

# 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 <sub>2</sub> :	Birth Date:	Age:	Sex: M F

## 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: \_\_\_\_\_

SOCIAL LANGUAGE AND SELF-HELP

- Goes to the bathroom and has bowel movement by self
- Dresses and undresses without much help
- Plays make-believe

VERBAL LANGUAGE

- Uses 4-word sentences
- Uses words that are 100% intelligible to strangers
- Answers questions
- Tells a story from a book

GROSS MOTOR

- Climbs stairs, alternating feet without support
- Skips on one foot

FINE MOTOR

- 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

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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 funduscopic 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*