Bright Futures Previsit Questionnaire
2 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	☐ Getting back to normal activities ☐ Feeling sad ☐ Your partner helping you take care of your home and baby ☐ Help taking care of your baby ☐ Brothers and sisters getting along with your baby ☐ Taking time for yourself ☐ Finding time alone with your partner
Your Growing Baby	☐ How you are doing with your baby ☐ Where your baby sleeps ☐ How your baby sleeps ☐ How to keep your baby safe while sleeping ☐ Tummy time for playtime with you ☐ Rolling over ☐ Talking with your baby ☐ Calming your baby ☐ Daily routines
Your Baby and Family	☐ Leaving your baby when going to work or school ☐ Finding good child care
Feeding Your Baby	☐ Feeding routine ☐ When to begin solid food ☐ Holding ☐ Burping ☐ Your child's weight ☐ Knowing when your baby is hungry or full ☐ Help with breastfeeding ☐ Formula feeding
Safety	☐ Car safety seats ☐ How to check hot water temperature ☐ Choking ☐ Preventing falls from rolling over ☐ Bathtub safety ☐ Cigarette smoke

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

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?

_____

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.

- ☐ Smiles
- ☐ Coos
- ☐ Looks at you
- ☐ Comforts self (brings hands to mouth)
- ☐ Has different types of cries to show hunger or when tired
- ☐ Fusses if bored
- ☐ Moves both arms and legs together
- ☐ Holds head up when held
- ☐ Pushes head up when lying on tummy

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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

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
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)

☐ PHYSICAL DEVELOPMENT
- Lifts head and begins to push up when prone
- Holds head erect for short periods (when held upright)
- Diminished newborn reflexes
- Symmetrical movement

☐ COGNITIVE
- Indicates boredom when no activity change

☐ COMMUNICATIVE
- Coos
- Different cries for different needs

☐ SOCIAL-EMOTIONAL
- Smiles
- Looks at parent
- Self-comfort

Physical Examination

☑=NL

Bright Futures Priority
- ☐ **SKIN (rashes, bruising)**
- ☐ **HEAD/FONTANELLE (positional skull deformities)**
- ☐ **EYES (red reflex/strabismus/ appears to see)**
- ☐ **HEART**
  - ☐ **FEMORAL PULSES**
- ☐ **MUSCULOSKELETAL (torticollis)**
  - ☐ **HIPS**
- ☐ **NEUROLOGIC (tone, strength, symmetry)**

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

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ PARENTAL (MATERNAL) WELL-BEING
☐ INFANT-FAMILY SYNCHRONY
☐ NUTRITIONAL ADEQUACY
- Breastfeeding (400 IU vitamin D supplement)
- Iron-fortified formula
- Solid foods (wait until 4–6 months)
- Elimination
- No bottle in bed

☐ INFANT BEHAVIOR
- Calming skills
- Physical
  - Tummy time
  - Daily routines
- Sleep
  - Back to sleep

☐ SAFETY
- Car safety seat
- Falls
- Burns
  - Hot liquids
  - Water heater
- Smoke-free environment
- Drowning
- Choking
  - Small objects
  - Plastic bags

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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HE0484

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
2 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.
- Find ways to spend time alone with your partner.
- Keep in touch with family and friends.
- Give small but safe ways for your other children to help with the baby, such as bringing things you need or holding the baby's hand.
- Spend special time with each child reading, talking, or doing things together.

INFANT BEHAVIOR

Your Growing Baby

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Put your baby to sleep on her 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 she wants it.
- Hold, talk, cuddle, read, sing, and play often with your baby. This helps build trust between you and your baby.
- Tummy time—put your baby on her tummy when awake and you are there to watch.
- Learn what things your baby does and does not like.

BEHAVIOR

- Notice what helps to calm your baby such as a pacifier, fingers or thumb, or stroking, talking, rocking, or going for walks.

SAFETY

Safety

- Use a rear-facing car safety seat in the back 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 plastic bags, balloons, and other small objects, especially small toys from other children, away from your baby.
- Your baby can roll over, so keep a hand on your baby when dressing or changing him.
- Set the water heater so the temperature at the faucet is at or below 120°F.
- Never leave your baby alone in bathwater, even in a bath seat or ring.

INFANT-FAMILY SYNCHRONY

Your Baby and Family

- Start planning for when you may go back to work or school.
- Find clean, safe, and loving child care for your baby.
- Ask us for help to find things your family needs, including child care.
- Know that it is normal to feel sad leaving your baby or upset about your baby going to child care.

NUTRITIONAL ADEQUACY

Feeding Your Baby

- Feed only breast milk or iron-fortified formula in the first 4–6 months.
- Avoid feeding your baby solid foods, juice, and water until about 6 months.
- Feed your baby when your baby is hungry.
- 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
- Burp your baby during natural feeding breaks.

NUTRITIONAL ADEQUACY

If Breastfeeding

- Feed your baby 8 or more times each day.
- Plan for pumping and storing breast milk. Let us know if you need help.

If Formula Feeding

- Feed your baby 6–8 times each day.
- Make sure to prepare, heat, and store the formula safely. If you need help, ask us.
- Hold your baby so you can look at each other.
- Do not prop the bottle.

What to Expect at Your Baby's 4 Month Visit

We will talk about

- Your baby and family
- Feeding your baby
- Sleep and crib safety
- Calming your baby
- Playtime with your baby
- Caring for your baby and yourself
- Keeping your home safe for your baby
- Healthy teeth

Poison Help: 1-800-222-1222

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

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