

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.

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 Praising your child Reading bogether			What would you like to talk about today?						
How Your Child Behaves	Do you have any	concerns, questions	s, or problems that you would like to discuss today?						
Playing your child Playing									
Now Your Child Behaves									
Praising your child Helping your child express feelings Noveling how to give your child imitted choices	We are interested	d in answering your	questions. Please check off the boxes for the topics you would like to discuss the	most toda	у.				
Playing with others Playing with others Helping your child fellow directions drout child's weight	Your Talking Ch	ild	☐ How your child talks ☐ Reading together						
Tablecrutosis Care		D. L.	☐ Praising your child ☐ Helping your child express feelings ☐ Knowing how to give your child limited choices						
Safety	How Your Child Behaves								
Car safety seats Bilke helmets Being safe outside Gun safety	Toilet Training		☐ Signs your child is ready to potty train ☐ Helping your child potty train						
Rearing Do you have concerns about how your child sees? Do you have concerns about how your child sees? Yes No Unsure	Your Child and TV		☐ How much TV is too much TV ☐ Learning activities other than TV ☐ How to be physically active as a family						
Have any of your childr's relatives developed new medical problems since your last visit? If yes, please describe:	Safety		☐ Car safety seats ☐ Bike helmets ☐ Being safe outside ☐ Gun safety						
Hearing Do you have concerns about how your child speaks? Do you have concerns about how your child speaks? Do you have concerns about how your child speaks? Does your child hold objects close when trying to focus? Does your child seyelds droop or does one eyelld tend to close? Do you child's eyes appear unusual or seem to cross, dirft, or be lazy? Do your child's eyes appear unusual or seem to cross, dirft, or be lazy? Do your child's eyes appear unusual or seem to cross, dirft, or be lazy? Do your child's eyes eyer been injured? Do your child's eyes eyer been injured? Does your child lave a sibling or playmate who has or had lead poisoning? Does your child lave in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past of months) renovated or remodeled? Does your child live in or regularly visit a house or child care facility built before 1950? Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Austrial, New Zealand, or Western Europe)? Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis? Has a family member or contact had tuberculosis ro a positive tuberculin skin test? Is your child infected with HiV? Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking a yes a No under the cholesterol medication? Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking a yes a No under the cholesterol medication? Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking a yes a No under the cholesterol medication? Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking a yes a No under the cholesterol medication? Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking a yes a No un		2	Questions About Your Child						
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Does your child's primary water source contain fluoride? 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 in your family lately?		Does your child's o	iet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ 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	Oral Health	Does your child ha	ve a dentist?						
Have there been any major changes in your family lately? Move Job change Separation Divorce Death in the family Any other change		Does your child's p	rimary water source contain fluoride?	☐ No	☐ Yes	☐ Unsure			
	Does your child I	have any special hea	alth care needs? No Yes, describe:						
	Have there been	any major changes	in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death	n in the fam	ily 🗅 An	y other changes			

Your Growing and Developing Child								
Do you have specific concerns about your child's	☐ Yes, describe:							
		444						
Check off each of the tasks that your child is able to do.								
☐ Stacks 5 or 6 small blocks	☐ Throws a ball overhand	111	☐ When talking, puts 2 words together, like "my book"					
☐ Kicks a ball	☐ Names 1 picture such as a cat, dog, or ball		☐ Turns book pages 1 at a time					
Walks up and down stairs 1 step at a time alone while holding wall or railing	☐ Jumps up ☐ Copies things that you do		☐ Plays pretend☐ Plays alongside other children					
☐ Can point to at least 2 pictures that you	☐ Follows 2-step command		a rays alongoldo otrior officion					
name when reading a book	_ / Silono E stop definition							



American Academy of Pediatrics



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