



**Intake**

**Informant/Relationship**

**Vitals**

Height  in

Weight  lbs  oz

BMI  kg/m<sup>2</sup>

Blood Pressure  /  systolic/diastolic Location  Position

Pulse  beats per minute

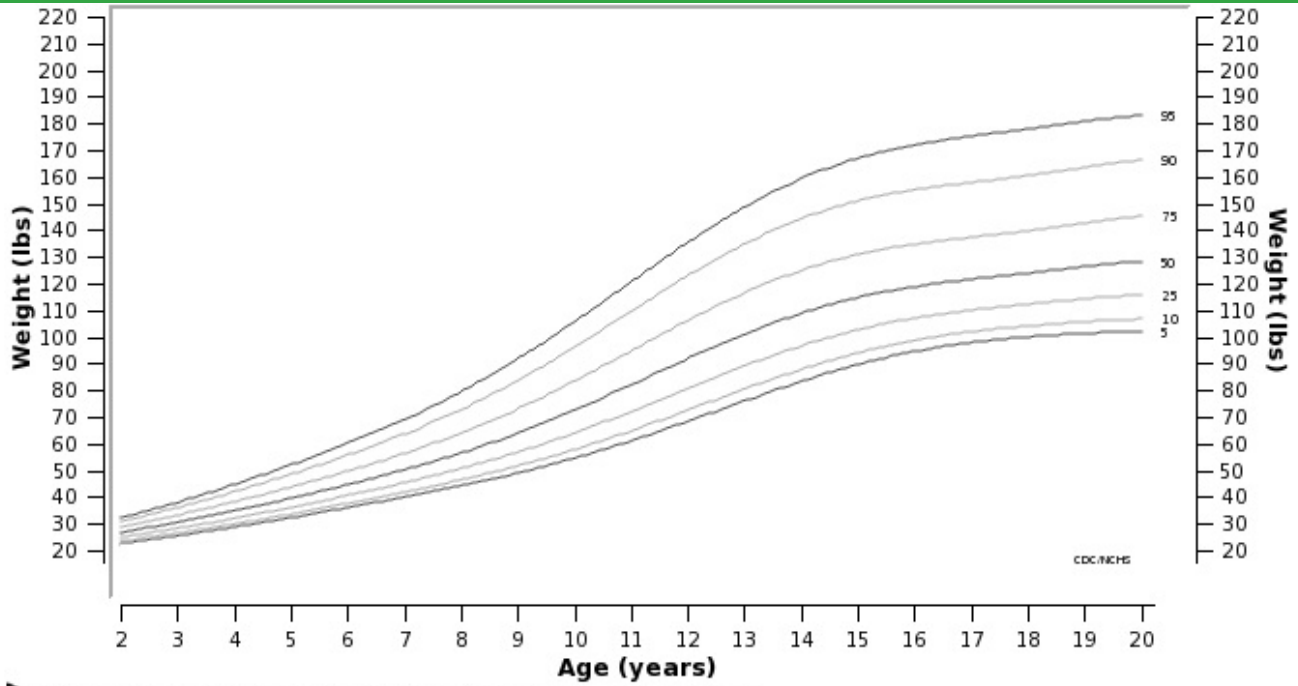
More

**PCC eRx Allergies (Medical Summary)** Updated N/A

Drug	Reaction	Onset

**Growth Charts**

◀  ▶



► Tabular Data (Weight-For-Age 2 to 20 Years: Girls Source: CDC)

**History**

Select All

Previsit Questionnaire reviewed

notes

Concerns and questions (notes below)

notes

add item

notes

**Social/Family History**

Select All



- Child's grade/school
- Concerns and questions (note below)
- Non-physical activities (type, hours per week)
- Physical activities (type, hours per week)
- Media (no TV in room, video game/TV/computer/phone use monitored, hours spent on media)
- Parent occupations (mother/father/partner)
- Significant change in the family (i.e. move/divorce/illness)
- add item

**Home/Safety**

Make All:

Y N N/A

- booster seat (until 8 years AND 80 pounds)
- rear seat seatbelt (no front seat until 12 years AND 120 pounds)



uses helmet (skiing/biking/wheeled sports)

home has smoke detectors/CO2 monitors

home built after 1978 (if no, any lead risks?)

smoke-free environment

gun-free environment (if no, is safely stored?)

pool-free environment (if no, safety precautions-fence/cover)

Y N N/A

pet-free environment

add item

**ROS**

Make All:

NI Abn NA

Elimination

Nighttime sleep



notes

Dental health (sees dentist, brushes and flosses)

notes

add item

notes

**Nutrition**

Select All

Milk

notes

Juice

notes

Soda/sport drinks

notes

Dairy servings/day

notes

Fruit servings/day

notes

Vegetable servings/day

notes

Bread/cereal/pasta/rice servings/day

notes

Meat/nuts/egg/fish/other protein servings/day

notes



- Junk food
- Vitamins
- add item

**Screening**

- OAE
- Suresight
- PSC Developmental Screen

**screening result**

**Lab**

- hemoglobin + lipid
- Hemoglobin- transcutaneous

**Physical Exam**

Make All:

A N N/E



- General Appearance**
- Head**
- Eyes**
- Ears**
- Nose**
- Oropharynx**
- Neck**
- Chest**
- A N N/E**
- Lungs**
- Cardiovascular**
- Abdomen**
- Genitourinary**



notes

Neurological

notes

Skin

notes

Extremities/Hips

notes

Back

notes

A N N/E

add item

notes

**Immunizations**

Immunization History

There are no immunizations recorded for this patient

Immunization Orders

select an immunization

**Medical Procedure**

**Diagnoses**

Brain lacer NEC w/o coma (851.81)

notes

Add to Problem List      Onset: mm/dd/yy      Problem Note: problem note

add diagnosis





notes

**Plan**

Select All

- Immunizations (See Vaccine Administration Record)

notes

- MD Counseling for vaccines done - reviewed diseases protected by vaccines, including each component; risks and benefits; how to deal with potential side effects. VIS given.

notes

- Age-appropriate anticipatory guidance given, handout provided

notes

- add item

notes

**Anticipatory Guidance**

Make All:

Y N N/A

- Discussed and/or handouts given

notes

- Oral Health (Dental visits twice a year, Brush teeth twice a day, Floss teeth daily, Wear mouth guard during sports)

notes

- Nutrition and Physical Activity (Healthy weight, Well-balanced diet including breakfast, Fruits/vegetables/whole grains, Adequate calcium, 60 minutes of exercise/day)

notes

- Health maintenance (acne, regular exercise, sexual issues- HSV/HPV/MRSA, temporary tatoos, sxS of depression, concussions and sport safety)



notes

- Development and Mental Health (Encouraging independence and selfresponsibility, Be a positive role model/discuss respect, anger, Know child's friends and importance of peers, Expect preadolescent behaviors, Answer questions and discuss puberty, Safety rules with adults)

notes

- Safety (seatbelts, cell phone use, drugs/ETOH/cigarettes, sunscreen, internet/Facebook)

notes

- TV/Media (Limit TV/video to 1-2 hours/day, No TV in bedroom)

notes

- add item

notes

**Followup**

**Order** Yearly well visit

**Radiology**

**Referral**