



Intake

Informant/Relationship

Vitals

Height in +

Weight lbs oz +

BMI kg/m²

Blood Pressure / systolic/diastolic Location Position +

Pulse beats per minute +

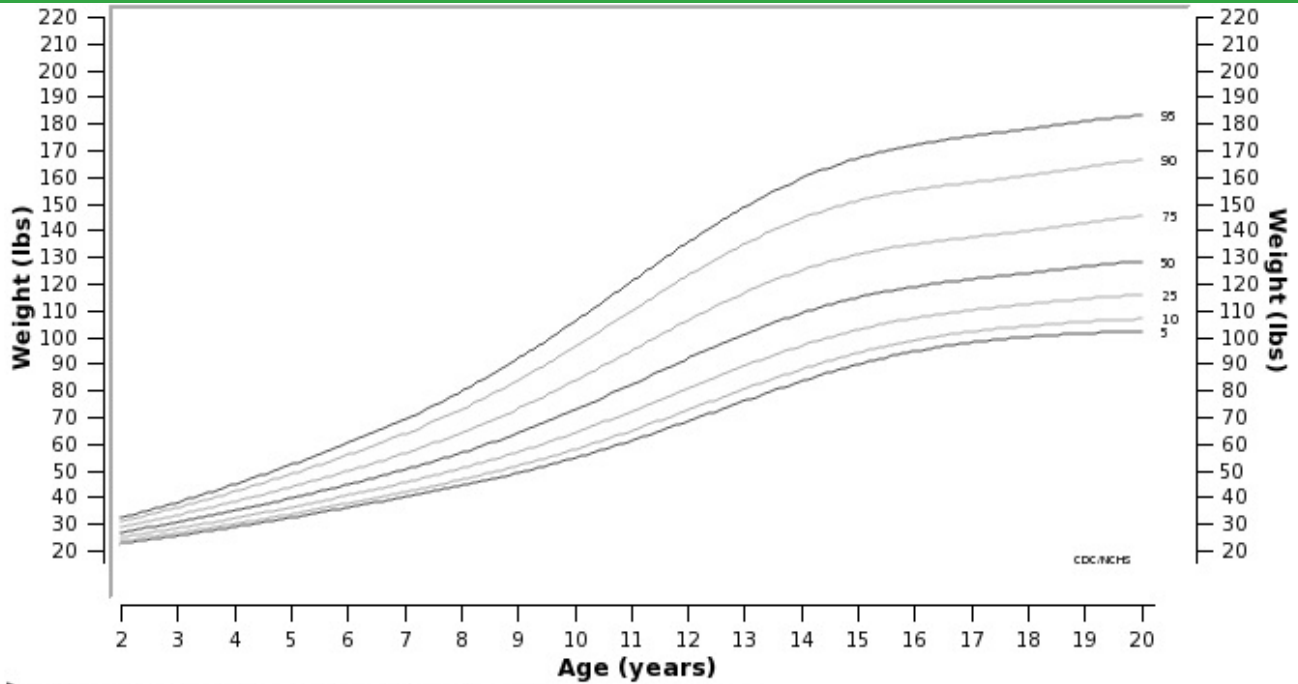
More

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

Order Adolescent screen

Order Suresight

Order OAE

screening result

Lab

Order Hemoglobin

Order Hemoglobin- transcutaneous

Order Lipid Panel

Order GC/Chlamydia

Physical Exam

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

A N N/E



General Appearance

Head

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

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

Medical Procedure

Diagnoses

Brain lacer NEC w/o coma (851.81)

Add to Problem List Onset: Problem Note:



add diagnosis

notes

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

notes

Anticipatory Guidance

Make All:

Y N N/A

Discussed and/or handouts given

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

Emotional Well-Being (Dealing with stress, Decision-making, Mood changes, Sexuality/Puberty)



- 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)

- Safety (seatbelts, cell phone use, drugs/ETOH/cigarettes, sunscreen, internet/Facebook)

- add item

Followup

Yearly well visit

Radiology

Referral