



Eliciting Parental Strengths and Needs

Understanding Your Needs for Today's Visit

Dear Parent,

Our practice is always looking for opportunities to improve our care for your child and your family. To help us learn about your needs as a parent and those of your child, please take a moment to answer the following questions:

I. Special Health Care Needs

Does your child have any *special health care needs* (including chronic medical problems, such as asthma, learning or behavior problems, or other health problems, for which he or she receives special services, such as counseling, therapy, or frequent medical tests)?

☐ Yes ☐ No

II. At today's visit, I would like to

1. Better understand my child's development and what to expect next. ☐ Yes ☐ No
2. Discuss any concerns I have about my child. ☐ Yes ☐ No
 - a. Sleep
 - b. Discipline
 - c. Feeding
 - d. Other
3. Discuss and build on my strengths as a parent. ☐ Yes ☐ No
4. Share values or traditions that are important to my family and me. ☐ Yes ☐ No
5. Take home print resources about things with which I need help. ☐ Yes ☐ No
6. Learn about community resources that may be helpful to my family and me. ☐ Yes ☐ No

III. Please list any other specific questions or concerns you would like to discuss today.

Thank You!

Practice Name: _____ MR Number: _____



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Patient Name: _____ Today's Date: _____

Pre-visit Checklist

Our practice wants your input! We have created this form to help focus your visit on those topics you find most important. Please check the items you would like to address today as well as those items that you feel you do well as a parent.

	Things I do well as a parent	Things I would like to discuss today
Feeding my child	<input type="checkbox"/>	<input type="checkbox"/>
Understanding what to expect next from my child	<input type="checkbox"/>	<input type="checkbox"/>
Managing my child's behavior	<input type="checkbox"/>	<input type="checkbox"/>
Helping my child sleep	<input type="checkbox"/>	<input type="checkbox"/>
Creating a safe environment for my child	<input type="checkbox"/>	<input type="checkbox"/>
Using resources in the community to help my child	<input type="checkbox"/>	<input type="checkbox"/>
Supporting my child's speech and language development	<input type="checkbox"/>	<input type="checkbox"/>
Helping my child fit into our family; get along with others	<input type="checkbox"/>	<input type="checkbox"/>
Helping my family handle stress	<input type="checkbox"/>	<input type="checkbox"/>
Helping my child learn through play and be physically active	<input type="checkbox"/>	<input type="checkbox"/>
Managing my child's moods	<input type="checkbox"/>	<input type="checkbox"/>
Managing my child's special health care needs	<input type="checkbox"/>	<input type="checkbox"/>



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Do you have a story to tell about how you've implemented Bright Futures in your practice?

Please contact us today so that we can feature your implementation story on our Web site or in a future edition of the *Bright Futures eNews*.

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