

Well Child | 7 and 8 Year Visits

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|------------------------------|-------------|---------------------|------------|--------------------|-------------|------|----------|
| 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 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: _____

Comments:

Dental Home: No Yes: _____

Brushing twice daily: Yes No: _____

Fluoride: In water source Oral supplement Other: _____

Sugar-sweetened beverages: No Yes

Elimination: Regular soft stools: _____

Sleep: No concerns

Physical Activity:

Playtime (60 min/d): Yes No: _____

Screen time: h/d: _____

Source: _____

Family media use plan discussed: Yes No

School: Grade: _____ IEP/504/behavior plan: Yes No NA

Performance: NL _____

Parent/teacher concerns: None

Behavior: No concerns

Parent-child-sibling interaction: NL _____

Cooperation: Yes No Oppositional behavior: Yes No

DEVELOPMENT

= Normal development See Previsit Questionnaire.

Caregiver concerns about development: None Yes: _____

- Shows the ability to get along with others and control emotions
- Chooses to eat healthy foods and participate in physical activity every day
- Forms caring, supportive relationships with family members, other adults, and peers

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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: _____

Observation of parent-child interaction: _____

Parents working outside home: One parent Both parents After-school care: _____

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 BMI and BP for age.** _____

Head: Normocephalic and atraumatic. _____

Eyes: Pupils equal, round, and reactive to light. **Extraocular eye movements intact.** Normal funduscopic examination findings.

Ears, nose, **mouth**, and throat: Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth **without visible caries. No gingivitis. No malocclusion.**

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. _____

Sexual Maturity Rating

Female: Breast development SMR _____, pubic hair SMR _____

Male: Testicular development SMR _____, pubic hair SMR _____

Musculoskeletal: Spine straight. **Full range of motion in hips, knees, and ankles.** _____

Neurological: **Normal gait.** Normal strength and tone. _____

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

ANTICIPATORY GUIDANCE

Discussed and/or handout given

SOCIAL DETERMINANTS OF HEALTH

- Neighborhood and family violence
- Food security
- Family substance use
- Harm from the Internet
- Emotional security and self-esteem
- Connectedness with family and peers

DEVELOPMENT AND MENTAL HEALTH

- Independence
- Rules and consequences
- Temper problems and conflict resolution
- Puberty and pubertal development

SCHOOL

- Adaptation to school
- School problems (behavior or learning issues)
- School performance and progress; school attendance
- IEP or special education services
- Involvement in school activities and after-school programs

PHYSICAL GROWTH AND DEVELOPMENT

- Oral health
- Nutrition
- Physical activity

SAFETY

- Car safety
- Safety during physical activity
- Water safety
- Sun protection
- Harm from adults
- Gun safety

PLAN

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

Universal Screening: None (age 7 y)

Hearing (age 8 y): Result: Normal hearing BL Abnormal: _____

Vision (age 8 y): Result: Normal vision for age Abnormal: _____

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

Anemia Dyslipidemia Hearing (age 7 y) Oral health Tuberculosis Vision (age 7 y)

Comments/results:

Follow-up:

Routine follow-up in 1 year 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*