



**Intake**

**Hospital/Birth**

Term? If no, # of weeks.

Pregnancy #

Maternal Group B Strep

Maternal Hepatitis B (Pos, Neg or Unknown)

Delivery type(if C/S, indicate reason)

Delivery complication

Apgar Score

NICU(if Yes, indicate reason)

Infant Blood Type

Maternal Blood Type

Direct Coombs



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

notes

Birth weight and Length

notes

Discharge weight and Date

notes

Breast or Bottle

notes

Newborn Hearing screening done and NL?

notes

Hep B vaccine (date)

notes

**Informant/Relationship**

**Vitals**

Length  in

Weight  lbs  oz

Head Circumference  cm

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

 More

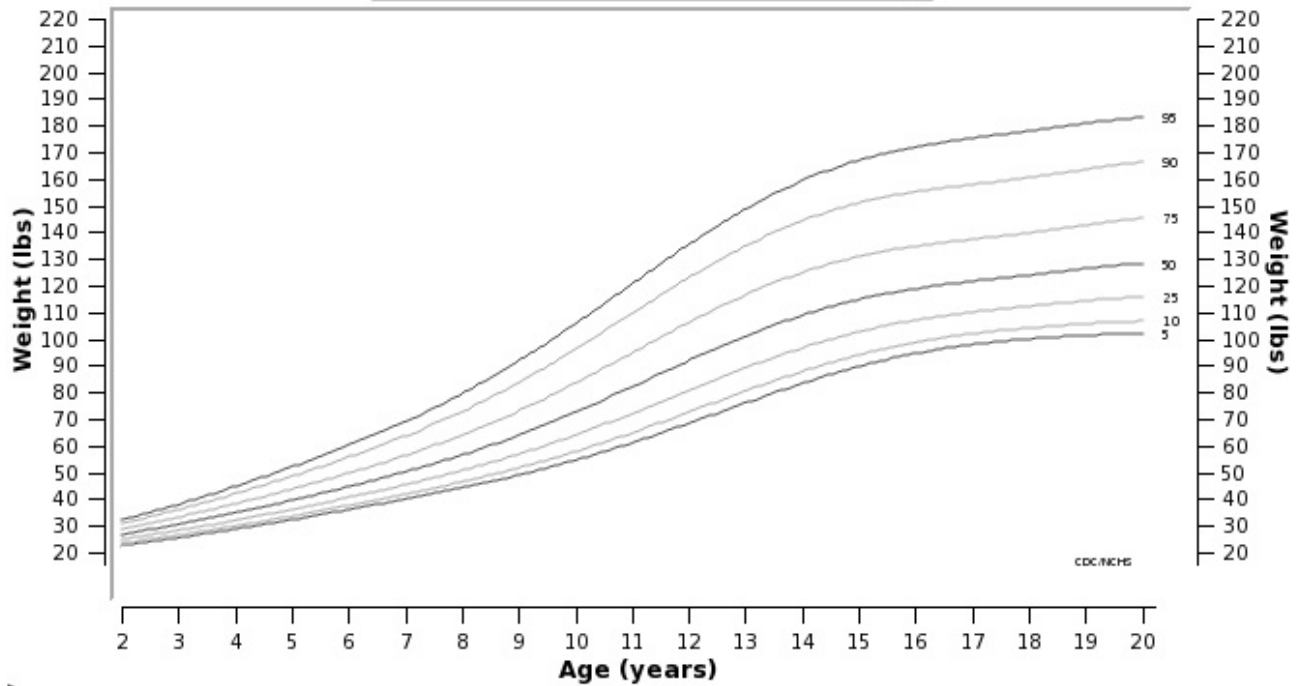
**PCC eRx Allergies (Medical Summary)** Updated N/A

Drug	Reaction	Onset



Growth Charts

2 to 20 Years: Weight-For-Age (CDC)



► 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

- Parent occupations (mother/father/partner)
- Family support
- Reaction of siblings to new child
- add item

Home/Safety

Make All:

Y N N/A

- rear-facing carseat
- 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)



notes

pet-free environment

notes

fluoridated water (if no, alternate source)

notes

Y N N/A

add item

notes

**ROS**

Make All: **NI** **Abn** **NA**

NI Abn NA

Elimination

notes

Sleep

notes

Uses pacifier (yes/no)

notes

add item

notes

**Nutrition**

Select All

Breast-feedings per day



notes

Formula-oz per day

notes

add item

notes

**Screening**

**screening result**

**Lab**

Bilirubin total/direct

**Physical Exam**

Make All:

A N N/E

General Appearance

notes

Head

notes

Eyes

notes



- 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**

Occlusal plane deviation (524.76)  
  
 Add to Problem List      Onset:       Problem Note:

Dist oral epithelium NEC (528.79)  
  
 Add to Problem List      Onset:       Problem Note:

Stomatitis/mucositis NOS (528.00)  
  
 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

Newborn Care (Emergency preparedness plan, Frequent hand washing, Avoid direct sun exposure, Expect 6-8 wet diapers/day)

Newborn Transition (Back to sleep, Daily routines, Calming Techniques)



- Nutritional Adequacy (Breastfeeding, (vitamin D supplement), Iron-fortified formula (if not breastfed), No solid foods, No honey)

- Parental Well-Being (Baby blues, Accept help, Sleep when baby sleeps, Unwanted advice)

- Safety (Car safety seat, Smoke-free environment, No shaking, Burns (Water heater), Smoke detectors, Crib safety)

- add item

**Followup**

**Order** 2 week well visit

**Order** 1 week well visit

**Order** Return to office (list reason and time frame)

**Radiology**

**Referral**



**Navigational Anchors in 2-5 day well- VP**

1. Intake
2. Hospital/Birth
3. Growth Charts
4. History
5. Social/Family History
6. Home/Safety
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