



**Intake**

**Informant/Relationship**

**Vitals**

Weight  lbs  oz

BMI  kg/m<sup>2</sup>

Blood Pressure  /  systolic/diastolic Location  Position

Pulse  beats per minute

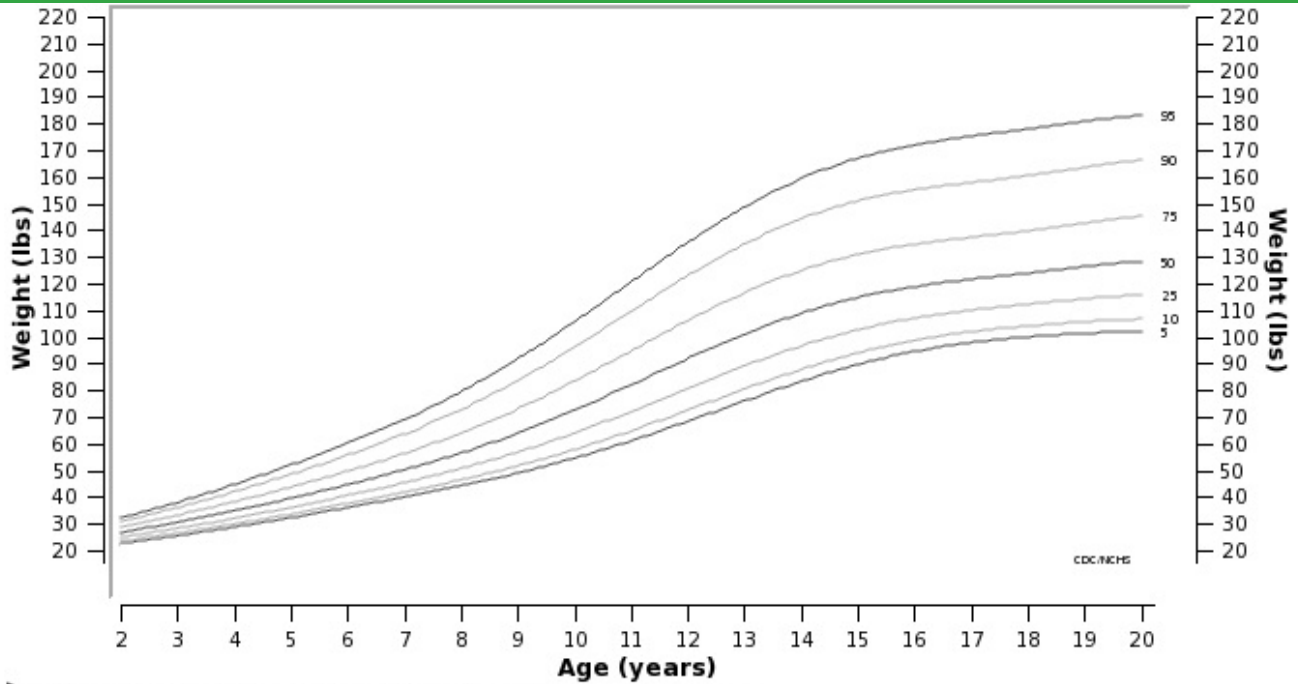
**More**

**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)
- 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)
- 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



**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
- 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

select an immunization

**Medical Procedure**

**Diagnoses**

Inj post tibial artery (904.53)

notes

Add to Problem List      Onset:       Problem Note:

add diagnosis

notes

**Plan**





- 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  
 ▼

**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, sxS of depression, concussions and sport safety)  
 ▼
- Safety (seatbelts, cell phone use, drugs/ETOH/cigarettes, sunscreen, internet/Facebook)  
 ▼



**Followup**

Yearly well visit

**Radiology**

**Referral**

**Navigational Anchors in 18+ yr well- VP**

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