

Well Child | 4 Year Visit

Accompanied By:		Preferred Language:		Date/Time:	Name:			
Weight (%):	Height (%):	BMI (%):	BP (%):	ID Number:				
Vitals (if indicated):	Temp:	HR:	Resp Rate:	SpO ₂ :	Birth Date:	Age:	Sex: M <input type="radio"/> F <input type="radio"/>	

HISTORY

Concerns and Questions: None

Interval History: None

Medical History: Child has special health care needs.
 Areas reviewed and updated as needed
 Past Medical History (See Initial History Questionnaire.)
 Surgical History (See Initial History Questionnaire.)
 Problem List (See Problem List.)

Medications: None

Reviewed and updated (See Medication Record.)

Allergies: No known drug allergies

Nutrition: Good appetite Good variety
 Daily fruits and vegetables: Iron source: _____
 Calcium: Source: _____ Amount: _____
 Juice: No Yes: _____

Comments:

Dental Home: No Yes: _____
 Brushing twice daily: Yes No: _____
 Fluoride: In water source Oral supplement Other: _____

Elimination: Regular soft stools
 Toilet-trained: Yes No In process

Sleep: No concerns

Behavior: No concerns

Physical Activity:
 Playtime (60 min/d): Yes No: _____
 Screen time: h/d: _____
 Source: _____ Quality monitored: Yes No

DEVELOPMENT

= Normal development See Previsit Questionnaire.
 Caregiver concerns about development: None Yes: _____

<input type="checkbox"/> SOCIAL LANGUAGE AND SELF-HELP <ul style="list-style-type: none"> Goes to the bathroom and has bowel movement by self Dresses and undresses without much help Plays make-believe 	<input type="checkbox"/> VERBAL LANGUAGE <ul style="list-style-type: none"> Uses 4-word sentences Uses words that are 100% intelligible to strangers Answers questions Tells a story from a book 	<input type="checkbox"/> FINE MOTOR <ul style="list-style-type: none"> Draws a person with at least 3 body parts Draws a simple cross Unbuttons and buttons medium-sized buttons Grasps a pencil with thumb and fingers instead of fist Draws recognizable pictures
<input type="checkbox"/> GROSS MOTOR <ul style="list-style-type: none"> Climbs stairs, alternating feet without support Skips on one foot 		

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The recommendations in this form do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original form included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this form and in no event shall the AAP be liable for any such changes.
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SOCIAL AND FAMILY HISTORY

Areas reviewed and updated as needed (See Initial History Questionnaire.): Social History Family History

Changes since last visit: _____ No interval change

Smoking household: No Yes: _____ Firearms in home: No Yes: _____

Parent-child interaction: Communication: NL _____ Cooperation: NL _____

Choices: NL _____ Appropriate responses to behavior: NL _____

Parents working outside home: One parent Both parents Child care: No Yes Type: _____

Preschool: No Yes Type: _____

REVIEW OF SYSTEMS

A 10-point review of systems was performed and results were negative except for any positive results listed below.

Bold = Focus area for this Bright Futures Visit

Constitutional: _____ Respiratory: _____ Skin: _____

Eyes: _____ Gastrointestinal: _____ Neurological: _____

Head, Ears, Nose, and Throat: _____ Genitourinary: _____ Other: _____

Cardiovascular: _____ Musculoskeletal: _____ Other: _____

PHYSICAL EXAMINATION

= System examined **Bold = Focus area for this Bright Futures Visit**
Normal examination findings in text. Cross out abnormalities. Describe other findings in the area provided.

General: Well-appearing child. **Normal interval growth. Normal BMI and BP for age.** _____

Head: Normocephalic and atraumatic. _____

Eyes: **Extraocular eye movements intact. Red reflex present bilaterally. No opacification.** Normal fundoscopic examination findings.

Ears, nose, **mouth**, and throat: Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth without visible decay or white spots.
No gingivitis.

Neck: Supple, with full range of motion and no significant adenopathy. _____

Heart: Regular rate and rhythm. No murmur. _____

Respiratory: Breath sounds clear bilaterally. Comfortable work of breathing. _____

Abdomen: Soft, with **no palpable masses.** _____

Genitourinary:

Normal female external genitalia. _____

Normal male external genitalia, with testes descended bilaterally. _____

Musculoskeletal: Spine straight. Full range of motion. _____

Neurological: **Normal gait. Speech clear and fluent without articulation difficulties. Fine motor skills appropriate for age.**

Skin: Warm and well perfused. **No rashes or bruising.** No atypical nevi or birthmarks. _____

Other comments: _____

ASSESSMENT

Well child Normal interval growth (See growth chart.) Normal BMI percentile for age Normal BP percentile for age

Age-appropriate development

ANTICIPATORY GUIDANCE

Discussed and/or handout given

SOCIAL DETERMINANTS OF HEALTH

- Living situation and food security
- Tobacco, alcohol, and drug use
- Intimate partner violence
- Safety in the community
- Engagement in the community

DEVELOPING HEALTHY NUTRITION AND PERSONAL HABITS

- Water, milk, and juice
- Nutritious foods
- Daily routines that promote health

SCHOOL READINESS

- Language understanding and fluency
- Feelings
- Opportunities to socialize with other children
- Readiness for structured learning experiences
- Early childhood programs and preschool

MEDIA USE

- Limits on use
- Promoting physical activity and safe play

SAFETY

- Belt-positioning car booster seats
- Outdoor safety
- Water safety
- Sun protection
- Pets
- Gun safety

PLAN

Immunizations: Vaccine Administration Record reviewed Administered today: _____ Up-to-date for age

Universal Screening:

Hearing: Result: Unable to complete Normal hearing BL Abnormal: _____

Vision: Result: Unable to complete Normal vision for age Abnormal: _____

Oral health: Fluoride varnish applied: Yes No: _____ Oral fluoride supplementation: Yes No: _____ NA

Selective Screening (based on risk assessment) (See Previsit Questionnaire.):

Anemia Dyslipidemia Lead Oral health Tuberculosis

Comments/results:

Follow-up:

Routine follow-up at 5 years Next visit: _____ Referral to: _____

PRINT NAME.	SIGNATURE
Provider 1	
Provider 2	

*Consistent with Bright Futures:
Guidelines for Health Supervision of
Infants, Children, and Adolescents,
4th Edition*