



# Bright Futures Previsit Questionnaire 4 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.

<b>How Your Family Is Doing</b>	<input type="checkbox"/> Taking time for yourself	<input type="checkbox"/> Having time alone with your partner	<input type="checkbox"/> Spending time alone with each of your children
	<input type="checkbox"/> Returning to work or school	<input type="checkbox"/> What is good child care	
<b>Your Changing Baby</b>	<input type="checkbox"/> Where your baby sleeps	<input type="checkbox"/> How your baby sleeps	<input type="checkbox"/> How to keep your baby safe while sleeping
	<input type="checkbox"/> Tummy time for playtime with you	<input type="checkbox"/> How to calm your baby	<input type="checkbox"/> Keeping daily routines
<b>Feeding Your Baby</b>	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Formula feeding	<input type="checkbox"/> How your baby is growing
	<input type="checkbox"/> Your child's weight	<input type="checkbox"/> Starting solid foods	<input type="checkbox"/> Food allergies
<b>Healthy Teeth</b>	<input type="checkbox"/> Using a pacifier	<input type="checkbox"/> Teething	<input type="checkbox"/> Drooling
	<input type="checkbox"/> Not using a bottle in bed		
<b>Safety</b>	<input type="checkbox"/> Car safety seats	<input type="checkbox"/> Preventing falls, burns, and choking	<input type="checkbox"/> Not using walkers
	<input type="checkbox"/> How to check for lead in your home	<input type="checkbox"/> Checking the hot water heater temperature	<input type="checkbox"/> Drowning and pools

## 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

<b>Hearing</b>	Do you have concerns about how your child hears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<b>Vision</b>	Do you have concerns about how your child sees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<b>Anemia</b>	Is your child drinking anything other than breast milk or iron-fortified formula?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?

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 learning, development, or behavior?  No  Yes, describe:

Check off each of the tasks that your baby is able to do.

- |  |  |
|--|--|
| <input type="checkbox"/> Smiles to get your attention                  | <input type="checkbox"/> Likes to cuddle                               |
| <input type="checkbox"/> Keeps head steady when sitting up on your lap | <input type="checkbox"/> Lets you know when she likes something        |
| <input type="checkbox"/> Begins to roll and reach for objects          | <input type="checkbox"/> Lets you know when he does not like something |
| <input type="checkbox"/> Wants you to play                             | <input type="checkbox"/> Uses arms to lift chest                       |
| <input type="checkbox"/> Can calm down on his own                      | <input type="checkbox"/> Babbling                                      |



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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME
DRUG ALLERGIES	CURRENT MEDICATIONS	
WEIGHT (%)	LENGTH (%)	WEIGHT FOR LENGTH (%) HEAD CIRC (%)

See growth chart.

Name \_\_\_\_\_

ID NUMBER \_\_\_\_\_

TEMPERATURE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

M  F

### History

Previsit Questionnaire reviewed  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**

Parental support—work/family balance \_\_\_\_\_

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 \_\_\_\_\_

Activity (tummy time):  NL \_\_\_\_\_

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

<input type="checkbox"/> PHYSICAL DEVELOPMENT	<input type="checkbox"/> COGNITIVE	<input type="checkbox"/> SOCIAL-EMOTIONAL
• Pushes chest up to elbows	• Responds to affection	• Social smile
• Good head control	• Indicates pleasure and displeasure	• Elicits social interactions
• Symmetry in movements	<input type="checkbox"/> COMMUNICATIVE	• Can calm down on own
• Begins to roll and reach for objects	• Spontaneous expressive babbling	

### 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
- LUNGS
- EARS/APPEARS TO HEAR
- NOSE
- MOUTH AND THROAT
- ABDOMEN
- GENITALIA
- Male/Testes down
- Female
- EXTREMITIES
- BACK

Abnormal findings and comments \_\_\_\_\_

### Assessment

Well child

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Anticipatory Guidance

Discussed and/or handout given

<input type="checkbox"/> FAMILY FUNCTIONING AND GROWTH	<input type="checkbox"/> INFANT DEVELOPMENT	<input type="checkbox"/> SAFETY
• Breastfeeding (vitamin D, iron supplement)	• Social development	• Car safety seat
• Iron-fortified formula	• Communication skills	• Burns
• Solid foods	• Physical (tummy time)	• Hot liquids
• When and how to add	• Daily routines	• Water heaters
• Weight gain and growth spurts	• Sleep	• Falls
• Elimination	<input type="checkbox"/> ORAL HEALTH	• Walkers
	• Don't share utensils/pacifier	• Choking
	• Avoid bottle in bed	• Drowning
		• Lead poisoning

### 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	



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

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# Bright Futures Parent Handout 4 Month Visit

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

## How Your Family Is Doing

- Take time for yourself.
- Take time together with your partner.
- Spend time alone with your other children.
- Encourage your partner to help care for your baby.
- Choose a mature, trained, and responsible babysitter or caregiver.
- You can talk with us about your child care choices.
- Hold, cuddle, talk to, and sing to your baby each day.
- Massaging your infant may help your baby go to sleep more easily.
- Get help if you and your partner are in conflict. Let us know. We can help.

FAMILY FUNCTIONING

## Feeding Your Baby

- For babies at 4 months of age, human milk or formula remains the best food. Solid feeding is discouraged until about 6 months of age.
- Avoid feeding your baby too much by following the baby's signs of fullness
  - Leaning back
  - Turning away
- Ask us about programs like WIC that can help get food for you if you are breastfeeding and formula for your baby if you are formula feeding.

NUTRITIONAL ADEQUACY AND GROWTH

### If Breastfeeding

- Exclusive breastfeeding for about the first 6 months of life provides ideal nutrition and supports the best possible growth and development.
- If you are still breastfeeding, that's great!
- Plan for pumping and storage of breast milk.

### If Formula Feeding

- Make sure to prepare, heat, and store the formula safely.
- Hold your baby so you can look at each other while feeding.
- Do not prop the bottle.
- Do not give your baby a bottle in the crib.

## Safety

- Use a rear-facing car safety seat in the back seat in all vehicles.
- Always wear a seat belt and never drive after using alcohol or drugs.
- Keep small objects and plastic bags away from your baby.
- Keep a hand on your baby on any high surface from which she can fall and be hurt.
- Prevent burns by setting your water heater so the temperature at the faucet is 120°F or lower.
- Do not drink hot drinks when holding your baby.
- Never leave your baby alone in bathwater, even in a bath seat or ring.
- The kitchen is the most dangerous room. Don't let your baby crawl around there; use a playpen or high chair instead.
- Do not use a baby walker.

SAFETY

## Your Changing Baby

- Keep routines for feeding, nap time, and bedtime.

### Crib/Playpen

- Put your baby to sleep on her back.
  - In a crib that meets current safety standards, with no drop-side rail and slats no more than 2<sup>3</sup>/<sub>8</sub> inches apart. Find more information on the Consumer Product Safety Commission Web site at [www.cpsc.gov](http://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.
- Lower your baby's mattress.
- If using a mesh playpen, make sure the openings are less than 1/4 inch apart.

INFANT DEVELOPMENT

## Playtime

- Learn what things your baby likes and does not like.
- Encourage active play.
  - Offer mirrors, floor gyms, and colorful toys to hold.
  - Tummy time—put your baby on his tummy when awake and you can watch.
- Promote quiet play.
  - Hold and talk with your baby.
  - Read to your baby often.

INFANT DEVELOPMENT

## Crying

- Give your baby a pacifier or his fingers or thumb to suck when crying.

## Healthy Teeth

- Go to your own dentist twice yearly. It is important to keep your teeth healthy so that you don't pass bacteria that causes tooth decay on to your baby.
- Do not share spoons or cups with your baby or use your mouth to clean the baby's pacifier.
- Use a cold teething ring if your baby has sore gums with teething.
- Clean gums and teeth (as soon as you see the first tooth) 2 times per day with a soft cloth or soft toothbrush with a small smear of fluoride toothpaste (the size of a grain of rice).

ORAL HEALTH

## What to Expect at Your Baby's 6 Month Visit

### We will talk about

- Introducing solid food
- Getting help with your baby
- Home and car safety
- Brushing your baby's teeth
- Reading to and teaching your baby

Poison Help: 1-800-222-1222

Child safety seat inspection:  
1-866-SEATCHECK; [seatcheck.org](http://seatcheck.org)



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