Bright Futures Previsit Questionnaire
2 Year 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.

Your Talking Child	☐ How your child talks ☐ Reading together
How Your Child Behaves	☐ Praising your child ☐ Helping your child express feelings ☐ Knowing how to give your child limited choices ☐ Playing with others ☐ Helping your child follow directions ☐ Your child's weight
Toilet Training	☐ Signs your child is ready to potty train ☐ Helping your child potty train
Your Child and TV	☐ How much TV is too much TV ☐ Learning activities other than TV ☐ How to be physically active as a family
Safety	☐ Car safety seats ☐ Bike helmets ☐ Being safe outside ☐ Gun safety

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
Dyslipidemia	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	☐ Yes	☐ No	☐ Unsure
	Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	☐ Yes	☐ No	☐ Unsure
Anemia	Do you ever struggle to put food on the table?	☐ Yes	☐ No	☐ Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure
Oral Health	Does your child have a dentist?	☐ 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 changes?

____

____

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.

- ☐ Stacks 5 or 6 small blocks
- ☐ Kicks a ball
- ☐ Walks up and down stairs 1 step at a time alone while holding wall or railing
- ☐ Can point to at least 2 pictures that you name when reading a book
- ☐ Throws a ball overhand
- ☐ Names 1 picture such as a cat, dog, or ball
- ☐ Jumps up
- ☐ Copies things that you do
- ☐ Follows 2-step command
- ☐ When talking, puts 2 words together, like "my book"
- ☐ Turns book pages 1 at a time
- ☐ Plays pretend
- ☐ Plays alongside other children

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME

Name

DRUG ALLERGIES	CURRENT MEDICATIONS

ID NUMBER

WEIGHT (%)	HEIGHT (%)	HEAD CIRC (%)	BMI (%)
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 ______

Elimination: ☐ NL ______

Toilet training: ☐ Yes ☐ In process ______

Sleep: ☐ NL ______

Behavior/Temperament: ☐ NL ______

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

Development

☐ **Autism-specific screen** ☐ **NL** **Tool** ______

Developmental Surveillance (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- Copies things that you do
- Plays pretend
- Plays alongside other children

☐ COMMUNICATIVE
- When talking, puts 2 words together (eg, "my book")

☐ COGNITIVE
- Names 1 picture (eg, cat, dog, ball)
- Follows 2-step commands

☐ PHYSICAL DEVELOPMENT
- Stacks small blocks (5–6)
- Kicks a ball
- Walks up and down stairs 1 step at a time alone while holding wall or railing
- Throws a ball overhand
- Jumps up
- Turns book pages 1 at a time

Physical Examination

☑= NL

Bright Futures Priority

☐ **EYES (red reflex, cover/uncover test)**
☐ **TEETH (caries, white spots, staining)**
☐ **NEUROLOGIC (coordination, language, socialization)**

Additional Systems

☐ GENERAL APPEARANCE
☐ HEAD/FONTANELLE
☐ EARS/APPEARS TO HEAR
☐ NOSE
☐ MOUTH AND THROAT
☐ NECK
☐ LUNGS
☐ HEART
  ☐ Femoral pulses
☐ ABDOMEN
☐ GENITALIA
  ☐ Male/Testes down
  ☐ Female
☐ EXTREMITIES/HIPS
☐ BACK
☐ SKIN

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ ASSESSMENT OF LANGUAGE DEVELOPMENT
- Model appropriate language
- Daily reading
- Following 1–2-step commands
- Listen and respond to child

☐ TEMPERAMENT AND BEHAVIOR
- Praise, respect
- Help express feelings
- Self-expression
- Playing with other children

☐ TOILET TRAINING
- When child is ready
- Plan for frequent toilet breaks
- Personal hygiene

☐ TV VIEWING
- Limit TV viewing to no more than 1–2 hours/day
- TV alternatives: reading, games, singing
- Encourage physical activity

☐ SAFETY
- Car safety seat
- Bike helmet
- Supervise outside
- Guns

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Lead** ______

☐ Referral to ______

Follow-up/Next visit ______

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

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HE0491

WELL CHILD/2 years

This American Academy of Pediatrics Visit Documentation Form is consistent with
***Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 3rd Edition.**

The recommendations in this publication 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.

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Bright Futures Parent Handout 2 Year Visit

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

Your Talking Child

ASSESSMENT OF LANGUAGE DEVELOPMENT

- Talk about and describe pictures in books and the things you see and hear together.
- Parent-child play, where the child leads, is the best way to help toddlers learn to talk.
- Read to your child every day.
- Your child may love hearing the same story over and over.
- Ask your child to point to things as you read.
- Stop a story to let your child make an animal sound or finish a part of the story.
- Use correct language; be a good model for your child.
- Talk slowly and remember that it may take a while for your child to respond.

Your Child and TV

TELEVISION VIEWING

- It is better for toddlers to play than watch TV.
- Limit TV to 1–2 hours or less each day.
- Watch TV together and discuss what you see and think.
- Be careful about the programs and advertising your young child sees.
- Do other activities with your child such as reading, playing games, and singing.
- Be active together as a family. Make sure your child is active at home, at child care, and with sitters.

Safety

SAFETY

- Be sure your child's car safety seat is correctly installed in the back seat of all vehicles.
- All children 2 years or older, or those younger than 2 years who have outgrown the rear-facing weight or height limit for their car safety seat, should use a forward-facing car safety seat with a harness for as long as possible, up to the highest weight or height allowed by their car safety seat's manufacturer.
- Everyone should wear a seat belt in the car. Do not start the vehicle until everyone is buckled up.
- Never leave your child alone in your home or yard, especially near cars, without a mature adult in charge.
- When backing out of the garage or driving in the driveway, have another adult hold your child a safe distance away so he is not run over.
- Keep your child away from moving machines, lawn mowers, streets, moving garage doors, and driveways.
- Have your child wear a good-fitting helmet on bikes and trikes.
- 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.

Toilet Training

TOILET TRAINING

- Signs of being ready for toilet training
  - Dry for 2 hours
  - Knows if she is wet or dry
  - Can pull pants down and up
  - Wants to learn
  - Can tell you if she is going to have a bowel movement
- Plan for toilet breaks often. Children use the toilet as many as 10 times each day.
- Help your child wash her hands after toileting and diaper changes and before meals.
- Clean potty chairs after every use.
- Teach your child to cough or sneeze into her shoulder. Use a tissue to wipe her nose.
- Take the child to choose underwear when she feels ready to do so.

How Your Child Behaves

TEMPERAMENT AND BEHAVIOR

- Praise your child for behaving well.
- It is normal for your child to protest being away from you or meeting new people.
- Listen to your child and treat him with respect. Expect others to as well.
- Play with your child each day, joining in things the child likes to do.
- Hug and hold your child often.
- Give your child choices between 2 good things in snacks, books, or toys.
- Help your child express his feelings and name them.
- Help your child play with other children, but do not expect sharing.
- Never make fun of the child's fears or allow others to scare your child.
- Watch how your child responds to new people or situations.

What to Expect at Your Child's 2½ Year Visit

We will talk about

- Your talking child
- Getting ready for preschool
- Family activities
- Home and car safety
- Getting along with other children

Poison Help: 1-800-222-1222

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

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