



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		TEMPERATURE	BIRTH DATE	AGE
See growth chart.						M	F

History

☐ Previsit Questionnaire reviewed	☐ Child has special health care needs
☐ Child has a dental home	

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	☐ COMMUNICATIVE	☐ PHYSICAL DEVELOPMENT
• Self-care skills	• 2–3 sentences	• Builds tower (6–8 blocks)
• Imaginative play	• Usually understandable	• Stands on 1 foot
	• Names a friend	• Throws ball overhand
	☐ COGNITIVE	• Walks upstairs alternating feet
	• Names objects	• Copies circle
	• Knows if boy or girl	• 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	☐ LUNGS
☐ HEAD	☐ HEART
☐ EARS	☐ ABDOMEN
☐ NOSE	☐ GENITALIA
☐ MOUTH AND THROAT	☐ EXTREMITIES
☐ NECK	☐ BACK
	☐ SKIN

Abnormal findings and comments _____

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ FAMILY SUPPORT	☐ PLAYING WITH PEERS	☐ SAFETY
• Show affection	• Encourage appropriate play	• Car safety seat
• Manage anger	• Encourage fantasy play	• Supervise play near streets, cars
• Reinforce appropriate behavior	• Encourage play with peers	• Safety near windows
• Reinforce limits	☐ PROMOTING PHYSICAL ACTIVITY	• Guns
• Find time for yourself	• Family exercise, activities	
☐ ENCOURAGING LITERACY ACTIVITIES	• Limit screen time—maximum 1–2 hours/day	
• Read, sing, play	• No TV in bedroom	
• Talk about pictures in books		
• Encourage child to talk		

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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**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

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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