



**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

**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
- Elimination
- Sleep
- Behavior
- Toxic Exposure: Passive Smoking (Y / N)
- Activity (playtime, no TV)



add item ▼  
notes ▼

**Nutrition**

Select All

Breast  
notes ▼

Bottle  
notes ▼

Cup  
notes ▼

Milk (oz per day and type)  
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

Communication (2-3 words)

Communication (5-10 words)

Communication (Uses jargon, points to 2 body parts, understands simple commands)

Communication (points to pictures in a book)

Gross Motor (Walks alone)

Fine Motor (Feeds self, scribbles, stacks 2 blocks)

Social (gives and takes food or toys, throws objects in play)

Social-Emotional (Tries to do what you do, Helps in the house, Listens to a story)

Yes No N/A

**History**



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

**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 (caries, white spots, staining)

Neck

A N N/E

Chest

Lungs

Cardiovascular



notes

Femoral Pulses

notes

Abdomen

notes

Genitalia - Male/Testes down

notes

Genitalia - Female

notes

Extremities/Hips

notes

A N N/E

Skin

notes

Neurological

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: mm/dd/yy

Problem Note: problem note

add diagnosis

notes

**Lab**

**Medical Test**

**Medical Procedure**

**Screening**

**Immunizations**

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

Rabies

select an immunization

**Anticipatory Guidance Discussed**

Make All:

Y N N/A

Age appropriate handout given

notes

Nutrition (milk - discontinue bottle, maximum amt 20 oz/day)

notes





- Nutrition (no juice)
- Nutrition (Table foods - safe foods, feeds self, variable appetite)
- Elimination
- Sleep Routines and Issues (Consistent routines, Night waking)
- Healthy Teeth (First dentist visit, Healthy oral habits, No bottle)
- Behavior and Development (Social, Communication skills, Cognitive skills, Motor skills, Discipline)
- Y N N/A
- Communication and Social Development (Give limited choices, Stranger anxiety, Read and talk with child)
- Temper Tantrums and Discipline (Distraction, Praise, Consistency)
- Safety (Car safety seat, Home safety, Poisons, Falls, Burns, Smoke detectors, Carbon monoxide detectors)
- 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
  
- Tylenol (80mg/0.8mL) 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



notes ▼

**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
- Ibuprofen (Motrin/Advil) Dosing (Childrens 100mg/5mL) every 6 to 8 hours

**Referral**

**Navigational Anchors in 15 Mo Well - TLC**

1. Intake
2. Vitals
3. Social/Family History
4. Review of Systems
5. Nutrition
6. Development (If not reviewed in Previsit Questionnaire)
7. History
8. Physical Exam
9. Assessment
10. Diagnoses
11. Lab
12. Medical Test
13. Medical Procedures
14. Screening
15. Immunizations
16. Anticipatory Guidance Discussed
17. Plan
18. Follow Up
19. Referrals