



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
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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

Adapted with permission from "Efficient Identification of Adults with Depression and Dementia," September 15, 2004, *American Family Physician*. Copyright © 2004 American Academy of Family Physicians. All Rights Reserved.

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 | ☐ Follows your face |
| ☐ Turns and calms to your voice | ☐ 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 (%)	TEMPERATURE	BIRTH DATE	AGE
See growth chart.						M F

History

H O S P I T A L	☐ Term or _____ weeks	Blood type: Maternal _____
	Birth weight _____	Infant _____ Direct Coombs _____
	Discharge weight _____	Bilirubin screening ☐ None
	Newborn hearing screening	Transcutaneous bilirubin _____
	☐ Done & NL _____	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 ☐ COMMUNICATIVE ☐ PHYSICAL DEVELOPMENT

• Eats well

• Turns and calms to your voice

• 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

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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.***

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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.

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.

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.

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 CARE

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

NEWBORN TRANSITION

NEWBORN TRANSITION

slats no more than 2³/₈ 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.

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.

SAFETY

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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