



**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.)
- Family situation (Parental support - work/family balance)
- 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)



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 (tummy time, no TV)

Toxic Exposure: Passive Smoking (Y / N)



add item

notes

**Nutrition**

Select All

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

Formula (Ounces per feeding)

Source of water

Vitamins/Fluoride

add item

notes

**Development (If not reviewed in Previsit Questionnaire)**

Make All:

Yes No N/A

Physical Development (Lifts head and begins to push up when prone, Holds head erect for short periods (When held upright), Diminished newborn reflexes, Symmetrical movement)

Cognitive (Responds to sounds, Follows objects with eyes)

Communicative (Coos, Different cries for different needs)



notes

- Social-Emotional (Smiles, Looks at parent, Self-comfort)

notes

- add item

notes

**History**

Select All

- Previsit Questionnaire reviewed

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

- Newborn Screening Results Normal

notes



vit D supplement  
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/Fontanelle (Positional skull deformities)  
notes

Eyes (red reflex/strabismus/appears to see)  
notes

Ears/Appears to hear  
notes

Nose  
notes

Oropharynx  
notes



Neck

Chest

A N N/E  
   Lungs

Cardiovascular

Femoral Pulses

Abdomen

Extremities/Hips

Back

Genitalia - Male/Testes down

Genitalia - Female

A N N/E  
   Neurological



Skin

add item

**Assessment**

**Diagnoses**

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

Crushing inj trunk NEC (926.19)  
  
 Add to Problem List      Onset:       Problem Note:

add diagnosis

**Lab**

**Medical Test**

**Medical Procedure**

**Screening**

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

Parental (Maternal) Well-Being

Infant-Family Synchrony

Nutritional Adequacy (Breastfeeding (400 IU vitamin D supplement), Iron-fortified formula, Solid foods (wait until 4-6 months), Elimination, No bottle in bed, No honey)

Safety (Car safety seat, Falls, Burns (Hot liquids, Water heater), Smoke-free environment, Drowning, Choking (Small objects, Plastic bags)

Infant Behavior (Calming skills, Physical (Tummy time, Daily routines), Sleep (Back to sleep))

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.
- Tylenol (160mg/5mL) dosing every 4 to 6 hours as needed
- Tylenol (80mg/0.8mL) dosing every 4 to 6 hours as needed
- Medication
- Medication as e-prescribed
- Vaccine cost discussed, VFC program enrollment offered
- add item

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)



**Order** Acetaminophen (Tylenol) Dosing (160mg/5mL) every 4 to 6 hours

**Order** Acetaminophen (Tylenol) Dosing (80mg/0.8mL) "OLD TYLENOL" every 4 to 6 hours

**Referral**

**Navigational Anchors in 2 Mo Well - TLC**

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