



Intake

Informant/Relationship

Vitals

Length in

Weight lbs oz

Head Circumference cm

BMI kg/m²

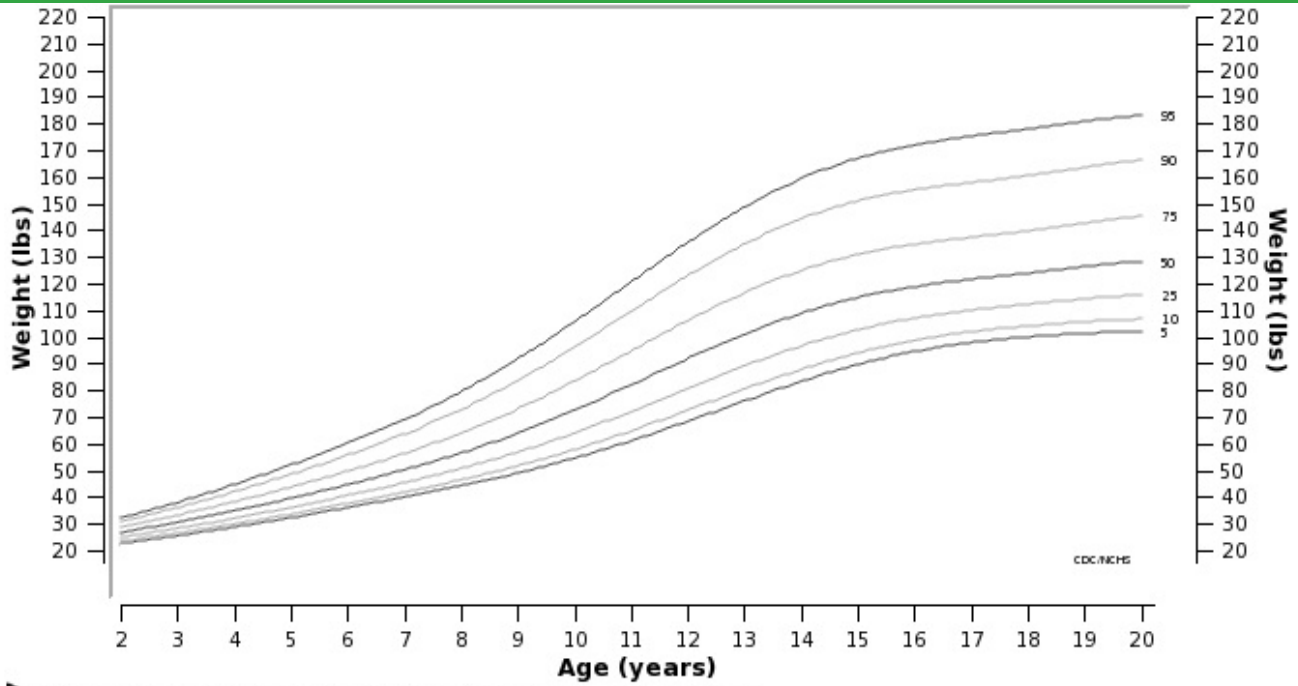
 More

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 in preschool/daycare (yes/no, where, FT/PT)
- Organized activities
- 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

- rearfacing carseat
- 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)
notes

pet-free environment
notes

fluoridated water (if no, alternate source)
notes

Y N N/A

uses bike helmet (if applicable)
notes

add item
notes

ROS

Make All:

NI Abn NA

Nighttime sleep
notes

Daytime naps
notes

Elimination
notes

Uses pacifier (yes/no)
notes



- Brushes teeth (if present)
- add item

Nutrition

- Select All**
- Breast-feedings per day
 - Milk
 - Juice
 - Dairy servings/day
 - Fruit servings/day
 - Vegetable servings/day
 - Bread/cereal/pasta/rice servings/day
 - Meat/nuts/egg/fish/other protein servings/day
 - Cup



notes

Vitamins

notes

add item

notes

Screening

Order OAE

Order Suresight

Order ASQ

screening result

Lab

Physical Exam

Make All: **A** **N** **N/E**

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

Immunizations

Immunization History

| | |
|---------|--|
| | There are no immunizations recorded for this patient |
| Ordered | |

Immunization Orders

Varicella

Typhoid

Medical Procedure

Diagnoses

Brain lacer NEC w/o coma (851.81)

Add to Problem List Onset: Problem Note:



Plan

Select All

- Ibuprofen (Motrin/Advil) (100mg/5mL) dosing every 6 to 8 hours as needed
notes
- Immunizations (See Vaccine Administration Record)
notes
- Tylenol (160mg/5mL) dosing every 4 to 6 hours as needed
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
 - Safety (Car safety seat, Poisons, Water, No supervision by young children, Sharp objects, Guns, Home safety, Falls)
notes
 - Feeding and appetite changes (selffeeding, consistent meals/snacks, variety of nutritious foods, whole milk)



notes

- Oral health (brush teeth twice daily, stop bottle)

notes

- add item

notes

Followup

Order 15 month well visit

Radiology

Referral

Navigational Anchors in 12 mo well- VP

1. Intake
2. Growth Charts
3. History
4. Social/Family History
5. Home/Safety
6. ROS
7. Nutrition
8. Screening
9. Lab
10. Physical Exam
11. Immunizations
12. Medical Procedures
13. Diagnoses
14. Plan
15. Anticipatory Guidance Discussed
16. Radiology