# Bright Futures Previsit Questionnaire
# 3 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.**

| | |
|---|---|
| **Family Support** | ☐ Balancing work and family ☐ Giving your child choices ☐ Having time alone with your partner<br>☐ Being consistent with your child ☐ Showing affection to your child ☐ How to use time-outs<br>☐ How your child is getting along with brothers and sisters ☐ Taking time for yourself ☐ Your child's weight |
| **Reading and Talking With Your Child** | ☐ How to get your child interested in reading ☐ What to talk about with your child |
| **Playing With Others** | ☐ Fun games to play with your child ☐ Playing and getting along with other children |
| **Your Active Child** | ☐ How to keep your child active ☐ How much TV is too much TV |
| **Safety** | ☐ Car safety seats ☐ Staying safe outside ☐ Crossing the street safely ☐ Preventing falls from windows<br>☐ 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 |
| **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 |
| **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 6 small blocks
- ☐ Throws a ball overhand
- ☐ Balances on each foot
- ☐ Copies a circle
- ☐ Names a friend
- ☐ Pretend play, such as playing house or school
- ☐ Has a conversation with 2 or 3 sentences together
- ☐ Knows the name and use of cup, spoon, ball, and crayon
- ☐ Usually understandable
- ☐ Walks up the stairs switching feet
- ☐ Toilet trained during the day
- ☐ Draws a person with 2 body parts
- ☐ Can help take care of himself by feeding and dressing
- ☐ Identifies herself as a girl or boy

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| ACCOMPANIED BY/INFORMANT | PREFERRED LANGUAGE | DATE/TIME | Name |
|---|---|---|---|
| | | | |

| DRUG ALLERGIES | CURRENT MEDICATIONS | ID NUMBER |
|---|---|---|
| | | |

| WEIGHT (%) | HEIGHT (%) | BMI (%) | BLOOD PRESSURE | TEMPERATURE | BIRTH DATE | AGE |
|---|---|---|---|---|---|---|
| See growth chart. | | | | | | ☐ 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 _____

Preschool: ☐ Yes ☐ No _____

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

Parent-child interaction

Communication: ☐ NL _____

Choices: ☐ NL _____

Cooperation: ☐ NL _____

Appropriate responses to behavior: ☐ NL _____

**Development** (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- Self-care skills
- Imaginative play

☐ COMMUNICATIVE
- 2–3 sentences
- Usually understandable
- Names a friend

☐ COGNITIVE
- Names objects
- Knows if boy or girl

☐ PHYSICAL DEVELOPMENT
- Builds tower (6–8 blocks)
- Stands on 1 foot
- Throws ball overhand
- Walks upstairs alternating feet
- Copies circle
- Draws person (2 body parts)
- Toilet trained during day

## Physical Examination

☑=NL

**Bright Futures Priority**
- ☐ **EYES (red reflex, cover/uncover test)**
- ☐ **TEETH (caries, white spots, staining)**
- ☐ **NEUROLOGIC (language, speech, social interaction)**

**Additional Systems**
- ☐ GENERAL APPEARANCE
- ☐ HEAD
- ☐ EARS
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ NECK
- ☐ LUNGS
- ☐ HEART
- ☐ ABDOMEN
- ☐ GENITALIA
- ☐ EXTREMITIES
- ☐ BACK
- ☐ SKIN

Abnormal findings and comments _____

## Assessment

☐ Well child

## Anticipatory Guidance

☐ Discussed and/or handout given

☐ FAMILY SUPPORT
- Show affection
- Manage anger
- Reinforce appropriate behavior
- Reinforce limits
- Find time for yourself

☐ ENCOURAGING LITERACY ACTIVITIES
- Read, sing, play
- Talk about pictures in books
- Encourage child to talk

☐ PLAYING WITH PEERS
- Encourage appropriate play
- Encourage fantasy play
- Encourage play with peers

☐ PROMOTING PHYSICAL ACTIVITY
- Family exercise, activities
- Limit screen time—maximum 1–2 hours/day
- No TV in bedroom

☐ SAFETY
- Car safety seat
- Supervise play near streets, cars
- Safety near windows
- Guns

## Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Vision** _____

☐ Referral to _____

**Follow-up/Next visit** _____

☐ See other side

| Print Name | Signature |
|---|---|
| PROVIDER 1 | |
| PROVIDER 2 | |

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**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
# 3 Year Visit

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

ENCOURAGING LITERACY ACTIVITIES

## Reading and Talking With Your Child

- Read books, sing songs, and play rhyming games with your child each day.
- Reading together and talking about a book's story and pictures helps your child learn how to read.
- Use books as a way to talk together.
- Look for ways to practice reading everywhere you go, such as stop signs or signs in the store.
- Ask your child questions about the story or pictures. Ask him to tell a part of the story.
- Ask your child to tell you about his day, friends, and activities.

PROMOTING PHYSICAL ACTIVITY

## Your Active Child

Apart from sleeping, children should not be inactive for longer than 1 hour at a time.

- Be active together as a family.
- Limit TV, video, and video game time to no more than 1–2 hours each day.
- No TV in your child's bedroom.
- Keep your child from viewing shows and ads that may make her want things that are not healthy.
- Be sure your child is active at home and preschool or child care.
- Let us know if you need help getting your child enrolled in preschool or Head Start.

FAMILY SUPPORT

## Family Support

- Take time for yourself and to be with your partner.
- Parents need to stay connected to friends, their personal interests, and work.
- Be aware that your parents might have different parenting styles than you.
- Give your child the chance to make choices.
- Show your child how to handle anger well—time alone, respectful talk, or being active. Stop hitting, biting, and fighting right away.
- Reinforce rules and encourage good behavior.
- Use time-outs or take away what's causing a problem.
- Have regular playtimes and mealtimes together as a family.

SAFETY

## Safety

- Use a forward-facing car safety seat in the back seat of all vehicles.
- Switch to a belt-positioning booster seat when your child outgrows her forward-facing seat.
- Never leave your child alone in the car, house, or yard.
- Do not let young brothers and sisters watch over your child.
- Your child is too young to cross the street alone.
- Make sure there are operable window guards on every window on the second floor and higher. Move furniture away from windows.
- 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. Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.
- Supervise play near streets and driveways.

PLAYING WITH PEERS

## Playing With Others

Playing with other preschoolers helps get your child ready for school.

- Give your child a variety of toys for dress-up, make-believe, and imitation.
- Make sure your child has the chance to play often with other preschoolers.
- Help your child learn to take turns while playing games with other children.

## What to Expect at Your Child's 4 Year Visit

### We will talk about

- Getting ready for school
- Community involvement and safety
- Promoting physical activity and limiting TV time
- Keeping your child's teeth healthy
- Safety inside and outside
- How to be safe with adults

Poison Help: 1-800-222-1222

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

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