



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

Birth History

Birth weight

Gestational age (in weeks)

Born at (BF = Baylor Frisco; THRP = THR Plano)

Delivery type (vag or c/s)

Discharge weight and date

Newborn nursery form reviewed (Yes/No)

Maternal Hepatitis B (Pos, Neg or Unknown)



Hep B vaccine (date)

Bilirubin Screening (Blank if none; Transcutaneous and Serum if done)

Newborn Hearing screen passed? (R, L, both)

Perinatal history (no text if normal)

Social/Family History

Select All

See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)

Parent adjustment to new child

Reaction of siblings to new child

Maternal depression

Parents working outside of home: Mother / Father

Child Care (Yes / No and Type)

Changes since last visit (note below)



notes

add item

notes

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

notes

Elimination

notes

Sleep

notes

Behavior

notes

Activity (tummy time, no TV)

notes

Toxic Exposure: Passive Smoking (Y / N)



notes

add item

notes

Nutrition

Select All

Breast Milk (Minutes per feeding, Hours between feeding Feedings per 24 hours)

notes

Formula (Ounces per feeding)

notes

Source of water

notes

Vitamins/Fluoride

notes

add item

notes

Development (If not reviewed in Previsit Questionnaire)

Make All:

Yes No N/A

Social-Emotional (If upset, able to calm)

notes

Cognitive (Responds to sounds, Follows objects with eyes)

notes



- Senory (Blinks in reaction to bright light)
- Physical Deveelopment (Able to lift head when on tummy)
- add item

History

-
- Previsit Questionnaire reviewed
 - 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



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**

A N N/E

- General Appearance
notes
- Head/Fontanelle
notes
- Eyes (red reflex/strabismus/appears to see)
notes
- Ears/Appears to hear
notes
- Nose
notes
- Oropharynx
notes
- Neck
notes
- Chest



notes

A N N/E

Lungs

notes

Cardiovascular

notes

Femoral Pulses

notes

Abdomen

notes

Genitalia - Male/Testes down

notes

Genitalia - Female

notes

Extremities/Hips

notes

Back

notes

A N N/E

Skin

notes

Neurological

notes



Assessment

Diagnoses

Lab

Medical Test

Medical Procedure

Screening

- Newborn screen
- Supplemental Newborn Screen (Baylor)
- Edinburgh screen for Post partum depression

Immunizations

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

Anticipatory Guidance Discussed

Make All:

Y N N/A



- Age appropriate handout given
notes
- Parental Well-Being
notes
- Family Adjustment
notes
- Feeding Routines (Breastfeeding (400 IU vitamin D supplement), Iron-fortified formula, Solid foods (wait until 4-6 months), Elimination (5-8 wet diapers, 3-4 stools))
notes
- Infant Behavior (Calming skills, Physical (Tummy time, Daily routines), Sleep (Back to sleep))
notes
- Newborn Care (Emergency preparedness plan, Frequent hand washing, Avoid direct sun exposure, Expect 6-8 wet diapers/day)
notes
- Nutritional Adequacy and Growth (Breastfeeding (vitamin D, Iron supplement), Iron-fortified formula, Solid foods (When and how to add), Weight gain and growth spurts, Elimination)
notes
- Injury Prevention (Car seat, falls, no strings around neck, no shaking, burns - water heater/smoke detectors, guns)
notes
- Y N N/A
 add item
notes

Plan

Select All

- Immunizations (See Vaccine Administration Record)



notes

Laboratory/Screening Results

notes

Encourage parents to get Tdap and influenza vaccines

notes

Medication

notes

Medication as e-prescribed

notes

Vaccine cost discussed, VFC program enrollment offered

notes

add item

notes

Followup

Order Next well visit

Order Immunization Only (indicate time frame and vaccines to be given)

Order Return to office (list reason and time frame)

Order by Phone (list reason and time frame)

Referral



Navigational Anchors in 2-4 Week Well - TLC

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