



Intake

Informant/Relationship

Vitals

Weight	<input type="text"/>	lbs	<input type="text"/>	oz		<input data-bbox="1398 369 1443 407" type="button" value="+"/>					
Height	<input type="text"/>	in				<input data-bbox="1398 426 1443 464" type="button" value="+"/>					
Temperature	<input type="text"/>	°F	Method	<input type="text" value="Unspecified"/>	<input type="button" value="v"/>	<input data-bbox="1398 480 1443 518" type="button" value="+"/>					
Pulse	<input type="text"/>	beats per minute				<input data-bbox="1398 535 1443 573" type="button" value="+"/>					
Blood Pressure	<input type="text"/>	/	systolic/diastolic	Location	<input type="text" value="Unspecified"/>	<input type="button" value="v"/>	Position	<input type="text" value="Unspecified"/>	<input type="button" value="v"/>	<input data-bbox="1398 590 1443 627" type="button" value="+"/>	
BMI			kg/m ²								

 More

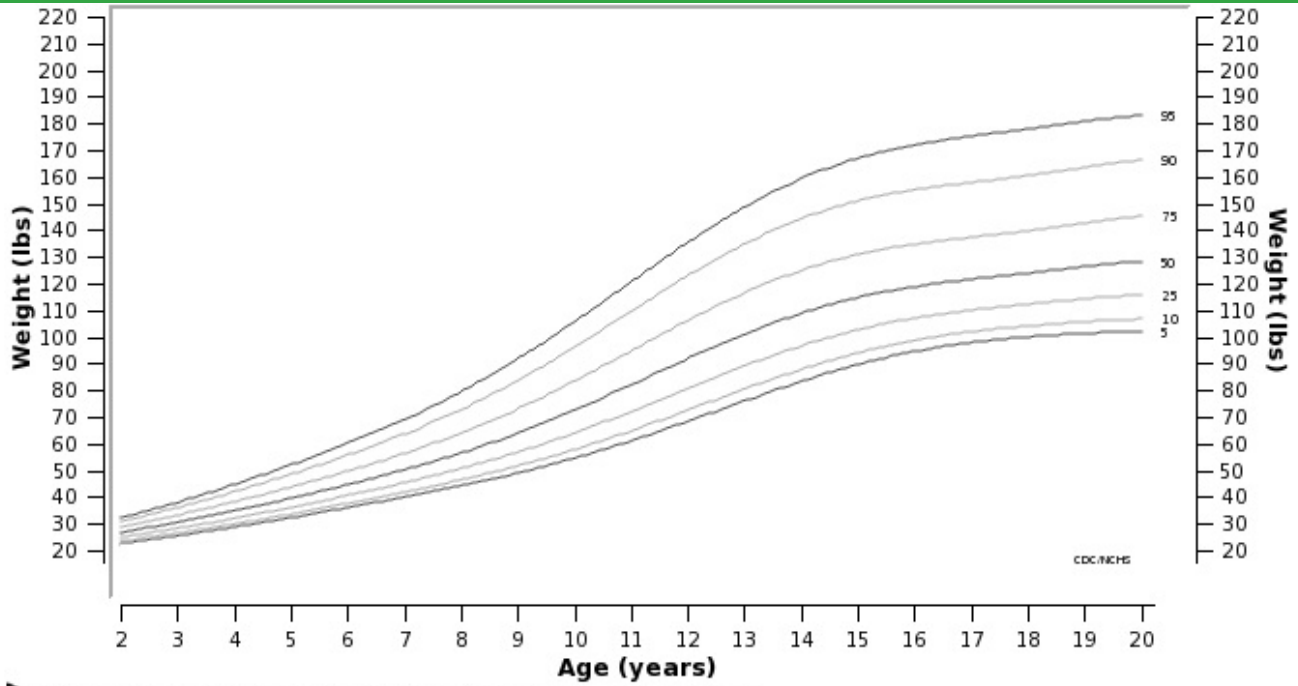
Screening

Vision Screen - state if pt wears glasses or contacts

Hearing Screen

Growth Charts

◀ ▶



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

Weight/Height from previous Well Check

Medications

History

Select All

Previsit Questionnaire reviewed

School/Grade

Academic performance



notes

Activities

notes

Sleep-adequate sleep

notes

If female: Menstrual age/history/problems/regularity

notes

add item

notes

Concerns and Questions.

Nutrition

Select All

Eating-eats regular meals including adequate fruits and vegetables

notes

Limits sweets and junk food. Encouraged to make healthy choices.

notes

add item

notes



Oral Health in Primary Care

Select All

- Establishing a dental home
notes
- Date of last dental check-up
notes
- Brushing teeth twice a day with small pea sized toothpaste
notes
- Family is on a fluoridated water supply
notes
- Fluoride supplementation if dentist recommends one
notes
- Limiting high sugar drinks, foods, sports drinks, juice
notes
- Wearing mouth guard with sports
notes
- add item
notes

Transition of Care (ARRA)

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

Smoking Status (ARRA)

select smoking status



Problem List (Medical Summary)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

Medical History (Medical Summary) No Saved Notes

Edit

Social History (Medical Summary) No Saved Notes

Edit

Family History (Medical Summary) No Saved Notes

Edit

RISK ASSESSMENT

Select All

- Activities (has friends, at least 1 hour of physical activity, screen time (except homework) < 2 hours/day, has interests/participates in community activities/volunteers)

notes

- Drugs (discussed tobacco/alcohol/drugs)

notes

- Education (performance n'l, behavior/attention n'l, homework n'l)

notes

- Home (eats meals with family, adults to turn to for help, is permitted and able to make independent decisions)

notes

- Safety (home is free of violence, uses safety belts/equipment, has relationships free of violence)

notes

- School grade



notes

Sex (discussed sexual activity)

notes

add item

notes

Anticipatory Guidance Discussed

Make All:

Y N N/A

Physical Growth and Development (Brush/Floss teeth, Regular dentist visits, Body image, Balanced diet, Limit TV, Physical activity)

notes

Social and Academic Competence (Help with homework when needed, Encourage reading/school, Community involvement, Family time, Age-appropriate limits, Friends)

notes

Emotional Well-Being (Decision-making, Dealing with stress, Mental health concerns, Sexuality/Puberty)

notes

Risk Reduction (Tobacco/alcohol/drugs, Prescription drugs, Know friends and activities, Sex)

notes

Violence and Injury Prevention (Seat belts/No ATV, Guns, Safe dating, Conflict resolution, Bullying, Sports helmets, Protective gear)

notes

add item

notes



Physical Exam

Make All:

A N N/E

Unclothed/Gown

General Appearance

Head

Eyes

Ears

Nose

Oropharynx

Neck

A N N/E

Chest

Lungs



Cardiovascular

Abdomen

Genitourinary

Musculoskeletal

Neurologic

Skin

A N N/E
 add item

Lab

- Hemoglobin
- Hematocrit
- Lead Screen
- Urinalysis

Medical Procedure

Medical Test



Supply

Radiology

Immunizations

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

Order	Refuse	Tdap
Order	Refuse	select an immunization ▼

Immunization Consent

Select All

Counseled on risks, benefits, CDC VIS, contraindications and obtained consent.
 ▼

add item
 ▼

Assessment

Diagnoses

add diagnosis
 ▼

Plan

Select All

add item
 ▼



E-Prescribed Medications.

Plan Notes

Followup

Yearly well visit

Nurse Task

Referral

Reminders (Medical Summary) No Saved Notes