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 ❑ Draws a person with 6 body parts ❑ Can tell a story with full sentences ❑ Hops, skips, climbs
❑ Names at least 4 colors ❑ Counts to 10 ❑ Writes some letters and numbers ❑ Ties a knot
❑ Balances on 1 foot ❑ Copies squares, triangles

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ACCOMPANIED BY/INFORMANT | PREFERRED LANGUAGE | DATE/TIME

Name

DRUG ALLERGIES | CURRENT MEDICATIONS

ID NUMBER

WEIGHT (%) See growth chart. | HEIGHT (%) | BMI (%) | BLOOD PRESSURE

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

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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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	

WELL CHILD/5 to 6 years

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

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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.

Healthy Teeth

ORAL HEALTH

- 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.

Ready for School

SCHOOL READINESS

- 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.

Your Child and Family

MENTAL HEALTH

- 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.

Staying Healthy

NUTRITION AND PHYSICAL ACTIVITY

- 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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