Has family member/adult to turn to for help ☐ Yes ☐ No
- Is permitted and is able to make independent decisions ☐ Yes ☐ No

EDUCATION
- Grade _____
- Performance ☐ NL _____
- Behavior/Attention ☐ NL _____
- Homework ☐ NL _____

EATING
- Eats regular meals including adequate fruits and vegetables ☐ Yes ☐ No
- Drinks non-sweetened liquids ☐ Yes ☐ No
- Calcium source ☐ Yes ☐ No
- Has concerns about body or appearance ☐ Yes ☐ No

ACTIVITIES
- Has friends ☐ Yes ☐ No
- At least 1 hour of physical activity/day ☐ Yes ☐ No
- Screen time (except for homework) less than 2 hours/day ☐ Yes ☐ No
- Has interests/participates in community activities/volunteers ☐ Yes ☐ No

DRUGS (Substance use/abuse)
- Uses tobacco/alcohol/drugs ☐ Yes ☐ No

SAFETY
- Home is free of violence ☐ Yes ☐ No
- Uses safety belts/safety equipment ☐ Yes ☐ No
- Impaired/Distracted driving ☐ Yes ☐ No
- Has relationships free of violence ☐ Yes ☐ No

SEX
- Has had oral sex ☐ Yes ☐ No
- Has had sexual intercourse (vaginal, anal) ☐ Yes ☐ No

SUICIDALITY/MENTAL HEALTH
- Has ways to cope with stress ☐ Yes ☐ No
- Displays self-confidence ☐ Yes ☐ No
- Has problems with sleep ☐ Yes ☐ No
- Gets depressed, anxious, or irritable/has mood swings ☐ Yes ☐ No
- Has thought about hurting self or considered suicide ☐ Yes ☐ No

Physical Examination

☑= NL

Bright Futures Priority
- ☐ **SKIN**
- ☐ **BACK/SPINE**
- ☐ **BREASTS**
- ☐ **GENITALIA**
- **SEXUAL MATURITY RATING** _____

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ HEAD
- ☐ EYES
- ☐ EARS
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ NECK
- ☐ TEETH
- ☐ LUNGS
- ☐ HEART
- ☐ GI/ABDOMEN
- ☐ EXTREMITIES
- ☐ NEUROLOGIC
- ☐ MUSCULO-SKELETAL

Abnormal findings and comments _____

Assessment

☐ Well teen

Anticipatory Guidance

☐ Discussed and/or handout given

☐ PHYSICAL GROWTH AND DEVELOPMENT
- Balanced diet
- Physical activity
- Limit TV
- Protect hearing
- Brush/Floss teeth
- Regular dentist visits

☐ SOCIAL AND ACADEMIC COMPETENCE
- Age-appropriate limits
- Friends/relationships
- Family time
- Community involvement
- Encourage reading/school
- Rules/Expectations
- Planning for after high school

☐ EMOTIONAL WELL-BEING
- Dealing with stress
- Decision-making
- Mood changes
- Sexuality/Puberty

☐ RISK REDUCTION
- Tobacco, alcohol, drugs
- Prescription drugs
- Sex

☐ VIOLENCE AND INJURY PREVENTION
- Seat belts
- Guns
- Conflict resolution
- Driving restriction
- Sports/Recreation safety

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Vision** ☐ **Cholesterol (18–21 years)**

☐ Referral to _____

Follow-up/Next visit _____

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

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Psychosocial Risks
Confidential (To be completed confidentially for teens with identified risk)

Home

Relationship with parents/guardians _____

Violence in home _____

Teen's concerns _____

Autonomy _____

Counseling/Recommendations _____

Education

Teen's concerns _____

Social interactions _____

Conflicts _____

Counseling/Recommendations _____

Eating

Usual diet _____

Attempts to lose weight by dieting, laxatives, or self-induced vomiting _____

Regular meals (includes breakfast, limits fast food) _____

Counseling/Recommendations _____

Activities

Clubs/Extracurricular _____

Music/Art _____

Sports _____

Religious/Community _____

TV/Electronics _____ hours/day

Gangs _____

Counseling/Recommendations _____

Drugs (Substance Use/Abuse)

Tobacco use _____

Alcohol _____

Drugs (street/prescription) _____

Steroids _____

CRAFFT (+2 indicates need for follow-up)

C – Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? ☐ Yes ☐ No

R – Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? ☐ Yes ☐ No

A – Do you ever use alcohol or drugs while you are by yourself, ALONE? ☐ Yes ☐ No

F – Do you ever FORGET things you did while using alcohol or drugs? ☐ Yes ☐ No

F – Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use? ☐ Yes ☐ No

T – Have you gotten into TROUBLE while you were using alcohol or drugs? ☐ Yes ☐ No

Counseling/Recommendations _____

Safety

Impaired/Distracted driving _____

Sports/recreation safety _____

Guns _____

Peer violence _____

Dating violence _____

Counseling/Recommendations _____

Sex

Oral sex ☐ Yes ☐ No

Has had sexual intercourse (vaginal, anal) ☐ Yes ☐ No

Age of onset of sexual activity _____

Number of partners _____ Gender of partners ☐ Male ☐ Female

Sexual orientation _____

Condom use _____ Contraception _____

Previous pregnancy ☐ No ☐ Yes _____

Previous STI ☐ No ☐ Yes _____

Laboratory/Screening results

☐ Pregnancy test ☐ Pap smear

☐ Chlamydia/Gonorrhea, source _____ ☐ Syphilis ☐ HIV

STI screening laboratory results (specify) _____

Counseling/Recommendations _____

Suicidality/Mental Health

Depression ☐ No ☐ Yes—when? _____

Anxiety ☐ No ☐ Yes—when? _____

Suicide ideation ☐ No ☐ Yes—when? _____

Suicide attempts ☐ No ☐ Yes—when? _____

History of psychologic counseling ☐ No ☐ Yes—when? _____

Other mental health diagnosis _____

Counseling/Recommendations _____

Confidentiality discussed ☐ With teen ☐ With parent(s)

CRAFFT used with permission from Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Arch Pediatr Adolesc Med.* 2002;156:607–614

HEEADSSS used with permission from Goldenring JM, Rosen DS. Getting into adolescent heads: an essential update. *Contemp Pediatr.* 2004;21:64–90

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.

HE0499

9-223/0109

Bright Futures Patient Handout
15 to 17 Year Visits

PHYSICAL GROWTH AND DEVELOPMENT

Your Daily Life

- Visit the dentist at least twice a year.
- Brush your teeth at least twice a day and floss once a day.
- Wear your mouth guard when playing sports.
- Protect your hearing at work, home, and concerts.
- Try to eat healthy foods.
  - 5 fruits and vegetables a day
  - 3 cups of low-fat milk, yogurt, or cheese
- Eating breakfast is very important.
- Drink plenty of water. Choose water instead of soda.
- Eat with your family often.
- Aim for 1 hour of vigorous physical activity every day.
- Try to limit watching TV, playing video games, or playing on the computer to 2 hours a day (outside of homework time).
- Be proud of yourself when you do something good.

RISK REDUCTION

Healthy Behavior Choices

- Talk with your parents about your values and expectations for drinking, drug use, tobacco use, driving, and sex.
- Talk with your parents when you need support or help in making healthy decisions about sex.
- Find safe activities at school and in the community.
- Make healthy decisions about sex, tobacco, alcohol, and other drugs.
- Follow your family's rules.

VIOLENCE AND INJURY PREVENTION

Violence and Injuries

- Do not drink and drive or ride in a vehicle with someone who has been using drugs or alcohol.
  - If you feel unsafe driving or riding with someone, call someone you trust to drive you.
- Support friends who choose not to use tobacco, alcohol, drugs, steroids, or diet pills.
- Insist that seat belts be used by everyone.
- Always be a safe and cautious driver.
  - Limit the number of friends in the car, nighttime driving, and distractions.
- Never allow physical harm of yourself or others at home or school.
- Learn how to deal with conflict without using violence.
- Understand that healthy dating relationships are built on respect and that saying "no" is OK.
- Fighting and carrying weapons can be dangerous.

EMOTIONAL WELL-BEING

Your Feelings

- Talk with your parents about your hopes and concerns.
- Figure out healthy ways to deal with stress.
- Look for ways you can help out at home.
- Develop ways to solve problems and make good decisions.
- It's important for you to have accurate information about sexuality, your physical development, and your sexual feelings. Please ask me if you have any questions.

SOCIAL AND ACADEMIC COMPETENCE

School and Friends

- Set high goals for yourself in school, your future, and other activities.
- Read often.
- Ask for help when you need it.
- Find new activities you enjoy.
- Consider volunteering and helping others in the community with an issue that interests or concerns you.
- Be a part of positive after-school activities and sports.
- Form healthy friendships and find fun, safe things to do with friends.
- Spend time with your family and help at home.
- Take responsibility for getting your homework done and getting to school or work on time.

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Bright Futures Parent Handout
15 to 17 Year Visits

Here are some suggestions from Bright Futures experts that may be of value to your family.

PHYSICAL GROWTH AND DEVELOPMENT

Your Growing and Changing Teen

- Help your teen visit the dentist at least twice a year.
- Encourage your teen to protect her hearing at work, home, and concerts.
- Keep a variety of healthy foods at home.
- Help your teen get enough calcium.
- Encourage 1 hour of vigorous physical activity a day.
- Praise your teen when he does something well, not just when he looks good.

RISK REDUCTION

Healthy Behavior Choices

- Talk with your teen about your values and your expectations on drinking, drug use, tobacco use, driving, and sex.
- Be there for your teen when she needs support or help in making healthy decision about her sexual behavior.
- Support safe activities at school and in the community.
- Praise your teen for healthy decisions about sex, tobacco, alcohol, and other drugs.

VIOLENCE AND INJURY PREVENTION

Violence and Injuries

- Do not tolerate drinking and driving.
- Insist that seat belts be used by everyone.
- Set expectations for safe driving.
  - Limit the number of friends in the car, nighttime driving, and distractions.
- Never allow physical harm of yourself, your teen, or others at home or school.
- Remove guns from your home. If you must keep a gun in your home, make sure it is unloaded and locked with ammunition locked in a separate place.
- Teach your teen how to deal with conflict without using violence.
- Make sure your teen understands that healthy dating relationships are built on respect and that saying “no” is OK.

EMOTIONAL WELL-BEING

Feelings and Family

- Set aside time to be with your teen and really listen to his hopes and concerns.
- Support your teen as he figures out ways to deal with stress.
- Support your teen in solving problems and making decisions.
- If you are concerned that your teen is sad, depressed, nervous, irritable, hopeless, or angry, talk with me.

SOCIAL AND ACADEMIC COMPETENCE

School and Friends

- Praise positive efforts and success in school and other activities.
- Encourage reading.
- Help your teen find new activities she enjoys.
- Encourage your teen to help others in the community.
- Help your teen find and be a part of positive after-school activities and sports.
- Encourage healthy friendships and fun, safe things to do with friends.
- Know your teen’s friends and their parents, where your teen is, and what he is doing at all times.
- Check in with your teen’s teacher about her grades on tests.
  - Attend back-to-school events if possible.
  - Attend parent-teacher conferences if possible.

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Bright Futures Previsit Questionnaire
18 to 21 Year Visits

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

_____

What changes or challenges have there been at home since your last visit?

_____

Do you have any special health care needs? ☐ No ☐ Yes, describe:

_____

Do you live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes, describe:

_____

How many hours per day do you watch TV, play video games, and use the computer (not for schoolwork)?

_____

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Growing and Changing Body	☐ How your body is changing ☐ Teeth ☐ Appearance or body image ☐ How you feel about yourself ☐ Healthy eating ☐ Good ways to be active ☐ Protecting your ears from loud noise
School and Friends	☐ How you are doing in school ☐ Organizing your time to get things done ☐ Your job ☐ Your future plans ☐ Your friends ☐ Girlfriend or boyfriend ☐ Your relationship with your family
How You Are Feeling	☐ Dealing with stress ☐ Keeping under control ☐ Making decisions on your own ☐ Sexuality ☐ Depression ☐ Feeling anxious ☐ Feeling irritable ☐ Feeling sad
Healthy Behavior Choices	☐ Pregnancy ☐ Sexually transmitted infections (STIs) ☐ Smoking cigarettes ☐ Drinking alcohol ☐ Using drugs ☐ How to avoid risky situations ☐ How to support friends who don't use alcohol and drugs ☐ How to follow through with decisions you have made about sex and drugs
Violence and Injuries	☐ Avoiding driving distractions ☐ Drinking and driving ☐ Gun safety ☐ Dating violence or abuse

Questions

Vision	Do you complain that the blackboard has become difficult to see?	☐ Yes	☐ No	☐ Unsure
	Have you ever failed a school vision screening test?	☐ Yes	☐ No	☐ Unsure
	Do you hold books close to your eyes to read?	☐ Yes	☐ No	☐ Unsure
	Do you have trouble recognizing faces at a distance?	☐ Yes	☐ No	☐ Unsure
	Do you tend to squint?	☐ Yes	☐ No	☐ Unsure
Hearing	Do you have a problem hearing over the telephone?	☐ Yes	☐ No	☐ Unsure
	Do you have trouble following the conversation when 2 or more people are talking at the same time?	☐ Yes	☐ No	☐ Unsure
	Do you have trouble hearing with a noisy background?	☐ Yes	☐ No	☐ Unsure
	Do you find yourself asking people to repeat themselves?	☐ Yes	☐ No	☐ Unsure
	Do you misunderstand what others are saying and respond inappropriately?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Were you born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Have you traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Have you ever been incarcerated (in jail)?	☐ Yes	☐ No	☐ Unsure
	Are you infected with HIV?	☐ Yes	☐ No	☐ Unsure
Dyslipidemia	Do you have parents or grandparents who have had a stroke or heart problem before age 55?	☐ Yes	☐ No	☐ Unsure
	Do you have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	☐ Yes	☐ No	☐ Unsure
	Do you smoke cigarettes?	☐ Yes	☐ No	☐ Unsure
Anemia	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure
	Have you ever been diagnosed with iron deficiency anemia?	☐ Yes	☐ No	☐ Unsure

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Alcohol or Drug Use	Have you ever had an alcoholic drink?	☐ Yes	☐ No	☐ Unsure
	Have you ever used marijuana or any other drug to get high?	☐ Yes	☐ No	☐ Unsure
STIs	Do you now use or have you ever used injectable drugs?	☐ Yes	☐ No	☐ Unsure
For Females Only				
Anemia	Do you have excessive menstrual bleeding or other blood loss?	☐ Yes	☐ No	☐ Unsure
	Does your period last more than 5 days?	☐ Yes	☐ No	☐ Unsure
STIs	Have you ever had sex (including intercourse or oral sex)? **(If no, skip to Growing and Developing)**	☐ Yes	☐ No	☐ Unsure
	Have any of your past or current sex partners been infected with HIV, bisexual, or injection drug users?	☐ Yes	☐ No	☐ Unsure
	Have you ever been treated for a sexually transmitted infection?	☐ Yes	☐ No	☐ Unsure
	Are you having unprotected sex with multiple partners?	☐ Yes	☐ No	☐ Unsure
	Do you trade sex for money or drugs or have sex partners who do?	☐ Yes	☐ No	☐ Unsure
Cervical Dysplasia	Was your **first** time having sexual intercourse more than 3 years ago?	☐ Yes	☐ No	☐ Unsure
Pregnancy	Have you been sexually active without using birth control?	☐ Yes	☐ No	☐ Unsure
	Have you been sexually active and had a late or missed period within the last 2 months?	☐ Yes	☐ No	☐ Unsure
For Males Only				
STIs	Have you ever had sex (including intercourse or oral sex)? **(If no, skip to Growing and Developing)**	☐ Yes	☐ No	☐ Unsure
	Have you ever been treated for a sexually transmitted infection?	☐ Yes	☐ No	☐ Unsure
	Are you having unprotected sex with multiple partners?	☐ Yes	☐ No	☐ Unsure
	Have you ever had sex with other men?	☐ Yes	☐ No	☐ Unsure
	Do you trade sex for money or drugs or have sex partners who do?	☐ Yes	☐ No	☐ Unsure
	Have any of your past or current sex partners been infected with HIV, bisexual, or injection drug users?	☐ Yes	☐ No	☐ Unsure

Growing and Developing

Check off all the items that you feel are true for you.

- ☐ I engage in behavior that supports a healthy lifestyle, such as eating healthy foods, being active, and keeping myself safe.
- ☐ I feel I have at least one responsible adult in my life who cares about me and who I can go to if I need help.
- ☐ I feel like I have at least one friend or a group of friends with whom I am comfortable.
- ☐ I help others on my own or by working with a group in school, a faith-based organization, or the community.
- ☐ I am able to bounce back from life's disappointments.
- ☐ I have a sense of hopefulness and self-confidence.
- ☐ I have become more independent and made more of my own decisions as I have become older.
- ☐ I feel that I am particularly good at doing a certain thing like math, soccer, theater, cooking, or hunting. Describe:

_____

_____

ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

WEIGHT (%)	HEIGHT (%)	BMI (%)	BLOOD PRESSURE	BIRTH DATE	AGE
					☐M ☐F

Visit with: ☐ Teen alone ☐ Parent(s) alone ☐ Mother ☐ Father ☐ Teen with parents ☐ Other _____

History

☐ Previsit Questionnaire reviewed
☐ Teen has a dental home
☐ Teen has special health care needs

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)

Menarche: Age _____ Regularity _____

Menstrual problems _____

☐ Medication Record reviewed and updated

Social/Family History

See Initial History Questionnaire. ☐ No interval change

Changes since last visit _____

Teen lives with _____

Relationship with parents/siblings _____

Risk Assessment

If not reviewed in Supplemental Questionnaire (Use other side if risks identified.)

HOME
- Eats meals with family ☐ Yes ☐ No
- Has family member/adult to turn to for help ☐ Yes ☐ No
- Is permitted and is able to make independent decisions ☐ Yes ☐ No

EDUCATION
- Grade _____
- Performance ☐ NL _____
- Behavior/Attention ☐ NL _____
- Homework ☐ NL _____

EATING
- Eats regular meals including adequate fruits and vegetables ☐ Yes ☐ No
- Drinks non-sweetened liquids ☐ Yes ☐ No
- Calcium source ☐ Yes ☐ No
- Has concerns about body or appearance ☐ Yes ☐ No

ACTIVITIES
- Has friends ☐ Yes ☐ No
- At least 1 hour of physical activity/day ☐ Yes ☐ No
- Screen time (except for homework) less than 2 hours/day ☐ Yes ☐ No
- Has interests/participates in community activities/volunteers ☐ Yes ☐ No

DRUGS (Substance use/abuse)
- Uses tobacco/alcohol/drugs ☐ Yes ☐ No

SAFETY
- Home is free of violence ☐ Yes ☐ No
- Uses safety belts/safety equipment ☐ Yes ☐ No
- Impaired/Distracted driving ☐ Yes ☐ No
- Has relationships free of violence ☐ Yes ☐ No

SEX
- Has had oral sex ☐ Yes ☐ No
- Has had sexual intercourse (vaginal, anal) ☐ Yes ☐ No

SUICIDALITY/MENTAL HEALTH
- Has ways to cope with stress ☐ Yes ☐ No
- Displays self-confidence ☐ Yes ☐ No
- Has problems with sleep ☐ Yes ☐ No
- Gets depressed, anxious, or irritable/has mood swings ☐ Yes ☐ No
- Has thought about hurting self or considered suicide ☐ Yes ☐ No

Physical Examination

☑= NL

Bright Futures Priority
- ☐ **SKIN**
- ☐ **BACK/SPINE**
- ☐ **BREASTS**
- ☐ **GENITALIA**
- **SEXUAL MATURITY RATING** _____

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ HEAD
- ☐ EYES
- ☐ EARS
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ NECK
- ☐ TEETH
- ☐ LUNGS
- ☐ HEART
- ☐ GI/ABDOMEN
- ☐ EXTREMITIES
- ☐ NEUROLOGIC
- ☐ MUSCULO-SKELETAL

Abnormal findings and comments _____

Assessment

☐ Well teen

Anticipatory Guidance

☐ Discussed and/or handout given

☐ PHYSICAL GROWTH AND DEVELOPMENT
- Balanced diet
- Physical activity
- Limit TV
- Protect hearing
- Brush/Floss teeth
- Regular dentist visits

☐ SOCIAL AND ACADEMIC COMPETENCE
- Age-appropriate limits
- Friends/relationships
- Family time
- Community involvement
- Encourage reading/school
- Rules/Expectations
- Planning for after high school

☐ EMOTIONAL WELL-BEING
- Dealing with stress
- Decision-making
- Mood changes
- Sexuality/Puberty

☐ RISK REDUCTION
- Tobacco, alcohol, drugs
- Prescription drugs
- Sex

☐ VIOLENCE AND INJURY PREVENTION
- Seat belts
- Guns
- Conflict resolution
- Driving restriction
- Sports/Recreation safety

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Vision** ☐ **Cholesterol (18–21 years)**

☐ Referral to _____

Follow-up/Next visit _____

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

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Psychosocial Risks
Confidential (To be completed confidentially for teens with identified risk)

Home

Relationship with parents/guardians _____

Violence in home _____

Teen's concerns _____

Autonomy _____

Counseling/Recommendations _____

Education

Teen's concerns _____

Social interactions _____

Conflicts _____

Counseling/Recommendations _____

Eating

Usual diet _____

Attempts to lose weight by dieting, laxatives, or self-induced vomiting _____

Regular meals (includes breakfast, limits fast food) _____

Counseling/Recommendations _____

Activities

Clubs/Extracurricular _____

Music/Art _____

Sports _____

Religious/Community _____

TV/Electronics _____ hours/day

Gangs _____

Counseling/Recommendations _____

Drugs (Substance Use/Abuse)

Tobacco use _____

Alcohol _____

Drugs (street/prescription) _____

Steroids _____

CRAFFT (+2 indicates need for follow-up)

C – Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? ☐ Yes ☐ No

R – Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? ☐ Yes ☐ No

A – Do you ever use alcohol or drugs while you are by yourself, ALONE? ☐ Yes ☐ No

F – Do you ever FORGET things you did while using alcohol or drugs? ☐ Yes ☐ No

F – Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use? ☐ Yes ☐ No

T – Have you gotten into TROUBLE while you were using alcohol or drugs? ☐ Yes ☐ No

Counseling/Recommendations _____

Safety

Impaired/Distracted driving _____

Sports/recreation safety _____

Guns _____

Peer violence _____

Dating violence _____

Counseling/Recommendations _____

Sex

Oral sex ☐ Yes ☐ No

Has had sexual intercourse (vaginal, anal) ☐ Yes ☐ No

Age of onset of sexual activity _____

Number of partners _____ Gender of partners ☐ Male ☐ Female

Sexual orientation _____

Condom use _____ Contraception _____

Previous pregnancy ☐ No ☐ Yes _____

Previous STI ☐ No ☐ Yes _____

Laboratory/Screening results

☐ Pregnancy test ☐ Pap smear

☐ Chlamydia/Gonorrhea, source _____ ☐ Syphilis ☐ HIV

STI screening laboratory results (specify) _____

Counseling/Recommendations _____

Suicidality/Mental Health

Depression ☐ No ☐ Yes—when? _____

Anxiety ☐ No ☐ Yes—when? _____

Suicide ideation ☐ No ☐ Yes—when? _____

Suicide attempts ☐ No ☐ Yes—when? _____

History of psychologic counseling ☐ No ☐ Yes—when? _____

Other mental health diagnosis _____

Counseling/Recommendations _____

Confidentiality discussed ☐ With teen ☐ With parent(s)

CRAFFT used with permission from Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Arch Pediatr Adolesc Med.* 2002;156:607–614

HEEADSSS used with permission from Goldenring JM, Rosen DS. Getting into adolescent heads: an essential update. *Contemp Pediatr.* 2004;21:64–90

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.

HE0499

9-223/0109

Bright Futures Patient Handout
18 to 21 Year Visits

PHYSICAL GROWTH AND DEVELOPMENT

Your Daily Life

- Visit the dentist at least twice a year.
- Protect your hearing at work, home, and concerts.
- Eat a variety of healthy foods.
- Eat breakfast every morning.
- Drink plenty of water.
- Make sure to get enough calcium.
  - Have 3 or more servings of low-fat (1%) or fat-free milk and other low-fat dairy products each day.
- Aim for 1 hour of vigorous physical activity.
- Be proud of yourself when you do something well.

RISK REDUCTION

Healthy Behavior Choices

- Support friends who choose not to use drugs, alcohol, tobacco, steroids, or diet pills.
- If you use drugs or alcohol, you can talk to us about it. We can help you with quitting or cutting down on your use.
- Make healthy decisions about your sexual behavior.
- If you are sexually active, always practice safe sex. Always use a condom to prevent STIs.
- All sexual activity should be something you want. No one should ever force or try to convince you.
- Find safe activities at school and in the community.

VIOLENCE AND INJURY PREVENTION

Violence and Injuries

- Do not drink and drive or ride in a vehicle with someone who has been using drugs or alcohol.
  - If you feel unsafe driving or riding with someone, call someone you trust to drive you.
- Always wear a seat belt in the car.
- Know the rules for safe driving.
- Never allow physical harm of yourself or others at home or school.
- Always deal with conflict using nonviolence.
- Remember that healthy dating relationships are built on respect and that saying "no" is OK.
- Fighting and carrying weapons can be dangerous.

EMOTIONAL WELL-BEING

Your Feelings

- Figure out healthy ways to deal with stress.
- Try your best to solve problems and make decisions on your own.
- Most people have daily ups and downs. But if you are feeling sad, depressed, nervous, irritable, hopeless, or angry, talk with me or another health professional.
- We understand sexuality is an important part of your development. If you have any questions or concerns, we are here for you.

SOCIAL AND ACADEMIC COMPETENCE

School and Friends

- Take responsibility for being organized enough to succeed in work or school.
- Find new activities you enjoy.
- Consider volunteering and helping others in the community on an issue that interests or concerns you.
- Form healthy friendships and find fun, safe things to do with friends.
- As you get older, making and keeping friends is important. You may find that you drift away from some of your old friends—that's normal.
- Evaluate your friendships and keep those that are healthy.
- It is still important to stay connected with your family.

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Bright Futures Previsit Questionnaire
Older Child/Younger Adolescent Visits

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

_____

_____

What changes or challenges have there been at home since last year?

_____

_____

Do you live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Growing and Changing Body	☐ Teeth ☐ Appearance or body image ☐ How you feel about yourself ☐ Healthy eating ☐ Good ways to be active ☐ How your body is changing ☐ Your weight
School and Friends	☐ Your relationship with your family ☐ Your friends ☐ How you are doing in school ☐ Girlfriend or boyfriend ☐ Organizing your time to get things done
How You Are Feeling	☐ Dealing with stress ☐ Keeping under control ☐ Sexuality ☐ Feeling sad ☐ Feeling anxious ☐ Feeling irritable
Healthy Behavior Choices	☐ Smoking cigarettes ☐ Drinking alcohol ☐ Using drugs ☐ Pregnancy ☐ Sexually transmitted infections (STIs) ☐ Decisions about sex and drugs
Violence and Injuries	☐ Car safety ☐ Using a helmet or protective gear ☐ Keeping yourself safe in a risky situation ☐ Gun safety ☐ Bullying or trouble with other kids ☐ Not riding in a car with a drinking driver

Questions

Dyslipidemia	Do you smoke cigarettes?	☐ Yes	☐ No	☐ Unsure
Alcohol or Drug Use	Have you ever had an alcoholic drink?	☐ Yes	☐ No	☐ Unsure
	Have you ever used marijuana or any other drug to get high?	☐ Yes	☐ No	☐ Unsure
Anemia	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure
	Have you ever been diagnosed with iron deficiency anemia?	☐ Yes	☐ No	☐ Unsure

For Females Only

Anemia	Do you have excessive menstrual bleeding or other blood loss?	☐ Yes	☐ No	☐ Unsure
	Does your period last more than 5 days?	☐ Yes	☐ No	☐ Unsure

Growing and Developing

Check off all of the items that you feel are true for you.

- ☐ I engage in behavior that supports a healthy lifestyle, such as eating healthy foods, being active, and keeping myself safe.
- ☐ I feel I have at least one responsible adult in my life who cares about me and who I can go to if I need help.
- ☐ I feel like I have at least one friend or a group of friends with whom I am comfortable.
- ☐ I help others on my own or by working with a group in school, a faith-based organization, or the community.
- ☐ I am able to bounce back from life's disappointments.
- ☐ I have a sense of hopefulness and self-confidence.
- ☐ I have become more independent and made more of my own decisions as I have become older.
- ☐ I feel that I am particularly good at doing a certain thing like math, soccer, theater, cooking, or hunting. Describe:

_____

_____

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Bright Futures Previsit Questionnaire
Older Child/Early Adolescent Visits—For Parents

For us to provide your child with the best possible health care, we would like to know how things are going.
Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

What changes or challenges have there been at home since last year?

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes, describe:

How many hours per day does your child watch TV, play video games, and use the computer (not for schoolwork)? _____

Questions About Your Child

Vision	Does your child complain that the blackboard has become difficult to see?	☐ Yes	☐ No	☐ Unsure
	Has your child ever failed a school vision screening test?	☐ Yes	☐ No	☐ Unsure
	Does your child hold books close to read?	☐ Yes	☐ No	☐ Unsure
	Does your child have trouble recognizing faces at a distance?	☐ Yes	☐ No	☐ Unsure
	Does your child tend to squint?	☐ Yes	☐ No	☐ Unsure
Hearing	Does your child have a problem hearing over the telephone?	☐ Yes	☐ No	☐ Unsure
	Does your child have trouble following the conversation when 2 or more people are talking at the same time?	☐ Yes	☐ No	☐ Unsure
	Does your child have trouble hearing with a noisy background?	☐ Yes	☐ No	☐ Unsure
	Does your child ask people to repeat themselves?	☐ Yes	☐ No	☐ Unsure
	Does your child misunderstand what others are saying and respond inappropriately?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Dyslipidemia	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	☐ Yes	☐ No	☐ Unsure
	Does your child have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	☐ Yes	☐ No	☐ Unsure
Anemia	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure
	Has your child ever been diagnosed with iron deficiency anemia?	☐ Yes	☐ No	☐ Unsure

For Females Only

Anemia	Does your child have excessive menstrual bleeding or other blood loss?	☐ Yes	☐ No	☐ Unsure
	Does your child's period last more than 5 days?	☐ Yes	☐ No	☐ Unsure

Your Growing and Developing Child

Check off all of the items that you feel are true for your child.

- ☐ My child engages in behavior that supports a healthy lifestyle, such as eating healthy foods, being active, and keeping herself safe.
- ☐ My child has at least one responsible adult in his life who cares about him and to whom he can go to if he needs help.
- ☐ My child has at least one friend or a group of friends with whom she is comfortable.
- ☐ My child helps others individually or by working with a group in school, a faith-based organization, or the community.
- ☐ My child is able to bounce back from life's disappointments.
- ☐ My child has a sense of hopefulness and self-confidence.
- ☐ My child has become more independent and made more of his own decisions as he has become older.
- ☐ My child is particularly good at doing a certain thing like math, soccer, theater, cooking, or hunting. Describe:

ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

WEIGHT (%)	HEIGHT (%)	BMI (%)	BLOOD PRESSURE	BIRTH DATE	AGE
					☐ M ☐ F

Visit with: ☐ Teen alone ☐ Parent(s) alone ☐ Mother ☐ Father ☐ Teen with parents ☐ Other _____

History

☐ Previsit Questionnaire reviewed
☐ Teen has a dental home
☐ Teen has special health care needs

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)

Menarche: Age _____ Regularity _____

Menstrual problems _____

☐ Medication Record reviewed and updated

Social/Family History

See Initial History Questionnaire. ☐ No interval change

Changes since last visit _____

Teen lives with _____

Relationship with parents/siblings _____

Risk Assessment

If not reviewed in Supplemental Questionnaire (Use other side if risks identified.)

HOME
- Eats meals with family ☐ Yes ☐ No
- Has family member/adult to turn to for help ☐ Yes ☐ No
- Is permitted and is able to make independent decisions ☐ Yes ☐ No

EDUCATION
- Grade _____
- Performance ☐ NL _____
- Behavior/Attention ☐ NL _____
- Homework ☐ NL _____

EATING
- Eats regular meals including adequate fruits and vegetables ☐ Yes ☐ No
- Drinks non-sweetened liquids ☐ Yes ☐ No
- Calcium source ☐ Yes ☐ No
- Has concerns about body or appearance ☐ Yes ☐ No

ACTIVITIES
- Has friends ☐ Yes ☐ No
- At least 1 hour of physical activity/day ☐ Yes ☐ No
- Screen time (except for homework) less than 2 hours/day ☐ Yes ☐ No
- Has interests/participates in community activities/volunteers ☐ Yes ☐ No

DRUGS (Substance use/abuse)
- Uses tobacco/alcohol/drugs ☐ Yes ☐ No

SAFETY
- Home is free of violence ☐ Yes ☐ No
- Uses safety belts/safety equipment ☐ Yes ☐ No
- Has peer relationships free of violence ☐ Yes ☐ No

SEX
- Has had oral sex ☐ Yes ☐ No
- Has had sexual intercourse (vaginal, anal) ☐ Yes ☐ No

SUICIDALITY/MENTAL HEALTH
- Has ways to cope with stress ☐ Yes ☐ No
- Displays self-confidence ☐ Yes ☐ No
- Has problems with sleep ☐ Yes ☐ No
- Gets depressed, anxious, or irritable/has mood swings ☐ Yes ☐ No
- Has thought about hurting self or considered suicide ☐ Yes ☐ No

Physical Examination

☑=NL

Bright Futures Priority
- ☐ **SKIN**
- ☐ **BACK/SPINE**
- ☐ **BREASTS**
- ☐ **GENITALIA**
- **SEXUAL MATURITY RATING** _____

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ HEAD
- ☐ EYES
- ☐ EARS
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ NECK
- ☐ TEETH
- ☐ LUNGS
- ☐ HEART
- ☐ ABDOMEN
- ☐ EXTREMITIES
- ☐ NEUROLOGIC

Abnormal findings and comments _____

Assessment

☐ Well teen

Anticipatory Guidance

☐ Discussed and/or handout given

☐ PHYSICAL GROWTH AND DEVELOPMENT
- Brush/Floss teeth
- Regular dentist visits
- Body image
- Balanced diet
- Limit TV
- Physical activity

☐ SOCIAL AND ACADEMIC COMPETENCE
- Help with homework when needed
- Encourage reading/school
- Community involvement
- Family time
- Age-appropriate limits
- Friends

☐ EMOTIONAL WELL-BEING
- Decision-making
- Dealing with stress
- Mental health concerns
- Sexuality/Puberty

☐ RISK REDUCTION
- Tobacco, alcohol, drugs
- Prescription drugs
- Know friends and activities
- Sex

☐ VIOLENCE AND INJURY PREVENTION
- Seat belts, no ATV
- Guns
- Safe dating
- Conflict resolution
- Bullying
- Sport helmets
- Protective gear

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Vision**

☐ Referral to _____

Follow-up/Next visit _____

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

Psychosocial Risks
Confidential (To be completed confidentially for teens with identified risk)

Home

Relationship with parents/guardians _____

Violence in home _____

Teen's concerns _____

Autonomy _____

Counseling/Recommendations _____

Education

Teen's concerns _____

Social interactions _____

Conflicts _____

Counseling/Recommendations _____

Eating

Usual diet _____

Attempts to lose weight by dieting, laxatives, or self-induced vomiting _____

Regular meals (includes breakfast, limits fast food) _____

Counseling/Recommendations _____

Activities

Clubs/Extracurricular _____

Music/Art _____

Sports _____

Religious/Community _____

TV/Electronics _____ hours/day

Gangs _____

Counseling/Recommendations _____

Drugs (Substance Use/Abuse)

Tobacco use _____

Alcohol _____

Drugs (street/prescription) _____

Steroids _____

CRAFFT (+2 indicates need for follow-up)

C – Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? ☐ Yes ☐ No

R – Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? ☐ Yes ☐ No

A – Do you ever use alcohol or drugs while you are by yourself, ALONE? ☐ Yes ☐ No

F – Do you ever FORGET things you did while using alcohol or drugs? ☐ Yes ☐ No

F – Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use? ☐ Yes ☐ No

T – Have you gotten into TROUBLE while you were using alcohol or drugs? ☐ Yes ☐ No

Counseling/Recommendations _____

Safety

Bullying _____

Guns _____

Dating violence _____

Passenger safety _____

Sports/recreation safety _____

Counseling/Recommendations _____

Sex

Oral sex ☐ Yes ☐ No

Has had sexual intercourse (vaginal, anal) ☐ Yes ☐ No

Age of onset of sexual activity _____

Number of partners _____ Gender of partners ☐ Male ☐ Female

Sexual orientation _____

Condom use _____ Contraception _____

Previous pregnancy ☐ No ☐ Yes _____

Previous STI ☐ No ☐ Yes _____

Laboratory/Screening results

☐ Pregnancy test ☐ Pap smear

☐ Chlamydia/Gonorrhea, source _____ ☐ Syphilis ☐ HIV

STI screening laboratory results (specify) _____

Counseling/Recommendations _____

Suicidality/Mental Health

Depression ☐ No ☐ Yes—when? _____

Anxiety ☐ No ☐ Yes—when? _____

Suicide ideation ☐ No ☐ Yes—when? _____

Suicide attempts ☐ No ☐ Yes—when? _____

History of psychologic counseling ☐ No ☐ Yes—when? _____

Other mental health diagnosis _____

Counseling/Recommendations _____

Confidentiality discussed ☐ With teen ☐ With parent(s)

CRAFFT used with permission from Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Arch Pediatr Adolesc Med.* 2002;156:607–614

HEEADSSS used with permission from Goldenring JM, Rosen DS. Getting into adolescent heads: an essential update. *Contemp Pediatr.* 2004;21:64–90

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

Bright Futures Patient Handout
Early Adolescent Visits

PHYSICAL GROWTH AND DEVELOPMENT

Your Growing and Changing Body

- Brush your teeth twice a day and floss once a day.
- Visit the dentist twice a year.
- Wear your mouth guard when playing sports.
- Eat 3 healthy meals a day.
- Eating breakfast is very important.
- Consider choosing water instead of soda.
- Limit high-fat foods and drinks such as candy, chips, and soft drinks.
- Try to eat healthy foods.
  - 5 fruits and vegetables a day
  - 3 cups of low-fat milk, yogurt, or cheese
- Eat with your family often.
- Aim for 1 hour of moderately vigorous physical activity every day.
- Try to limit watching TV, playing video games, or playing on the computer to 2 hours a day (outside of homework time).
- Be proud of yourself when you do something good.

RISK REDUCTION

Healthy Behavior Choices

- Find fun, safe things to do.
- Talk to your parents about alcohol and drug use.
- Support friends who choose not to use tobacco, alcohol, drugs, steroids, or diet pills.
- Talk about relationships, sex, and values with your parents.
- Talk about puberty and sexual pressures with someone you trust.
- Follow your family's rules.

EMOTIONAL WELL-BEING

How You Are Feeling

- Figure out healthy ways to deal with stress.
- Spend time with your family.
- Always talk through problems and never use violence.
- Look for ways to help out at home.
- It's important for you to have accurate information about sexuality, your physical development, and your sexual feelings. Please consider asking me if you have any questions.

SOCIAL AND ACADEMIC COMPETENCE

School and Friends

- Try your best to be responsible for your schoolwork.
- If you need help organizing your time, ask your parents or teachers.
- Read often.
- Find activities you are really interested in, such as sports or theater.
- Find activities that help others.
- Spend time with your family and help at home.
- Stay connected with your parents.

VIOLENCE AND INJURY PREVENTION

Violence and Injuries

- Always wear your seatbelt.
- Do not ride ATVs.
- Wear protective gear including helmets for playing sports, biking, skating, and skateboarding.
- Make sure you know how to get help if you are feeling unsafe.
- Never have a gun in the home. If necessary, store it unloaded and locked with the ammunition locked separately from the gun.
- Figure out nonviolent ways to handle anger or fear. Fighting and carrying weapons can be dangerous. You can talk to me about how to avoid these situations.
- Healthy dating relationships are built on respect, concern, and doing things both of you like to do.

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

American Academy of Pediatrics
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Bright Futures Parent Handout
Early Adolescent Visits

Here are some suggestions from Bright Futures experts that may be of value to your family.

PHYSICAL GROWTH AND DEVELOPMENT

Your Growing and Changing Child

- Talk with your child about how her body is changing with puberty.
- Encourage your child to brush his teeth twice a day and floss once a day.
- Help your child get to the dentist twice a year.
- Serve healthy food and eat together as a family often.
- Encourage your child to get 1 hour of vigorous physical activity every day.
- Help your child limit screen time (TV, video games, or computer) to 2 hours a day, not including homework time.
- Praise your child when she does something well, not just when she looks good.

RISK REDUCTION

Healthy Behavior Choices

- Help your child find fun, safe things to do.
- Make sure your child knows how you feel about alcohol and drug use.
- Consider a plan to make sure your child or his friends cannot get alcohol or prescription drugs in your home.
- Talk about relationships, sex, and values.
- Encourage your child not to have sex.
- If you are uncomfortable talking about puberty or sexual pressures with your child, please ask me or others you trust for reliable information that can help you.
- Use clear and consistent rules and discipline with your child.
- Be a role model for healthy behavior choices.

EMOTIONAL WELL-BEING

Feeling Happy

- Encourage your child to think through problems herself with your support.
- Help your child figure out healthy ways to deal with stress.
- Spend time with your child.
- Know your child's friends and their parents, where your child is, and what he is doing at all times.
- Show your child how to use talk to share feelings and handle disputes.
- If you are concerned that your child is sad, depressed, nervous, irritable, hopeless, or angry, talk with me.

SOCIAL AND ACADEMIC COMPETENCE

School and Friends

- Check in with your child's teacher about her grades on tests and attend back-to-school events and parent-teacher conferences if possible.
- Talk with your child as she takes over responsibility for schoolwork.
- Help your child with organizing time, if he needs it.
- Encourage reading.
- Help your child find activities she is really interested in, besides schoolwork.
- Help your child find and try activities that help others.
- Give your child the chance to make more of his own decisions as he grows older.

VIOLENCE AND INJURY PREVENTION

Violence and Injuries

- Make sure everyone always wears a seat belt in the car.
- Do not allow your child to ride ATVs.
- Make sure your child knows how to get help if he is feeling unsafe.
- Remove guns from your home. If you must keep a gun in your home, make sure it is unloaded and locked with ammunition locked in a separate place.
- Help your child figure out nonviolent ways to handle anger or fear.

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Bright Futures Previsit Questionnaire
Early Adolescent Visits

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

_____

_____

What changes or challenges have there been at home since last year?

_____

_____

Do you live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Growing and Changing Body	☐ Teeth ☐ Appearance or body image ☐ How you feel about yourself ☐ Healthy eating ☐ Good ways to be active ☐ How your body is changing ☐ Your weight
School and Friends	☐ Your relationship with your family ☐ Your friends ☐ How you are doing in school ☐ Girlfriend or boyfriend ☐ Organizing your time to get things done
How You Are Feeling	☐ Dealing with stress ☐ Keeping under control ☐ Sexuality ☐ Feeling sad ☐ Feeling anxious ☐ Feeling irritable
Healthy Behavior Choices	☐ Smoking cigarettes ☐ Drinking alcohol ☐ Using drugs ☐ Pregnancy ☐ Sexually transmitted infections (STIs) ☐ Decisions about sex and drugs
Violence and Injuries	☐ Car safety ☐ Using a helmet or protective gear ☐ Keeping yourself safe in a risky situation ☐ Gun safety ☐ Bullying or trouble with other kids ☐ Not riding in a car with a drinking driver

Questions

Dyslipidemia	Do you smoke cigarettes?	☐ Yes	☐ No	☐ Unsure
Alcohol or Drug Use	Have you ever had an alcoholic drink?	☐ Yes	☐ No	☐ Unsure
	Have you ever used marijuana or any other drug to get high?	☐ Yes	☐ No	☐ Unsure
STIs	Have you ever had sex (including intercourse or oral sex)?	☐ Yes	☐ No	☐ Unsure
Anemia	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure
	Have you ever been diagnosed with iron deficiency anemia?	☐ Yes	☐ No	☐ Unsure

For Females Only

Anemia	Do you have excessive menstrual bleeding or other blood loss?	☐ Yes	☐ No	☐ Unsure
	Does your period last more than 5 days?	☐ Yes	☐ No	☐ Unsure

Growing and Developing

Check off all of the items that you feel are true for you.

- ☐ I engage in behavior that supports a healthy lifestyle, such as eating healthy foods, being active, and keeping myself safe.
- ☐ I feel I have at least one responsible adult in my life who cares about me and who I can go to if I need help.
- ☐ I feel like I have at least one friend or a group of friends with whom I am comfortable.
- ☐ I help others on my own or by working with a group in school, a faith-based organization, or the community.
- ☐ I am able to bounce back from life's disappointments.
- ☐ I have a sense of hopefulness and self-confidence.
- ☐ I have become more independent and made more of my own decisions as I have become older.
- ☐ I feel that I am particularly good at doing a certain thing like math, soccer, theater, cooking, or hunting. Describe:

_____

_____

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Quality care is a team effort.
Thank you for playing a starring role!