



**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 +

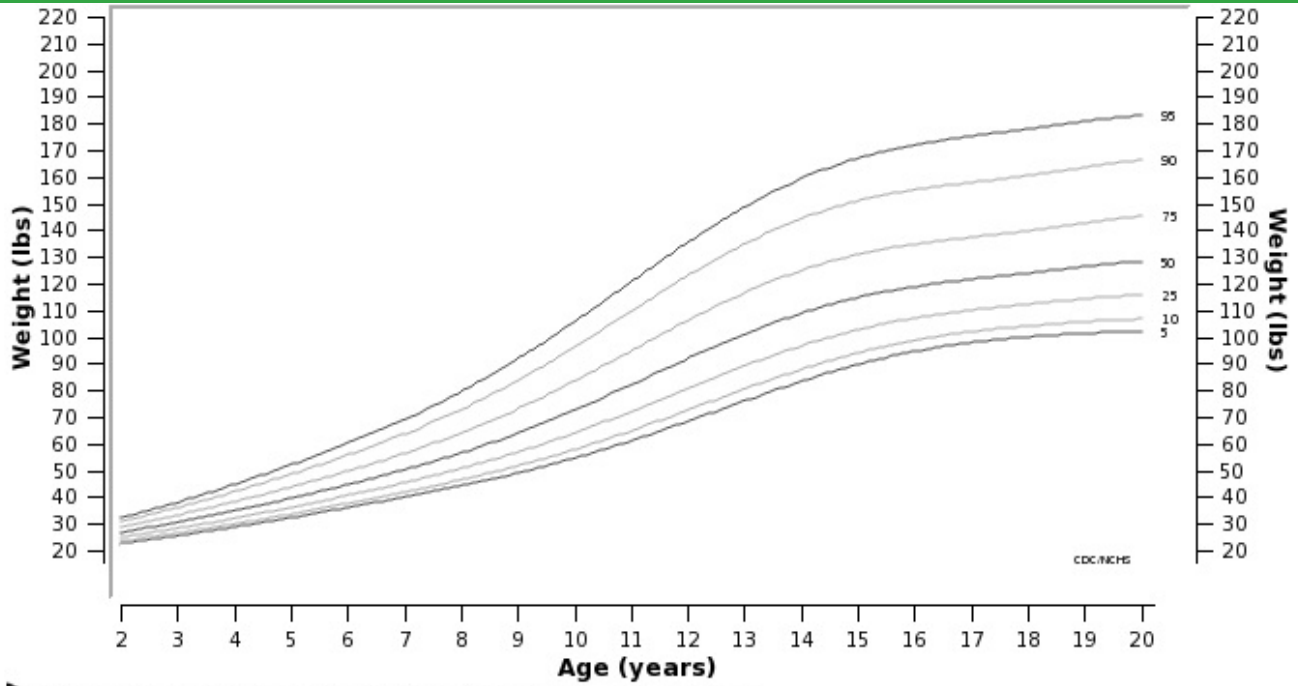
More

**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

- 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)
- pet-free environment
- add item

**Smoking Status (ARRA)**

**ROS**

Make All:

NI Abn NA

- Elimination
- Nighttime sleep
- 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  
notes



Vitamins  
notes

add item  
notes

**Screening**

Suresight

OAE

Adolescent screen

**screening result**

**Lab**

Hemoglobin- transcutaneous

**Physical Exam**

Make All:

A N N/E

General Appearance  
notes

Head  
notes



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



Skin

Extremities/Hips

Back

A N N/E  
   add item

**Immunizations**

Immunization History

Immunization Orders

**Medical Procedure**

**Diagnoses**

Brain lacer NEC w/o coma (851.81)  
  
 Add to Problem List      Onset:       Problem Note:

add diagnosis

**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.
- Age-appropriate anticipatory guidance given, handout provided
- add item

Anticipatory Guidance

Make All:

Y N N/A

- Discussed and/or handouts given
- Oral Health (Dental visits twice a year, Brush teeth twice a day, Floss teeth daily, Wear mouth guard during sports)
- Nutrition and Physical Activity (Healthy weight, Well-balanced diet including breakfast, Fruits/vegetables/whole grains, Adequate calcium, 60 minutes of exercise/day)
- Health maintenance (acne, regular exercise, sexual issues- HSV/HPV/MRSA, temporary tatoos, sx's of depression, concussions and sport safety)
- 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

- 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**