



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 | ☐ Likes to cuddle |
| ☐ Keeps head steady when sitting up on your lap | ☐ Lets you know when she likes something |
| ☐ Begins to roll and reach for objects | ☐ Lets you know when he does not like something |
| ☐ Wants you to play | ☐ Uses arms to lift chest |
| ☐ Can calm down on his own | ☐ 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 (%)	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 _____

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
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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	☐ GENITALIA
☐ LUNGS	☐ Male/Testes down
☐ EARS/APPEARS TO HEAR	☐ Female
☐ NOSE	☐ EXTREMITIES
☐ MOUTH AND THROAT	☐ BACK
☐ ABDOMEN	

Abnormal findings and comments _____

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given	☐ INFANT DEVELOPMENT • Social development • Communication skills • Physical (tummy time) • Daily routines • Sleep	☐ SAFETY • Car safety seat • Burns • Hot liquids • Water heaters • Falls • Walkers • Choking • Drowning • Lead poisoning
☐ FAMILY FUNCTIONING	☐ ORAL HEALTH • Don't share utensils/pacifier • Avoid bottle in bed	
☐ 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		

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.***

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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

- 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.

FAMILY FUNCTIONING

Feeding Your Baby

- 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.

NUTRITIONAL ADEQUACY AND GROWTH

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

- 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 1/4 inch apart.

INFANT DEVELOPMENT

Playtime

- 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

- 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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