



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

Family History (Medical Summary) No Saved Notes

Social History (Medical Summary) No Saved Notes

Review of Systems

See Initial History Questionnaire and Problem List

Elimination

Sleep

Behavior

Activity (playtime, no TV)

Toxic Exposure: Passive Smoking (Y / N)



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



Select All

- Structured development screen: NL - specify Tool

notes

- Autism-specific screen: NL - specify Tool

notes

- add item

notes

Development Surveillance

Make All:

Yes No N/A

- Gross Motor (Walks quickly)

notes

- Gross Motor (Walks up stairs with 1 hand held)

notes

- Gross Motor (Climbs into adult chair)

notes

- Gross Motor (Walks backwards)

notes

- Fine motor (Uses spoon and cup)

notes

- Fine Motor (Scribbles)

notes



- Fine Motor (Stacks blocks)
- Social (Likes to be with other children)
- Yes No N/A
- Social-Emotional (Helps in the house, Laughs in response to others)
- Communication (Uses 7-20 words)
- Communication (Points to body parts)
- Communication (Understands commands)
- Cognitive (Hides and finds objects)
- Cognitive (Pretend Play)
- add item

History

Select All

- Previsit Questionnaire reviewed



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

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
- 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:

Problem Note:

▼

▼

Lab

Medical Test

Medical Procedure

Screening

Ages & Stages Questionnaire

MCHAT

Immunizations

Immunization History

Immunization Orders

▼

Anticipatory Guidance Discussed

Make All:

Y N N/A

Age appropriate handout given
 ▼

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

Nutrition (no juice)



notes

Nutrition (Table foods - safe foods, feeds self, variable appetite)

notes

Dental Care

notes

Elimination

notes

Family Support: family time; time for self and other children; reinforce limits; prepare for new sibling (if necessary); smoke free environment

notes

Child Development and Behavior: anticipate anxiety, praise, consistent discipline, daily playtime

notes

Y N N/A

Language Promotion/Hearing: read, talk, and sing; simple words; feelings and emotions

notes

Toilet Training Readiness: wait until child is ready; reading books/praise

notes

Safety: car safety seat; falls; burns; smoke detectors; guns; poisons

notes

add item

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.
- 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