



Informant/Relationship

Intake

Vitals

Weight lbs oz

Length in

Head Circumference cm

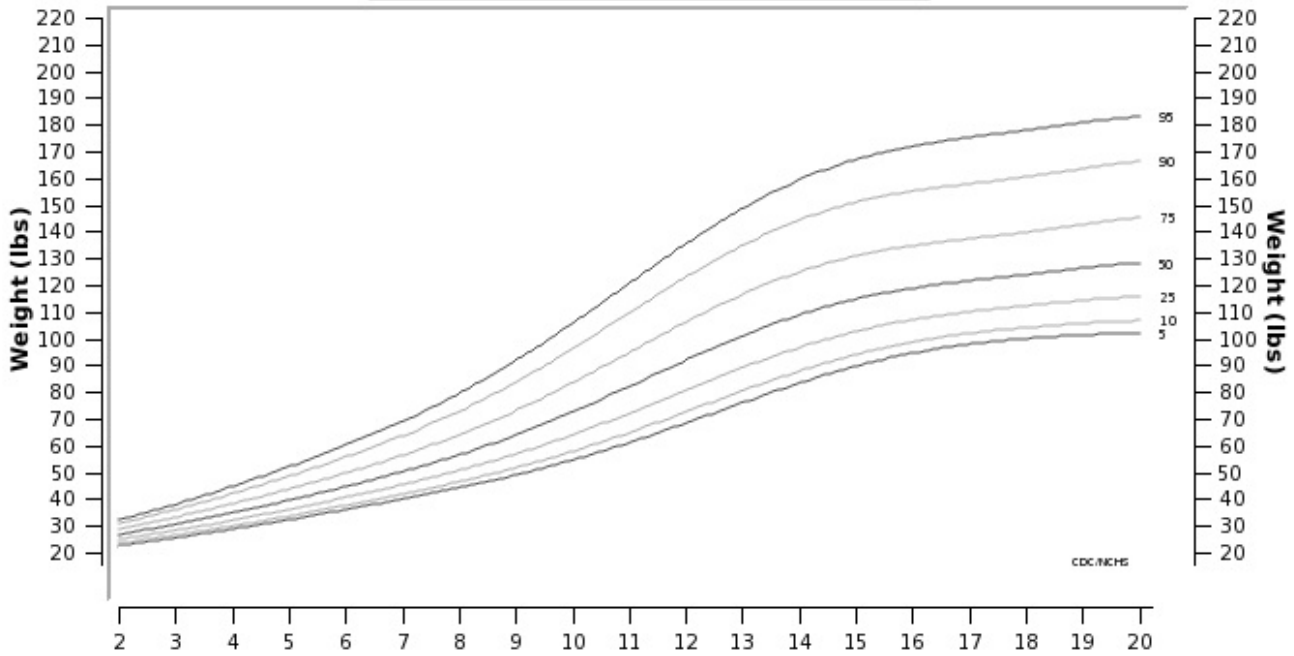
Temperature °F Method

BMI kg/m²

More

Growth Charts

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





Age (years)

▶ **Tabular Data (Weight-For-Age 2 to 20 Years: Girls Source: CDC)**

Weight/Height from previous Well Check

Medications

History

Select All

- Previsit Questionnaire reviewed

- Parents working/Daycare plans

- Toxic exposure: second hand smoke

- add item

Concerns and Questions.

Nutrition

Select All

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



notes

Formula (Ounces per feeding)

notes

Normal Urine and Stool

notes

Vitamins/Fluoride

notes

add item

notes

Review of Systems

Select All

Activity (tummy time, no TV)

notes

Behavior

notes

Sleep

notes

add item

notes

Transition of Care (ARRA)

Patient transitioned to my care from another clinical setting

Medication Reconciliation performed



Birth History (Medical Summary) No Saved Notes

Edit

Problem List (Medical Summary)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

Medical History (Medical Summary) No Saved Notes

Edit

Social History (Medical Summary) No Saved Notes

Edit

Family History (Medical Summary) No Saved Notes

Edit

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 (Indicates boredom when no activity change)
- Communicative (Coos, Different cries for different needs)
- Social-Emotional (Smiles, Looks at parent, Self-comfort)



notes

add item

notes

Anticipatory Guidance Discussed

Make All:

Y N N/A

Parental (Maternal) Well-Being

notes

Infant-Family Synchrony

notes

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

notes

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

notes

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

notes

add item

notes

Physical Exam

Make All:



A N N/E

Unclothed/Gown

General Appearance

Head

Eyes

Ears

Nose

Oropharynx

Neck

A N N/E

Chest

Lungs

Cardiovascular



Abdomen

Genitourinary

Musculoskeletal (hip,spine,ankle,neck)

Neurological

Skin

A N N/E

Lab

Medical Procedure

Medical Test

Supply

Radiology

Screening

Immunizations

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders



<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	Prevnar 13
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	DTaP
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	IPV
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	Rotavirus
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	<input type="text" value="select an immunization"/>

Immunization Consent

Counseled on risks, benefits, CDC VIS, contraindications and obtained consent.

Assessment

Diagnoses

Plan

E-Prescribed Medications.

Plan Notes



Followup

Order 4 month well visit

Order Nurse Task

Referral

Reminders (Medical Summary) No Saved Notes

Edit