



Intake

Informant/Relationship

Vitals

Height in +

Weight lbs oz +

BMI kg/m²

Blood Pressure / systolic/diastolic Location Position +

Pulse beats per minute +

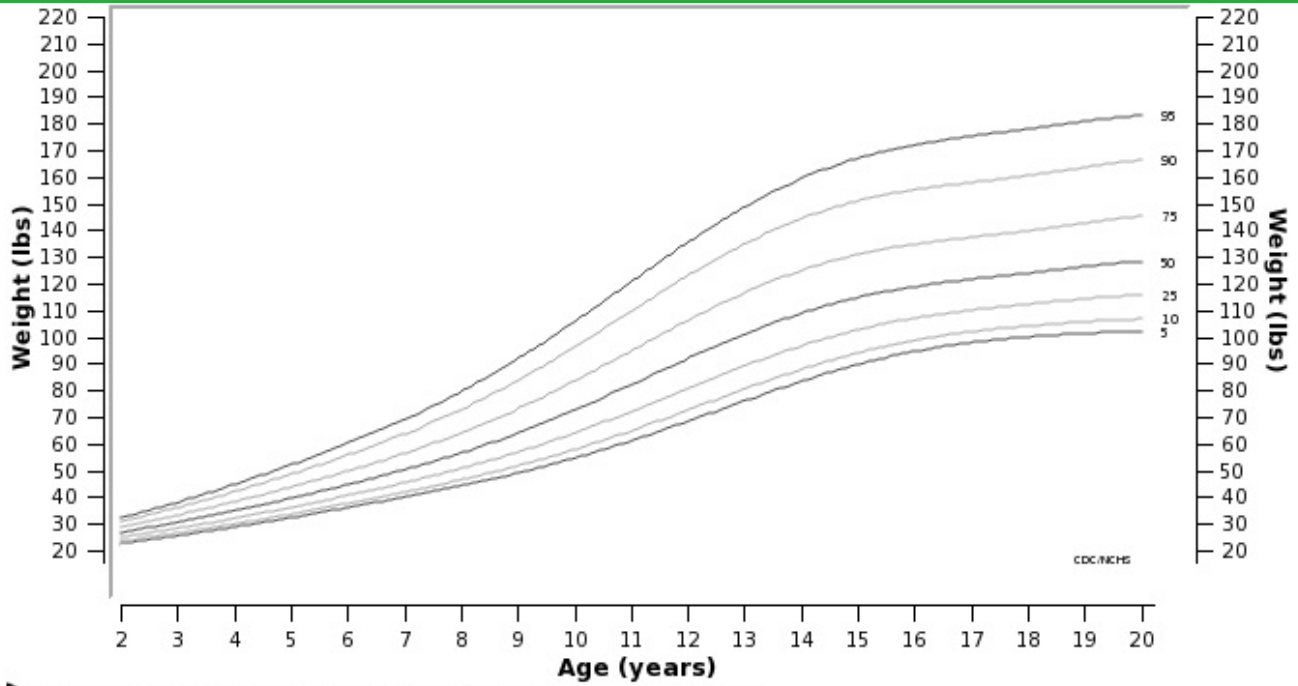
More

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

add item

Screening

Adolescent screen

Suresight

OAE

screening result

Lab

Hemoglobin- transcutaneous

GC/Chlamydia

Physical Exam

Make All:

A N N/E

General Appearance



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



notes

Skin

notes

Extremities/Hips

notes

Back

notes

A N N/E

add item

notes

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)

notes

Add to Problem List

Onset:

Problem Note:

add diagnosis

notes



Plan

Select All

- Immunizations (See Vaccine Administration Record)

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

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

notes

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

notes

- Health maintenance (acne, regular exercise, sexual issues- HSV/HPV/MRSA, temporary tatoos, sxS of depression, concussions and sport safety)

notes

- 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

add item

notes

Followup

Order Yearly well visit

Radiology

Referral

Navigational Anchors in 17 yr well- VP

- 1. Intake
- 2. Growth Charts
- 3. History
- 4. Social/Family History
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- 15. Plan
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- 17. Radiology