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

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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 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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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.

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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