



Intake

Informant/Relationship

Vitals

Weight lbs oz

Length in

Head Circumference cm

Temperature °F Method

BMI kg/m²



Social/Family History

Select All

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?

Family Situation

Parents working outside of home: Mother / Father

Child Care (Yes / No and Type)

Changes since last visit (note below)



add item
 notes

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

Toilet Training (Yes or Inprocess)

Sleep

Behavior/Temperament

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



Toxic Exposure: Passive Smoking (Y / N)

notes

add item

notes

Nutrition

Select All

Breast

notes

Bottle

notes

Cup

notes

Milk (oz per day and type)

notes

Solid foods

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 (If not reviewed in Previsit Questionnaire)

Make All: **Yes** **No** **N/A**

Yes No N/A

- Communication (2 word phrases)
notes
- Communication (greater than 50 word vocabulary)
notes
- Communication (uses pronouns)
notes
- Communication (follows simple commands)
notes
- Communication (listens to stories)
notes



- Social (parallel play with other children, imitates adults)
notes
- Gross Motor (runs, walks up and down stairs)
notes
- Gross Motor (kicks ball, throws ball)
notes

Yes No N/A

- Fine Motor (uses spoon and fork)
notes
- Fine Motor (opens a door)
notes
- Fine Motor (stacks blocks)
notes
- Cognitive (hides and finds objects, pretend play, problem solves)
notes
- Cognitive (names 1 picture, follows 2-step commands)
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)

Medication Record (reviewed and updated)

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

add item

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

Head/Fontanelle

Eyes (red reflex/strabismus/appears to see)

Ears/Appears to hear



Nose

Oropharynx

Teeth (caries, white spots, staining)

Neck

A N N/E

Chest

Lungs

Cardiovascular

Femoral Pulses

Abdomen

Genitalia - Male/Testes down

Genitalia - Female



Extremities/Hips
notes

A N N/E

Skin
notes

Neurological
notes

add item
notes

Assessment

Diagnoses

Brain lacer NEC w/o coma (851.81)
notes
 Add to Problem List Onset: mm/dd/yy Problem Note: problem note

Inj infer mesenteric art (902.27)
notes
 Add to Problem List Onset: mm/dd/yy Problem Note: problem note

Inj superior mesent vein (902.31)
notes
 Add to Problem List Onset: mm/dd/yy Problem Note: problem note

add diagnosis
notes

Lab



Hemoglobin (In Office)

CBC

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

Nutrition (milk - discontinue bottle, maximum amt 20 oz/day)

Nutrition (no juice)

Nutrition (Table foods - safe foods, feeds self, variable appetite)

Dental Care



notes

Elimination

notes

Sleep Routines and Issues (Consistent routines, Night waking)

notes

Assessment of Language Development (Model appropriate language, Daily reading, Following 1-2 step commands, Listen and respond to child)

notes

Y N N/A

Behavior and Development (Social, Communication skills, Cognitive skills, Motor skills, Discipline)

notes

Temperament and Behavior (Praise, respect, Help express feelings, Self-expression, Playing with other children)

notes

Toilet Training (When child is ready, Plan for frequent toilet breaks, Personal hygiene)

notes

TV Viewing (Limit TV viewing to no more than 1-2 hours/day, TV alternatives: reading, games, singing, Encourage physical activity)

notes

Safety (Car safety seat, Bike helmet, Supervise outside, Guns)

notes

add item

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.

- 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

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Followup

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 Yr Well - TLC

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