

Today's Date: _____

Patient

Name: _____

FMP and Sponsor

SSN last four: _____

Contract Number:

Date of Birth: _____

18 YEAR and UP WELL CHECK

Do you have any specific concerns today? _____

(Please complete information below: If filled out before, list only changes since the last visit.)

Chronic Medical Conditions	Surgeries/Hospitalizations (Dates)	Family History (biological siblings, parents, grandparents)	Medications (PLEASE INCLUDE DOSAGE)
		Allergies Asthma Other:	<u>(Include over-the-counter meds, Tylenol, Motrin, vitamins, herbal supplements):</u>

Please list any known allergies your child has (drug, food, latex) _____ ☐ No Allergies

Check if anyone in the family has had: ☐ High blood pressure ☐ Sudden Death ☐ Hypertrophic Cardiomyopathy

☐ Genetic or metabolic disease ☐ High Cholesterol ☐ Long QT Syndrome ☐ Obesity ☐ Mental Illness ☐ Heart attack < 50 years

☐ Diabetes

Are your child's immunizations up to date? ☐ Yes ☐ No

Who does the child live with? _____

Does your child attend: ☐ Child care ☐ Public/ Private school ☐ Home- Schooled (Grade: _____)

Does anyone in the family smoke or is your child exposed to secondhand smoke? ☐ Yes ☐ No

Do you & and your child feel safe at home? ☐ Yes ☐ No

Is your child a picky eater? ☐ Yes ☐ No Servings of fruits and vegetables per day? _____ # of times per week eating fast food? _____

Usually eats dinner as a family? ☐ Yes ☐ No Eats breakfast as a family? ☐ Yes ☐ No

Drinks milk? ☐ Yes ☐ No How many ounces per day? _____ Type of milk: ☐ Whole ☐ 2% ☐ 1% ☐ Skim

Drinks juice? ☐ Yes ☐ No How many ounces per day? _____ Caffeinated beverages? ☐ Yes ☐ No How many per week? _____

Does your child get at least one hour of physical activity 5 time per week? ☐ Yes ☐ No Type of activity: _____

How many hours of exposure to TV/Video games/ Computer time does your child have per day? _____

Circle if you have concerns about: Bowel movements / Constipation / Sleep problems

Check if your child has a history of ☐ Trauma ☐ Head trauma ☐ Concussion ☐ Fractures ☐ Chest pain or discomfort

☐ Fainting during exercise ☐ Exercise intolerance ☐ Palpitations

Pre-Teen/ Females only (if applicable): Last menstrual period _____

Has your child been seen by a provider outside of the Medical home clinic since your last visit? ☐ Yes ☐ No

If yes, where? _____

Preferred Language: ☐ English ☐ Other: _____

What is your preferred method of learning: ☐ Verbal ☐ Written ☐ Visual ☐ Other: _____

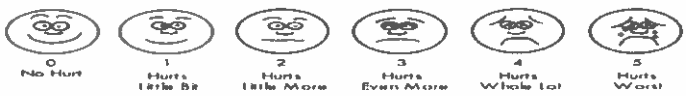
Are there any cultural or religious considerations that may affect your child's healthcare? ☐ Yes ☐ No _____

Is your child enrolled in the Exceptional Family Member Program (EFMP/ Q-coded)? ☐ Yes ☐ No

Is the child's sponsor currently deployed? ☐ Yes ☐ No

Is this visit deployment related? ☐ Yes ☐ No

Today's Date: _____

HT		Snellen		Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No Location of Pain _____ 
WT		R	/ 20	
BP		L	/ 20	
HR		Both	/ 20	

Immunizations UTD per AFCITA: ☐ Yes ☐ No **Technician Signature:** _____

*Other VS per Provider request

HPI:

N E	Examination:	Normal	Abnormal
<input type="checkbox"/>	General:	<input type="checkbox"/> Active/Alert/WN/WD/NAD/ not dysmorphic	<input type="checkbox"/>
<input type="checkbox"/>	Head/Neck:	<input type="checkbox"/> NCAT/Nontender/FROM	<input type="checkbox"/>
<input type="checkbox"/>	Eyes:	<input type="checkbox"/> RR X2, nl corneal reflex, EOMI, no strabismus	<input type="checkbox"/>
<input type="checkbox"/>	R ear:	<input type="checkbox"/> TM gray/nl landmarks, nl pinna/ext ear canal	<input type="checkbox"/> Bulging/immobile/red
<input type="checkbox"/>	L ear:	<input type="checkbox"/> TM gray/nl landmarks, nl pinna/ext ear canal	<input type="checkbox"/> Bulging/immobile/red
<input type="checkbox"/>	Nose:	<input type="checkbox"/> Patent, No congestion/discharge	<input type="checkbox"/> Congested
<input type="checkbox"/>	Oropharynx:	<input type="checkbox"/> Pink, moist, no lesions <input type="checkbox"/> Teeth: NI, no signs of caries	<input type="checkbox"/>
<input type="checkbox"/>	Lungs:	<input type="checkbox"/> CTAB, no retractions, nl WOB	<input type="checkbox"/>
<input type="checkbox"/>	CV:	<input type="checkbox"/> RRR, no murmur, strong femoral pulses, cap refill < 2 sec	<input type="checkbox"/>
<input type="checkbox"/>	Abd:	<input type="checkbox"/> Soft, NT, no HSM, no mass, nl BS, no umbilical/inguinal hernia	<input type="checkbox"/>
<input type="checkbox"/>	Ext/Spine:	<input type="checkbox"/> NL, FROM, nontender, no edema, no lumbosacral pits	<input type="checkbox"/>
<input type="checkbox"/>	Skin:	<input type="checkbox"/> No rash, No bruises	<input type="checkbox"/>
<input type="checkbox"/>	Hips:	<input type="checkbox"/> Full ROM, Symmetric leg folds	<input type="checkbox"/>
<input type="checkbox"/>	Neuro:	<input type="checkbox"/> Normal tone/strength/symmetry	<input type="checkbox"/>
<input type="checkbox"/>	Genitalia:	<input type="checkbox"/> NI female/no adhesions <input type="checkbox"/> NI male, Testes down	
<input type="checkbox"/>	Other findings:	<input type="checkbox"/>	<input type="checkbox"/>

LABS/X-RAYS: ☐ H&H (12 months):

☐ Lead Screening (if applicable)

PLAN:

F/U: at next well child visit at ___ months, sooner if parental concerns


☐ Patient and/or parent verbalizes understanding of treatment and plan

☐ Anticipatory guidance handout provided

PREVENTION: ☐ Nutrition ☐ Dental care ☐ Safety/Falls ☐ Child-proofing the house ☐ Tobacco avoidance

Signature: _____ **Date:** _____

Stamp:

RECORDS		
MAINTAINED AT: 		
PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

PHQ-4

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use "✓" to indicate your answer)

Not
at all

Several
days

More than
half the
days

Nearly
every day

1. Feeling nervous, anxious or on edge

0

1

2

3

2. Not being able to stop or control worrying

0

1

2

3

3. Little interest or pleasure in doing things

0

1

2

3

4. Feeling down, depressed, or hopeless

0

1

2

3

(For office coding: Total Score T ____ = ____ + ____ + ____)

Child's Name: _____

Date: _____

Deployment, Safety, and Lead Screening Questionnaire

Deployment:

- | | |
|--|--------|
| 1. Is a parent currently deployed? | YES NO |
| 2. Is a parent under orders for deployment within the next three months? | YES NO |
| 3. Has a parent returned from a deployment with the last year? | YES NO |

Safety:

- | | |
|--|--------|
| 1. Are you in a relationship now or have you ever been in a relationship in which you have been harmed or felt afraid of your partner? | YES NO |
| 2. Has your partner ever hurt any of your children? | YES NO |
| 3. Are you afraid of your current partner? | YES NO |
| 4. Do you have any pets in the house? | YES NO |
| 5. Has your partner or child ever threatened or hurt any of the pets? | YES NO |
| 6. Are there any guns in your house? | YES NO |

Lead: (THESE QUESTIONS ARE INTENDED ONLY FOR CHILDREN AGE 6M-5Y)

- | | |
|---|-------------------|
| 1. Do you live in a high risk zip code? (List on back of form) | YES NO Don't know |
| 2. Does your child have a sibling or playmate who has had an elevated lead level? | YES NO Don't know |
| 3. Does your child live in a house that was built before 1950? | YES NO Don't know |
| 4. Live in or regularly visit a house, daycare center, or preschool that was built before 1978 which has peeling or chipping paint, or has undergone renovation or remodeling in past 6 M? | YES NO Don't know |
| 5. Live or spend time with someone whose job or hobbies involve exposure to lead? | |
| 6. (Example: Reloads ammunition, makes fishing weights, makes ceramics, makes stained glass, works at a firing range, works with industrial or shipboard paint removal, works with electrical or torch soldering, makes soft metal castings.) | YES NO Don't know |
| 7. Live or spend time near any location that you think might release lead (lead smelter, radiator shop, battery recycler, ect.)? | YES NO Don't know |
| 8. Live in or regularly visit a house, daycare unit, or preschool that was identified by a DOD inspection team as a major risk for lead? | YES NO Don't know |

Virginia High-Risk Zip Codes*

Accomack	Augusta	Charlotte	Falls Church City	Hampton City	Lunenburg	Norfolk City	Powhatan	Rockingham	Surry
23301	22843	23923	22046	23651	23938	23503	23139	22811	23839
23302	22939	23934	Fauquier	23661	23944	23504	Prince Edward	22812	23846
23308	24430	23937	22639	23665	23952	23505	23901	22815	23881
23336	24432	23962	Hanover	23674	23974	23507	23942	22820	23887
23357	24437	23966	22734	23047	Lynchburg City	23508	Prince George	22821	
	Charlottesville City	Floyd	23069		24501	23509	23842	22832	23888
23359	24467	22803	Henric	23672	24503	23510	Prince William	22834	23890
23395	24476	24091	23226	24504	23511	23512	22134	22841	23891
23399	24479	24105	23227	24505	Madison	23513	Pulaski	22846	23892
23404	24485	24380	23229	24506	22709	23514	24301	22847	23893
23407	24486	Fluvanna	23230	24507	22719	23515	24347	22848	23894
23409	24487	23022	23231	24508	22727	23516	Radford City	22849	23895
23410	24445	23084	23232	24509	22732	23517	24141	22850	23896
23417	24460	Franklin City	Henry	23233	22733	23518	Richmond City	22851	23897
23418	24484	23851	Highland	23234	22734	23519	Roanoke City	22852	23898
23420	24487	23851	24413	23235	22735	23520	24011	22853	23899
23421	24487	Fredricksburg City	24414	23236	22736	23521	24012	22854	23900
23422	24487	22845	24415	23237	22737	23522	24013	22855	23901
23423	24487	22845	24416	23238	22738	23523	24014	22856	23902
23424	24487	22845	24417	23239	22739	23524	24015	22857	23903
23425	24487	22845	24418	23240	22740	23525	24016	22858	23904
23426	24487	22845	24419	23241	22741	23526	24017	22859	23905
23427	24487	22845	24420	23242	22742	23527	24018	22860	23906
23428	24487	22845	24421	23243	22743	23528	24019	22861	23907
23429	24487	22845	24422	23244	22744	23529	24020	22862	23908
23430	24487	22845	24423	23245	22745	23530	24021	22863	23909
23431	24487	22845	24424	23246	22746	23531	24022	22864	23910
23432	24487	22845	24425	23247	22747	23532	24023	22865	23911
23433	24487	22845	24426	23248	22748	23533	24024	22866	23912
23434	24487	22845	24427	23249	22749	23534	24025	22867	23913
23435	24487	22845	24428	23250	22750	23535	24026	22868	23914
23436	24487	22845	24429	23251	22751	23536	24027	22869	23915
23437	24487	22845	24430	23252	22752	23537	24028	22870	23916
23438	24487	22845	24431	23253	22753	23538	24029	22871	23917
23439	24487	22845	24432	23254	22754	23539	24030	22872	23918
23440	24487	22845	24433	23255	22755	23540	24031	22873	23919
23441	24487	22845	24434	23256	22756	23541	24032	22874	23920
23442	24487	22845	24435	23257	22757	23542	24033	22875	23921
23443	24487	22845	24436	23258	22758	23543	24034	22876	23922
23444	24487	22845	24437	23259	22759	23544	24035	22877	23923
23445	24487	22845	24438	23260	22760	23545	24036	22878	23924
23446	24487	22845	24439	23261	22761	23546	24037	22879	23925
23447	24487	22845	24440	23262	22762	23547	24038	22880	23926
23448	24487	22845	24441	23263	22763	23548	24039	22881	23927
23449	24487	22845	24442	23264	22764	23549	24040	22882	23928
23450	24487	22845	24443	23265	22765	23550	24041	22883	23929
23451	24487	22845	24444	23266	22766	23551	24042	22884	23930
23452	24487	22845	24445	23267	22767	23552	24043	22885	23931
23453	24487	22845	24446	23268	22768	23553	24044	22886	23932
23454	24487	22845	24447	23269	22769	23554	24045	22887	23933
23455	24487	22845	24448	23270	22770	23555	24046	22888	23934
23456	24487	22845	24449	23271	22771	23556	24047	22889	23935
23457	24487	22845	24450	23272	22772	23557	24048	22890	23936
23458	24487	22845	24451	23273	22773	23558	24049	22891	23937
23459	24487	22845	24452	23274	22774	23559	24050	22892	23938
23460	24487	22845	24453	23275	22775	23560	24051	22893	23939
23461	24487	22845	24454	23276	22776	23561	24052	22894	23940
23462	24487	22845	24455	23277	22777	23562	24053	22895	23941
23463	24487	22845	24456	23278	22778	23563	24054	22896	23942
23464	24487	22845	24457	23279	22779	23564	24055	22897	23943
23465	24487	22845	24458	23280	22780	23565	24056	22898	23944
23466	24487	22845	24459	23281	22781	23566	24057	22899	23945
23467	24487	22845	24460	23282	22782	23567	24058	22900	23946
23468	24487	22845	24461	23283	22783	23568	24059	22901	23947
23469	24487	22845	24462	23284	22784	23569	24060	22902	23948
23470	24487	22845	24463	23285	22785	23570	24061	22903	23949
23471	24487	22845	24464	23286	22786	23571	24062	22904	23950
23472	24487	22845	24465	23287	22787	23572	24063	22905	23951
23473	24487	22845	24466	23288	22788	23573	24064	22906	23952
23474	24487	22845	24467	23289	22789	23574	24065	22907	23953
23475	24487	22845	24468	23290	22790	23575	24066	22908	23954
23476	24487	22845	24469	23291	22791	23576	24067	22909	23955
23477	24487	22845	24470	23292	22792	23577	24068	22910	23956
23478	24487	22845	24471	23293	22793	23578	24069	22911	23957
23479	24487	22845	24472	23294	22794	23579	24070	22912	23958
23480	24487	22845	24473	23295	22795	23580	24071	22913	23959
23481	24487	22845	24474	23296	22796	23581	24072	22914	23960
23482	24487	22845	24475	23297	22797	23582	24073	22915	23961
23483	24487	22845	24476	23298	22798	23583	24074	22916	23962
23484	24487	22845	24477	23299	22799	23584	24075	22917	23963
23485	24487	22845	24478	23300	22800	23585	24076	22918	23964
23486	24487	22845	24479	23301	22801	23586	24077	22919	23965
23487	24487	22845	24480	23302	22802	23587	24078	22920	23966
23488	24487	22845	24481	23303	22803	23588	24079	22921	23967
23489	24487	22845	24482	23304	22804	23589	24080	22922	23968
23490	24487	22845	24483	23305	22805	23590	24081	22923	23969
23491	24487	22845	24484	23306	22806	23591	24082	22924	23970
23492	24487	22845	24485	23307	22807	23592	24083	22925	23971
23493	24487	22845	24486	23308	22808	23593	24084	22926	23972
23494	24487	22845	24487	23309	22809	23594	24085	22927	23973
23495	24487	22845	24488	23310	22810	23595	24086	22928	23974
23496	24487	22845	24489	23311	22811	23596	24087	22929	23975
23497	24487	22845	24490	23312	22812	23597	24088	22930	23976
23498	24487	22845	24491	23313	22813	23598	24089	22931	23977
23499	24487	22845	24492	23314	22814	23599	24090	22932	23978
23500	24487	22845	24493	23315	22815	23600	24091	22933	23979
23501	24487	22845	24494	23316	22816	23601	24092	22934	23980
23502	24487	22845	24495	23317	22817	23602	24093	22935	23981
23503	24487	22845	24496	23318	22818	23603	24094	22936	23982
23504	24487	22845	24497	23319	22819	23604	24095	22937	23983
23505	24487	22845	24498	23320	22820	23605	24096	22938	23984
23506	24487	22845	24499	23321	22821	23606	24097	22939	23985
23507	24487	22845	24500	23322	22822	23607	24098	22940	23986
23508	24487	22845	24501	23323	22823	23608	24099	22941	23987
23509	24487	22845	24502	23324	22824	23609	24100	22942	23988
23510	24487	22845	24503	23325	22825	23610	24101	22943	23989
23511	24487	22845	24504	23326	22826	23611	24102	22944	23990
23512	24487	22845	24505	23327	22827	23612	24103	22945	23991
23513	24487	22845	24506	23328	22828	23613	24104	22946	23992
23514	24487	22845	24507	23329	22829	23614	24105	22947	23993
23515	24487	22845	24508	23330	22830	23615	24106	22948	23994
23516	24487	22845	24509	23331	22831	23616	24107	22949	23995
23517	24487	22845	24510	23332	22832	23617	24108	22950	23996
23518	24487	22845	24511	23333	22833	23618	24109	22951	23997
23519	24487	22845	24512	23334	22834	23619	24110	22952	23998
23520	24487	22845	24513	23335	22835	23620	24111	22953	23999
23521	24487	22845	24514	23336	22836	23621	24112	22954	24000
23522	24487	22845	24515	23337	22837	23622	24113	22955	24001
23523	24487	22845	24516	23338	22838	23623	24114	22956	2400

* Areas with these ZIP Codes have >27% of housing built before 1950 and/or an increased prevalence of children with elevated blood lead levels per available data. ZIP Codes are from the 2000 U.S. Census. View <http://www.vahc.health.org/leadsale> for updates and access to publications available to medical professionals, parents and others. Toll free phone (877) 665-7987.

Virginia Department of Health, Revised June 2003

Date: _____ Today your child saw: _____

NAVAL MEDICAL CENTER PORTSMOUTH PEDIATRICS

Weight: _____ kg (_____ %) _____ lbs Blood Pressure: _____
Height: _____ cm (_____ %) _____ in BMI: _____ (_____ %)

Follow up with your PCM in _____ weeks / months or sooner if you have any further concerns.

☐ **Prescriptions provided today:**

- New Prescriptions TEXT Q-Anywhere: 833-217-2199
- Medication Refills call 757-953-6337(MEDS)

☐ **Labs ordered today:**

_____ (Please complete by _____)

(NMCP Laboratory-1L: Hours are 0700-1630; Walk-in Appts Only)

☐ **Radiology – X-rays/MRI/CT/Ultrasound ordered today:**

_____ (Please complete by _____)

(1st Floor South: X-rays by walk in appt 0700-1530; Call 953-XRAY to schedule for Ultrasound/CT/MRI))

☐ **Referrals ordered today:**

- Referrals to the MTF call 1-866-645-4584 in 48-72 hours to schedule your appointment
- Network referral status call Humana Military 1-800-444-5445 OR view referral status via MHS Genesis Patient Portal

☐ **Immunizations due today:**

(Call 1-866-645-4584 to schedule an Immunization appointment at one of the TPC Branch Clinics)

☐ **Additional Instructions:**

Important Phone Numbers:

- NMCP Pediatric Clinic (757)-953-7716
- Appointment Line: (866)-645-4584
- 24 hour Counseling Self-Referral Hotline: (800)-342-9647
- Infant and Toddler Connection of VA: (800)-234-1448
- Nurse Advice Line: (800)-TRICARE(option#1)
- Poison Control: (800)-222-1222
- Humana Military: (800)-444-5445
- NMCP Pediatrics Fax: 757-953-0868
- Fleet and Family: 757-444-6289(NAVY)
- Tricare: 1-877-2273 (TRICARE)



INTERACTIVE
CUSTOMER
EVALUATION

**SCAN TO
PRINT YOUR
FORMS AT
HOME!**

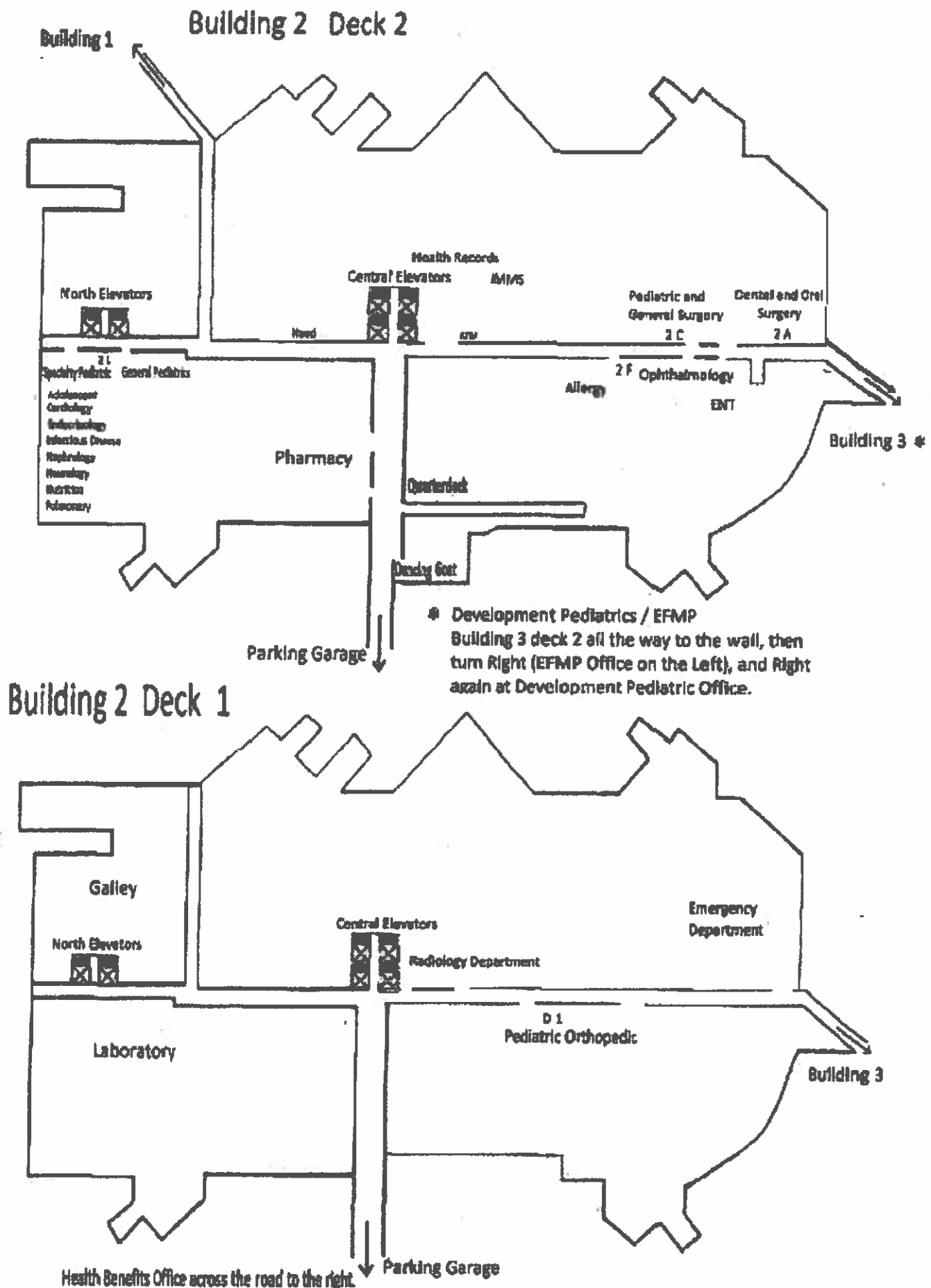


Additional Resources:

- **MHS Genesis Patient Portal:**
<https://myaccess.dmdc.osd.mil/identitymanagement/app/login>
- **Military Onesource**
 - <https://www.militaryonesource.mil/>
 - Counseling Services – 12 sessions without referral; 24 hour hotline (800)-342-9647
 - Optometry-NO referral required
- **Humana Military:** <https://www.humana.com>
- **Fleet and Family:** <https://www.navy.mwrnmidlant.com/>
- **Health Information:**
<https://healthychildren.org/English/Pages/default.aspx>

Date: _____

Today your child saw: _____



BRIGHT FUTURES HANDOUT ► PATIENT 18 THROUGH 21 YEAR VISITS

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



✓ HOW YOU ARE DOING

- Enjoy spending time with your family.
- Find activities you are really interested in, such as sports, theater, or volunteering.
- Try to be responsible for your schoolwork or work obligations.
- Always talk through problems and never use violence.
- If you get angry with someone, try to walk away.
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Talk with us if you are worried about your living or food situation. Community agencies and programs such as SNAP can help.
- Don't smoke, vape, or use drugs. Avoid people who do when you can. Talk with us if you are worried about alcohol or drug use in your family.

✓ YOUR FEELINGS

- Most people have ups and downs. If you are feeling sad, depressed, nervous, irritable, hopeless, or angry, let us know or reach out to another health care professional.
- Figure out healthy ways to deal with stress.
- Try your best to solve problems and make decisions on your own.
- Sexuality is an important part of your life. If you have any questions or concerns, we are here for you.

✓ YOUR DAILY LIFE

- Visit the dentist at least twice a year.
- Brush your teeth at least twice a day and floss once a day.
- Be a healthy eater.
 - Have vegetables, fruits, lean protein, and whole grains at meals and snacks.
 - Limit fatty, sugary, salty foods that are low in nutrients, such as candy, chips, and ice cream.
 - Eat when you're hungry. Stop when you feel satisfied.
 - Eat breakfast.
- Drink plenty of water.
- Make sure to get enough calcium every day.
 - Have 3 or more servings of low-fat (1%) or fat-free milk and other low-fat dairy products, such as yogurt and cheese.
- Women: Make sure to eat foods rich in folate, such as fortified grains and dark-green leafy vegetables.
- Aim for at least 1 hour of physical activity every day.
- Wear safety equipment when you play sports.
- Get enough sleep.
- Talk with us about managing your health care and insurance as an adult.

✓ HEALTHY BEHAVIOR CHOICES

- Avoid using drugs, alcohol, tobacco, steroids, and diet pills. Support friends who choose not to use.
- If you use drugs or alcohol, let us know or talk with another trusted adult about it. We can help you with quitting or cutting down on your use.
- Make healthy decisions about your sexual behavior.
- If you are sexually active, always practice safe sex. Always use birth control along with a condom to prevent pregnancy and sexually transmitted infections.
- All sexual activity should be something you want. No one should ever force or try to convince you.
- Protect your hearing at work, home, and concerts. Keep your earbud volume down.

Helpful Resource: National Domestic Violence Hotline: 800-799-7233

18 THROUGH 21 YEAR VISITS—PATIENT



STAYING SAFE

- Always be a safe and cautious driver.
 - Insist that everyone use a lap and shoulder seat belt.
 - Limit the number of friends in the car and avoid driving at night.
 - Avoid distractions. Never text or talk on the phone while you drive.
- Do not ride in a vehicle with someone who has been using drugs or alcohol.
 - If you feel unsafe driving or riding with someone, call someone you trust to drive you.
- Wear helmets and protective gear while playing sports. Wear a helmet when riding a bike, a motorcycle, or an ATV or when skiing or skateboarding.
- Always use sunscreen and a hat when you're outside.
- Fighting and carrying weapons can be dangerous. Talk with your parents, teachers, or doctor about how to avoid these situations.

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.