

BRIGHT FUTURES EXAM: 9/10 YEAR OLD

NAME:			VISIT DATE: ____/____/____			DOB: ____/____/____		
MaineCare I.D. #:			<input type="checkbox"/> NO SHOW			Actual Age: Years _____ Months _____		
Examiner's Last Name:			Examiner's NPI #:			Pay To NPI #:		
KEY: Mark NI if normal, Ab if abnormal, or Y if yes, N if no, or ✓, if item done								
(1) CHILD HISTORY			(2) PHYSICAL EXAM			(3) IMMUNIZATIONS GIVEN		
1. General health	NI	Ab		NI	Ab	36. Up to date?	Y	N
2. Illness Free	Y	N	17. WT _____ lbs					
3. Injury Free	Y	N	18. HT _____ in			<i>Document vaccine brand below and record in Immpact2</i>		
4. Exercise	Y	N	19. BMI _____ %					
5. Diet	NI	Ab	20. BP _____ / _____					
6. Favorite foods	Y	N	21. Skin					
7. Sleeping patterns	NI	Ab	22. Ears					
8. Menses	Y	N	23. Nose					
9. Peer/Social adjustment	NI	Ab	24. Throat					
10. Single Parent	Y	N				(6) KEY ANTICIPATORY GUIDANCE		
11. Family meals together	Y	N	25. Teeth			✓	* = key items	
12. Cigarette / Wood Smoke	Y	N	26. Neck				*56. Teach healthy choices for snacks/meals	
13. Do both parent/child ask questions?	Y	N	27. Lungs				*57. Counsel about avoiding tobacco and other	
14. Dental appt in last year	Y	N	28. Heart				*58. Help child pursue talent	
15. Family history/Sudden Death	Y	N	29. Abdomen				*59. Bike/ski/skate helmet	
16. History of Concussions or unconsciousness			30. Genitalia				60. Use seatbelt in back at all times	
			31. Tanner stage _____				61. Test smoke detectors/change batteries	
(5) DEVELOPMENTAL MILESTONES			32. Musculoskeletal				62. Keep home/car smoke free	
41. Review report card or IEP	Y	N	33. Neuro				63. Reinforce safety rules for emergencies	
42. How is attendance?			34. Extremities				64. Sun exposure/sunscreen	
43. Reading at grade level?			35. General Hygiene				65 Child proof home: poisons, matches, medicine	
44. Math at grade level?							66. Brush teeth with little or no toothpaste	
45. Any special classes?							67. Ensure adequate sleep, exercise, hygiene	
46. Follows rules at school?							68. Sex education; safety, abstinence, ability	
47. Proud of school achievements?							69. Encourage reading & hobbies	
48. Parent visited classroom?							70. Reinforce limits & praise achievement	
49. Parent school participation?			(4) SCREENING				71. Monitor TV & music	
50. Do parents acknowledge/praise child			37. Vision R20/____L20/____	NI	Ab		72. How to resolve conflicts, handle anger	
51. Child identified any special Interests/talents wanting to pursue?			38. Hearing R _____ L _____	NI	Ab		73. Serve as role model for behavior & habits	
			39. Assess Hyperlipidemia risk	NI	Ab			
52. Teacher's comments during conference	Pos	Neg	40. Do PPD (if exposure risk)	Neg	Pos		74. Set reasonable but challenging goals	
53. Best friend _____			41. Oral Health Risk Assessment	NI	Ab		75. Child care plans	
54. Hobbies/sports _____							76. Dental Appt	
55. Any specific concerns?							77. 5-2-1-0, Avoid Juice/Soda/Candy	
MaineCare Member Services follow-up needed:[circle as appropriate] arrange transportation/find dentist/ find other provider/ make appointment/ Public Health Nurse visit/ other								
ASSESSMENT/ABNORMALS PLAN [refer to line item number]								
EXAMINER'S SIGNATURE: _____			DATE: ____/____/____			RTC in _____ months		