



**Informant/Relationship**

**Intake**

**Vitals**

Weight	<input type="text"/>	lbs	<input type="text"/>	oz	<input type="button" value="+"/>
Height	<input type="text"/>	in			<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="+"/>
BMI		kg/m <sup>2</sup>			

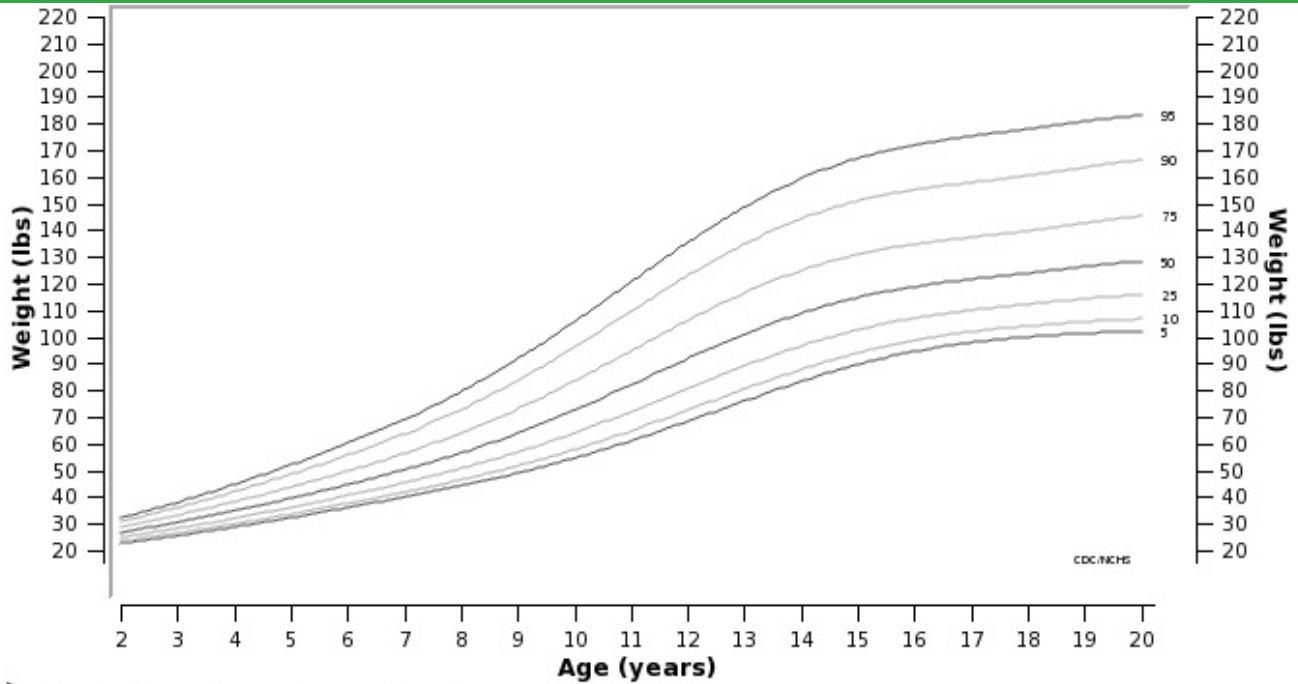
 More

**Screening**

 MCHAT

**Growth Charts**

◀  ▶



► **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

Carseat: forward facing



notes

add item

notes

**Concerns and Questions.**

**Nutrition**

Select All

Calcium Source/Servings

notes

Solid foods

notes

Normal bowel movements

notes

Vitamins/Flouride

notes

Source of water

notes

add item

notes



**Review of Systems**

Select All

- Physical Activity (Play time 60 min/d Yes or No, Screen time <2h/d)
- Behavior/Temperament
- Elimination
- Sleep
- Speech development
- Toilet Training (Yes or Inprocess)
- Toxic Exposure: Passive Smoking (Y / N)
- add item

**Oral Health in Primary Care**

Select All

- Establishing a dental home
- Date of last dental check-up



- Brushing teeth twice a day with small pea sized toothpaste  
notes
- Good family habits of brushing, flossing, not sharing utensils or cups  
notes
- Family is on a fluoridated water supply  
notes
- Fluoride supplementation if dentist recommends one  
notes
- Limiting high sugar drinks, foods, sports drinks, juice  
notes
- add item  
notes

**Transition of Care (ARRA)**

- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed

**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 Surveillance (if not reviewed Previsit Questionnaire)

Select All

- Social Emotional (Copies things that you do, Plays pretend, Plays alongside other children)  
notes
- Communicative (When talking, puts 2 words together (eg, "my book"))  
notes
- Cognitive (Names 1 picture, Follows 2-step commands)  
notes
- Physical Development (Stacks small blocks (5-6), Kicks a ball, Walks up and down stairs 1 step at a time alone while holding wall or railing, Throws a ball overhand, Jumps up, Turns book pages 1 at a time)  
notes
- add item  
notes

Anticipatory Guidance Discussed

Make All: Y N N/A

- Y N N/A
- Assessment of Language Development (Model appropriate language, Daily reading, Following 1-2 step commands, Listen and respond to child)  
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)
- TV Viewing (Limit TV viewing to no more than 1-2 hours/day, TV alternatives: reading, games, singing, Encourage physical activity)
- Safety (Car safety seat, Bike helmet, Supervise outside, Guns)
- add item

**Physical Exam**

Make All:

A N N/E

- Unclothed/Gown
- General Appearance
- Head
- Eyes
- Ears
- Nose



notes

Oropharynx

notes

Neck

notes

A N N/E

Chest

notes

Lungs

notes

Cardiovascular

notes

Abdomen

notes

Genitourinary

notes

Neurological

notes

Musculskeletal

notes

Skin

notes

A N N/E

add item





notes

**Lab**

**Order** Hemoglobin

**Order** Lead Screen

**Medical Procedure**

**Medical Test**

**Supply**

**Radiology**

**Immunizations**

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

**Order** **Refuse** select an immunization

**Immunization Consent**

**Select All**

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

notes

add item

notes

**Assessment**

**Diagnoses**



add diagnosis ▼  
 ▼

**Plan**

**Select All**

Routine Handouts Given to Caregivers  
 ▼

add item ▼  
 ▼

**E-Prescribed Medications.**

▼

**Plan Notes**

**Followup**

**Order** 2 1/2 year well visit

**Order** 3 year well visit

**Order** Nurse Task

**Referral**

**Reminders (Medical Summary)** No Saved Notes

**Edit**



**Navigational Anchors in 2 YEAR WELL - TPG**

1. Intake
2. Screening
3. Growth Charts
4. History
5. Nutrition
6. Review of Systems
7. Transition of Care (ARRA)
8. Problem List
9. Anticipatory Guidance Discussed
10. Physical Exam
11. Lab
12. Medical Procedures
13. Medical Test
14. Immunizations
15. Assessment
16. Diagnoses
17. Plan
18. E-Prescribed Medications.
19. Plan Notes
20. Follow Up
21. Referrals
22. Reminders