



**Intake**

**Informant/Relationship**

**Vitals**

|                    |                      |     |                      |  |                                  |
|--------------------|----------------------|-----|----------------------|--|----------------------------------|
| Weight             | <input type="text"/> | lbs | <input type="text"/> | oz   | <input type="button" value="+"/> |
| Length             | <input type="text"/> | in  |                      |  | <input type="button" value="+"/> |
| Head Circumference | <input type="text"/> | cm  |                      |  | <input type="button" value="+"/> |
| Temperature        | <input type="text"/> | °F  | Method               | <input type="button" value="Unspecified"/> | <input type="button" value="+"/> |

More

**Social/Family History**

- See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)
- Is there someone you can turn to and rely on for support when you are feeling stressed?
- Family Situation
- Parents working outside of home: Mother / Father
- Child Care (Yes / No and Type)
- Changes since last visit (note below)



add item

**Medical History (Medical Summary)** No Saved Notes

**Family History (Medical Summary)** No Saved Notes

**Social History (Medical Summary)** No Saved Notes

**Review of Systems**

See Initial History Questionnaire and Problem List

Elimination

Sleep

Behavior

Activity (playtime, no TV)

Toxic Exposure: Passive Smoking (Y / N)



add item ▼  
notes ▼

**Nutrition**

Select All

Breast Milk (Minutes per feeding, Hours between feeding Feedings per 24 hours)  
notes ▼

Formula (Ounces per feeding)  
notes ▼

Bottle  
notes ▼

Cup  
notes ▼

Solid foods  
notes ▼

Juice  
notes ▼

Source of water  
notes ▼

Vitamins/Fluoride  
notes ▼

add item ▼  
notes ▼

**Development (If not reviewed in Previsit Questionnaire)**



Make All:

Yes No N/A

- Communicative (Speaks 1-2 words, Babbles, Tries to make the same sounds you do, Looks at things you are looking at)
- Fine Motor (Feeds self, pincer grasp)
- Gross Motor (Crawls, pulls self to standing, walks with support)
- Cognitive (Follows simple directions)
- Social-Emotional (Waves bye-bye, Tries to do what you do, Cries when you leave, Plays peekaboo, Hands you a book to read)
- add item

**EPSDT**

Make All:

Y N n/a

- Risk for Lead Exposure
- Risk for TB exposure



**History**

Select All

- 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

**Physical Exam**

Make All:

A N N/E

General Appearance

Head/Fontanelle

Eyes (red reflex/strabismus/appears to see)

Ears/Appears to hear

Nose

Oropharynx

Teeth

Neck

A N N/E

Chest



notes

Lungs

notes

Cardiovascular

notes

Femoral Pulses

notes

Abdomen

notes

Genitalia - Male/Testes down

notes

Genitalia - Female

notes

Extremities/Hips

notes

A N N/E

Neurological

notes

Skin

notes

add item

notes

**Assessment**



**Diagnoses**

Brain lacer NEC w/o coma (851.81)

notes

Add to Problem List      Onset:       Problem Note:

Crushing inj trunk NEC (926.19)

notes

Add to Problem List      Onset:       Problem Note:

add diagnosis

notes

**Lab**

**Medical Test**

**Medical Procedure**

**Screening**

Ages & Stages Questionnaire

**Immunizations**

Immunization History

Immunization Orders

Varicella

Typhoid

**Anticipatory Guidance Discussed**





Make All:

Y N N/A

Age appropriate handout given

Nutrition (Milk - quantity, cup; No juice; Table foods - safe foods)

Family Support (Time for self/partner, Community activities, Age-appropriate discipline)

Behavior and Development (Social, Communication skills, Cognitive skills, Motor skills, Discipline)

Establishing Routines (Family traditions, Nap and bedtime)

Establishing a Dental Home (First dentist visit, Brush teeth twice a day, Limit bottle use (water only), No bottle in bed)

Safety (Car safety seat, Poisons, Water, No supervision by young children, Sharp objects, Guns, Home safety, Falls)

Sleep Routines and Issues (Consistent routines, Night waking)

Y N N/A  
   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
- Ibuprofen (Motrin/Advil) (50mg/1.25mL) 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
- add item



**Followup**

- Next well visit
- Immunization Only (indicate time frame and vaccines to be given)
- Return to office (list reason and time frame)
- by Phone (list reason and time frame)
- Acetaminophen (Tylenol) Dosing (160mg/5mL) every 4 to 6 hours
- Acetaminophen (Tylenol) Dosing (80mg/0.8mL) "OLD TYLENOL" every 4 to 6 hours
- Ibuprofen (Motrin/Advil) Dosing (Infants 50mg/1.25mL) every 6 to 8 hours
- Ibuprofen (Motrin/Advil) Dosing (Childrens 100mg/5mL) every 6 to 8 hours

**Referral**