



Intake

Informant/Relationship

Vitals

Weight lbs oz

Height in

Blood Pressure / systolic/diastolic Location Position

Pulse beats per minute

BMI kg/m²

 More

Social/Family History

Select All

- See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)
- Family Situation
- After-school care (Yes / No)
- Changes since last visit (note below)
- add item



Medical History (Medical Summary) No Saved Notes

Edit

Family History (Medical Summary) No Saved Notes

Edit

Social History (Medical Summary) No Saved Notes

Edit

Review of Systems

Select All

See Initial History Questionnaire and Problem List

notes

Toxic Exposure: Passive Smoking (Y / N)

notes

Cholesterol Risk (Y / N)

notes

Tuberculosis Risk (Y / N)

notes

Sleep

notes

Physical Activity (Play time 60 min/d Yes or No, Screen time <2h/d)

notes

School: Grade

notes

School (Special Education)



<input type="checkbox"/>		notes
<input type="checkbox"/>	School (Social Interaction)	notes
<input type="checkbox"/>	School (Performance)	notes
<input type="checkbox"/>	School (Behavior)	notes
<input type="checkbox"/>	School (Attention)	notes
<input type="checkbox"/>	School (Homework)	notes
<input type="checkbox"/>	School (Parent/Teacher Concerns)	notes
<input type="checkbox"/>	Home (Cooperation)	notes
<input type="checkbox"/>	Home (Parent-child interaction)	notes
<input type="checkbox"/>	Home (Sibling interaction)	notes
<input type="checkbox"/>	Home (Oppositional behavior)	notes
<input type="checkbox"/>		add item
		notes



Adol Hearing/Vision Questions

Make All:

Yes No N/A

- Do people get annoyed because you misunderstand what they say?
- Do you ask others to repeat themselves?
- Do people mumble a lot or not speak clearly?
- Do you have trouble seeing the blackboard?
- Do you have trouble recognizing faces at a distance?
-

Safety

Make All:

Yes No May

- Seatbelt
- Helmet



Sunblock
notes

add item
notes

Nutrition

Select All

Milk (oz per day and type)
notes

Calcium Source/Servings
notes

Juice
notes

Soda
notes

Fruits
notes

Vegetables
notes

Protein Sources
notes

add item
notes

Development (If not reviewed in Previsit Questionnaire)



Make All:

Yes No N/A

Eats healthy meals and snacks

Participates in after-school activity

Has friends

Is vigorously active for 1 hour a day

Has a caring/supportive family

Is doing well in school

Is getting chances to make own decisions

Feels good about self

Yes No N/A

Does an activity really well; Describe:

add item



Screening

- Hearing Screen
- Vision Screen
- PSC Developmental Screen

History

- Previsit Questionnaire reviewed
 ▼
- Child has a dental home
 ▼
- Child has special health care needs
 ▼
- Concerns and questions (notes below)
 ▼
- Follow-up on previous concerns (notes below)
 ▼
- Interval History (Changes? notes below)
 ▼
- Medication Record (reviewed and updated)
 ▼
- OTC meds/herbal meds/CAM used (notes below)
 ▼



Transition of Care (ARRA)

- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed

Risk Assessment (Adol Confidential)

Make All:

Yes No N/A

- History of head injury/concussion
- History of palpitations, chest pain, faintness, passing out
- History of recurrent joint pain or fractures
-

Physical Exam

Make All:

A N N/E

- General Appearance



- Head**
- Eyes (red reflex, strabismus)**
- Ears**
- Nose**
- Oropharynx**
- Teeth**
- Neck**
- A N N/E**
- Chest**
- Breasts (Female - Tanner Stage)**
- Lungs**
- Cardiovascular**
- Abdomen**



notes

Genitalia (Male/Testes Down, Tanner Stage)

notes

Genitalia (Female - Tanner Stage)

notes

Musculskeletal

notes

A N N/E

Back (Scoliosis)

notes

Skin

notes

Neurologic

notes

add item

notes

Assessment

Diagnoses

Brain lacer NEC w/o coma (851.81)

notes

Add to Problem List

Onset:

Problem Note:

Inj infer mesenteric art (902.27)

notes



Add to Problem List Onset: Problem Note:

Inj superior mesent vein (902.31)

 Add to Problem List Onset: Problem Note:

Lab

Hemoglobin (In Office)

Lipid Panel (In Office)

Medical Test

Medical Procedure

Immunizations

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

Poison Ivy Extract

Anticipatory Guidance Discussed

Make All:

Y N N/A

Age-appropriate handout given (including Bright futures for parents and teen; Healthy choices; How to stay cool; Encouraging physical activity)



notes ▼

- School (Show interest in school, Quiet space for homework, Address bullying)

notes ▼

- Development and Mental Health (Encouraging independence and self-responsibility, 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 ▼

- Encourage Reading

notes ▼

- Nutrition and Physical Activity (Encourage proper nutrition, 60 minutes of physical activity daily, Limit TV and screen time)

notes ▼

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

notes ▼

- Safety (Seat belt/auto safety, water safety, sunscreen, avoid tobacco alcohol, drugs, gun safety)

notes ▼

- Chores

notes ▼

Y N N/A

- HEADS reviewed

notes ▼

- TSE (males)/BSE (females) reviewed

notes ▼

- HPV vaccine reviewed

notes ▼



Meningococcal vaccine reviewed

add item

Plan

Select All

Immunizations (See Vaccine Administration Record)

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.

Laboratory/Screening Results

Tylenol (160mg/5mL) dosing every 4 to 6 hours as needed

Ibuprofen (Motrin/Advil) (100mg/5mL) dosing every 6 to 8 hours as needed

Medication

Medication as e-prescribed

Vaccine cost discussed, VFC program enrollment offered

Cultural barriers for diet and exercise discussed



notes

add item

notes

Followup

Order Next well visit

Order Immunization Only (indicate time frame and vaccines to be given)

Order Return to office (list reason and time frame)

Order by Phone (list reason and time frame)

Referral