Bright Futures Previsit Questionnaire
1 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 You Are Feeling	☐ Feeling sad ☐ Using drugs ☐ Using alcohol ☐ Smoking ☐ Getting back to work or school ☐ Breastfeeding plans ☐ Choosing child care
Your Baby and Family	☐ Asking for help when you need it ☐ Community services that may be able to help your family ☐ Violence at home/abuse
Getting to Know Your Baby	☐ Sleep/wake schedules ☐ Where your baby sleeps ☐ How your baby sleeps ☐ How to keep your baby safe while sleeping ☐ Bored baby ☐ Tummy time for playtime with you ☐ How to calm your baby ☐ Crying too much
Feeding Your Baby	☐ How often you should feed your baby ☐ How to know your baby is getting enough ☐ What to feed your baby ☐ Formula feeding ☐ Help with breastfeeding ☐ How to hold your baby while feeding ☐ Burping ☐ Using a pacifier ☐ Worry about your baby's weight
Safety	☐ Car safety seats ☐ Preventing falls ☐ Choking from bracelets, necklaces, and toys with loops or strings

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
Tuberculosis	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Was your child born in a country at high risk for tuberculosis (countries other than the United Sates, Canada, Australia, New Zealand, and 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

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

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 development, learning, or behavior? ☐ No ☐ Yes, describe:

Check off each of the tasks that your baby is able to do.
☐ If upset, able to calm ☐ Recognizes parents' voices ☐ Lifts head when on tummy
☐ Follows parents with eyes ☐ Smiles

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TO BE FILLED OUT BY PROVIDER

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

Newborn screening ☐ NL
Hearing screening ☐ NL

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 adjustment to child

Maternal depression ☐ Y ☐ N

Observation of parent-child interaction

Reaction of siblings to new child

Work plans

Child care plans

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

Development (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- If upset, able to calm

☐ COGNITIVE
- Has started to smile

☐ COMMUNICATIVE
- Recognizes parents' voices
- Follows parent with eyes

☐ PHYSICAL DEVELOPMENT
- Able to lift head when on tummy

Physical Examination

☑= NL

Bright Futures Priority

☐ **HEAD/FONTANELLE (positional skull deformities)**
☐ **EYES (red reflex/strabismus/ appears to see)**
☐ **HEART**
  ☐ **FEMORAL PULSES**
☐ **ABDOMEN**
☐ **MUSCULOSKELETAL (torticollis)**
  ☐ **HIPS**
☐ **NEUROLOGIC (tone, strength, symmetry)**

Additional Systems

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

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ PARENTAL WELL-BEING
☐ FAMILY ADJUSTMENT
☐ FEEDING ROUTINES
- Breastfeeding (400 IU vitamin D supplement)
- Iron-fortified formula
- Solid foods (wait until 4–6 months)
- Elimination
  - 5–8 wet diapers, 3–4 stools

☐ INFANT ADJUSTMENT
- Tummy time
- Encourage daily routines
- Back to sleep
- Sleep location
- Techniques to calm

☐ SAFETY
- Car safety seat
- Falls
- No strings around neck
- No shaking
- Smoke-free environment

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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HE0483

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

HE0483

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Bright Futures Parent Handout
1 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

PARENTAL WELL-BEING

How You Are Feeling

- Taking care of yourself gives you the energy to care for your baby. Remember to go for your postpartum checkup.
- Call for help if you feel sad or blue, or very tired for more than a few days.
- Know that returning to work or school is hard for many parents.
- Find safe, loving child care for your baby. You can ask us for help.
- If you plan to go back to work or school, start thinking about how you can keep breastfeeding.

INFANT ADJUSTMENT

Getting to Know Your Baby

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Put your baby to sleep on his 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 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.
  - Give your baby a pacifier if he wants it.
- Hold and cuddle your baby often.
  - Tummy time—put your baby on his tummy when awake and you are there to watch.
- Crying is normal and may increase when your baby is 6–8 weeks old.
- When your baby is crying, comfort him by talking, patting, stroking, and rocking.
- *Never shake your baby.*
- If you feel upset, put your baby in a safe place; call for help.

SAFETY

Safety

- Use a rear-facing car safety seat in all vehicles.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Always wear your seat belt and never drive after using alcohol or drugs.
- Keep your car and home smoke-free.
- Keep hanging cords or strings away from and necklaces and bracelets off of your baby.
- Keep a hand on your baby when changing clothes or the diaper.

FAMILY ADJUSTMENT

Your Baby and Family

- Plan with your partner, friends, and family to have time for yourself.
- Take time with your partner too.
- Let us know if you are having any problems and cannot make ends meet. There are resources in our community that can help you.
- Join a new parents group or call us for help to connect to others if you feel alone and lonely.
- Call for help if you are ever hit or hurt by someone and if you and your baby are not safe at home.
- Prepare for an emergency/illness.
  - Keep a first-aid kit in your home.
  - Learn infant CPR.
  - Have a list of emergency phone numbers.
  - Know how to take your baby's temperature rectally. Call us if it is 100.4°F (38.0°C) or higher.
- Wash your hands often to help your baby stay healthy.

Feeding Your Baby

- Feed your baby only breast milk or iron-fortified formula in the first 4–6 months.

FEEDING ROUTINES

- Pat, rock, undress, or change the diaper to wake your baby to feed.
- Feed your baby when you see signs of hunger.
  - Putting hand to mouth
  - Sucking, rooting, and fussing
- End feeding when you see signs your baby is full.
  - Turning away
  - Closing the mouth
  - Relaxed arms and hands
- Breastfeed or bottle-feed 8–12 times per day.
- Burp your baby during natural feeding breaks.
- Having 5–8 wet diapers and 3–4 stools each day shows your baby is eating well.

If Breastfeeding

- Continue to take your prenatal vitamins.
- When breastfeeding is going well (usually at 4–6 weeks), you can offer your baby a bottle or pacifier.

If Formula Feeding

- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 2 oz every 2–3 hours. If your baby is still hungry, you can feed more.
- Hold your baby so you can look at each other.
- Do not prop the bottle.

What to Expect at Your Baby's 2 Month Visit

We will talk about

- Taking care of yourself and your family
- Sleep and crib safety
- Keeping your home safe for your baby
- Getting back to work or school and finding child care
- Feeding your baby

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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