



**Intake**

**Informant/Relationship**

**Vitals**

Weight  lbs  oz

Height  in

Head Circumference  cm

Temperature  °F Method

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

[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?

Parents working outside of home: Mother / Father

Child Care (Yes / No and Type)

Changes since last visit (note below)



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

Toilet Training (Yes or Inprocess)

notes

Sleep

notes

Behavior/Temperament

notes

Physical Activity (Play time 60 min/d Yes or No, Screen time <2h/d)

notes

Toxic Exposure: Passive Smoking (Y / N)



notes

add item

notes

**Nutrition**

Select All

Calcium Source/Servings

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 (if not reviewed Previsit Questionnaire)**

Select All

- Social-Emotional (Plays pretend, Plays with other children (eg, tag))

notes

- Communicative (Other people can understand what your child is saying half of the time, When talking, puts 3 or 4 words together)

notes

- Cognitive (Points to 6 body parts, Knows correct animal sounds (eg, cat meows, dog barks))

notes

- Physical Development (Jumps up and down in place, Puts on clothes with help, Washes and dries hands without help, Brushes teeth with help)

notes

- add item

notes

**EPSDT**

Make All:

Y N n/a

- Risk for Lead Exposure

notes

- Risk for TB exposure

notes

- add item



notes

**Screening**

- Order** Ages & Stages Questionnaire
- Order** MCHAT
- Order** OAE
- Order** Visual Function Screen

**History**

**Select All**

- Previsit Questionnaire reviewed  
notes
- Child has a dental home  
notes
- Child has special health care needs  
notes
- Concerns and questions (notes below)  
notes
- Follow-up on previous concerns (notes below)  
notes
- Interval History (Changes? notes below)  
notes
- Medication Record (reviewed and updated)  
notes



OTC meds/herbal meds/CAM used (notes below)

notes

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

General Appearance

notes

Head

notes

Eyes

notes

Ears

notes

Nose

notes

Oropharynx

notes



Neck

Chest

A N N/E  
   Lungs

Cardiovascular

Abdomen

Genitalia - Male/Testes down

Genitalia - Female

Musculskeletal

Skin

Neurological

A N N/E  
   add item



**Assessment**

**Diagnoses**

Brain lacer NEC w/o coma (851.81)  
notes  
 Add to Problem List      Onset:       Problem Note:

Inj infer mesenteric art (902.27)  
notes  
 Add to Problem List      Onset:       Problem Note:

Inj superior mesent vein (902.31)  
notes  
 Add to Problem List      Onset:       Problem Note:

add diagnosis  
notes

**Lab**

Hemoglobin (In Office)

CBC with Diff w/plt

Lead Screen

**Medical Test**

**Medical Procedure**

**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
- Family Routines (Family meals, Family activities)
- Language Promotion and Communication (Limit TV, Daily reading, Listen and repeat to child)
- Social Development (Supervised play with other children, Setting limits, Emerging Independence)
- Preschool Considerations (Group activities/preschool if possible, Toilet training)
- Safety (Car safety seat, Water, Appropriate supervision, Sun exposure, Fire safety, Smoke detectors, Outdoor safety, Playground, Dogs)
- add item

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
  
- Ibuprofen (Motrin/Advil) (100mg/5mL) 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

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)
- Order** Acetaminophen (Tylenol) Dosing (160mg/5mL) every 4 to 6 hours
- Order** Ibuprofen (Motrin/Advil) Dosing (Childrens 100mg/5mL) every 6 to 8 hours

**Referral**

**Navigational Anchors in 2.5 Yr Well - TLC**

1. Intake
2. Vitals
3. Social/Family History
4. Review of Systems
5. Nutrition
6. Development
7. EPSDT
8. Screening
9. History
10. Physical Exam
11. Assessment
12. Diagnoses
13. Lab
14. Medical Test
15. Medical Procedures
16. Immunizations
17. Anticipatory Guidance Discussed
18. Plan
19. Follow Up