Bright Futures Previsit Questionnaire
12 Month 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	☐ Ways to manage your child's behavior ☐ Finding time for yourself ☐ Parent/family community activities
Establishing Routines	☐ Nap time routines ☐ Bedtime routines ☐ Brushing teeth ☐ Starting family traditions
Feeding Your Child	☐ Using a spoon and cup ☐ Healthy food choices ☐ How many meals or snacks a day ☐ How much your child should eat ☐ Change in appetite and growth ☐ Your child's weight
Finding a Dentist	☐ Your child's first dental checkup ☐ Brushing teeth twice daily ☐ Finger sucking, pacifiers, and bottles
Safety	☐ Home safety indoors and outdoors ☐ Car safety seats ☐ Water safety ☐ Gun safety ☐ Older siblings watching your child ☐ Foods that might cause choking

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
Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
	Does your child hold objects close when trying to focus?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	☐ Yes	☐ No	☐ Unsure
	Have your child's eyes ever been injured?	☐ 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
Oral Health	Do you know a dentist to whom you can bring your child?	☐ 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 problems?

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.

- ☐ Bangs toys together
- ☐ Waves bye-bye
- ☐ Tries to do what you do
- ☐ Stands alone
- ☐ Drinks from a cup
- ☐ Speaks 1 to 2 words
- ☐ Babbles
- ☐ Tries to make the same sounds you do
- ☐ Looks at things you are looking at
- ☐ Cries when you leave
- ☐ Hands you a book to read
- ☐ Follows simple directions
- ☐ Plays peekaboo

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 (%)
See growth chart.			

TEMPERATURE	BIRTH DATE	AGE
		☐ 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 _____

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 _____
☐ Formula Ounces per feeding _____
Source of water _____ Vitamins/Fluoride _____

Elimination: ☐ NL _____

Sleep: ☐ NL _____

Behavior: ☐ NL _____

Activity (playtime, no TV): ☐ NL _____

Development (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- Waves bye-bye
- Tries to do what you do
- Cries when you leave
- Plays peekaboo
- Hands you a book to read

☐ COMMUNICATIVE
- Speaks 1–2 words
- Babbles
- Tries to make the same sounds you do
- Looks at things you are looking at

☐ COGNITIVE
- Follows simple directions

☐ PHYSICAL DEVELOPMENT
- Bangs toys together
- Pulls to stand
- Stands alone
- Drinks from a cup

Physical Examination

☑=NL

Bright Futures Priority
- ☐ **EYES (red reflex, cover/uncover test)**
- ☐ **NEUROLOGIC (tone, strength, gait)**
- ☐ **TEETH (caries, white spots, staining)**
- ☐ **GENITALIA**
  - ☐ **MALE/TESTES DOWN**
  - ☐ **FEMALE**

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ HEAD/FONTANELLE
- ☐ EARS/APPEARS TO HEAR
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ HEART
  - ☐ Femoral pulses
- ☐ EXTREMITIES/HIPS
- ☐ LUNGS
- ☐ ABDOMEN
- ☐ BACK
- ☐ SKIN

Abnormal findings and comments _____

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ FAMILY SUPPORT
- Time for self/partner
- Community activities
- Age-appropriate discipline

☐ ESTABLISHING ROUTINES
- Family traditions
- Nap and bedtime

☐ FEEDING AND APPETITE CHANGES
- Self-feeding
- Consistent meals/snacks
- Variety of nutritious foods
- Iron-fortified formula

☐ ESTABLISHING A DENTAL HOME
- First dentist visit
- Brush teeth twice a day
- Limit bottle use (water only)
- No bottle in bed

☐ SAFETY
- Car safety seat
- Poisons
- Water
- No supervision by young children
- Sharp objects
- Guns
- Home safety
- Falls

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Hgb/Hct** ☐ **Lead** **Other** _____

☐ Referral to _____

Follow-up/Next visit _____

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

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
12 Month Visit

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

FAMILY SUPPORT

Family Support

- Try not to hit, spank, or yell at your child.
- Keep rules for your child short and simple.
- Use short time-outs when your child is behaving poorly.
- Praise your child for good behavior.
- Distract your child with something he likes during bad behavior.
- Play with and read to your child often.
- Make sure everyone who cares for your child gives healthy foods, avoids sweets, and uses the same rules for discipline.
- Make sure places your child stays are safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.

ESTABLISHING ROUTINES

Establishing Routines

- Your child should have at least one nap. Space it to make sure your child is tired for bed.
- Make the hour before bedtime loving and calm.
- Have a simple bedtime routine that includes a book.
- Avoid having your child watch TV and videos, and never watch anything scary.
- Be aware that fear of strangers is normal and peaks at this age.
- Respect your child's fears and have strangers approach slowly.
- Avoid watching TV during family time.
- Start family traditions such as reading or going for a walk together.

FEEDING AND APPETITE CHANGES

Feeding Your Child

- Have your child eat during family mealtime.
- Be patient with your child as she learns to eat without help.
- Encourage your child to feed herself.
- Give 3 meals and 2–3 snacks spaced evenly over the day to avoid tantrums.
- Make sure caregivers follow the same ideas and routines for feeding.
- Use a small plate and cup for eating and drinking.
- Provide healthy foods for meals and snacks.
- Let your child decide what and how much to eat.
- End the feeding when the child stops eating.
- Avoid small, hard foods that can cause choking—nuts, popcorn, hot dogs, grapes, and hard, raw veggies.

SAFETY

Safety

- Have your child's car safety seat rear-facing until your child is 2 years of age *or* until she reaches the highest weight or height allowed by the car safety seat's manufacturer.
- Lock away poisons, medications, and lawn and cleaning supplies. Call Poison Help (1-800-222-1222) if your child eats nonfoods.
- Keep small objects, balloons, and plastic bags away from your child.
- Place gates at the top and bottom of stairs and guards on windows on the second floor and higher. Keep furniture away from windows.
- Lock away knives and scissors.
- Only leave your toddler with a mature adult.
- Near or in water, keep your child close enough to touch.

SAFETY

- Make sure to empty buckets, pools, and tubs when done.
- 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.

ESTABLISHING A DENTAL HOME

Finding a Dentist

- Take your child for a first dental visit by 12 months.
- Brush your child's teeth twice each day.
- With water only, use a soft toothbrush.
- If using a bottle, offer only water.

What to Expect at Your Child's 15 Month Visit

We will talk about

- Your child's speech and feelings
- Getting a good night's sleep
- Keeping your home safe for your child
- Temper tantrums and discipline
- Caring for your child's teeth

Poison Help: 1-800-222-1222

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

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

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