



**Intake**

**Informant/Relationship**

**Vitals**

Height  in

Weight  lbs  oz

Head Circumference  cm

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

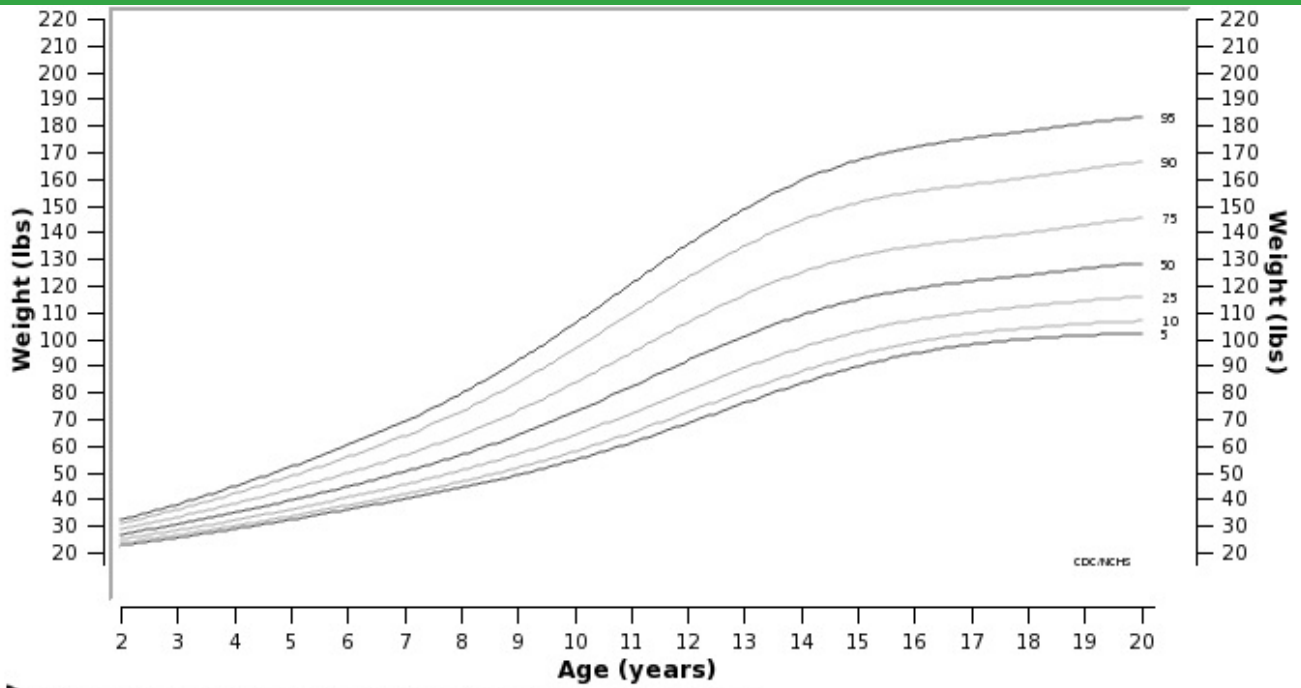
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**PCC eRx Allergies (Medical Summary)** Updated N/A

Drug	Reaction	Onset

**Growth Charts**

◀  ▶



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

**History**

Select All

- Previsit Questionnaire reviewed

notes

- Concerns and questions (notes below)

notes

- add item

notes

**Social/Family History**

Select All



- Child in preschool/daycare (yes/no, where, FT/PT)
- Organized activities
- Parent occupations (mother/father/partner)
- Significant change in the family (i.e. move/divorce/illness)
- add item

**Home/Safety**

Make All:

Y N N/A

- front-facing carseat (until 4 years AND 40 pounds)
- monitored electronics (time limits for video games/TV/computer/phone use, no TV in bedroom)
- home has smoke detectors/CO2 monitors
- home built after 1978 (if no, any lead risks?)
- smoke-free environment



gun-free environment (if no, is safely stored?)

notes [dropdown arrow]

pool-free environment (if no, safety precautions-fence/cover)

notes [dropdown arrow]

pet-free environment

notes [dropdown arrow]

Y N N/A

fluoridated water (if no, alternate source)

notes [dropdown arrow]

uses bike helmet (if applicable)

notes [dropdown arrow]

add item

notes [dropdown arrow]

**ROS**

Make All:

NI

Abn

NA

NI Abn NA

Toilet trained- stool

notes [dropdown arrow]

Toilet trained- urine

notes [dropdown arrow]

Dry at night

notes [dropdown arrow]



- Nighttime sleep
- Daytime naps
- Dental health (sees dentist, brushes and flosses)
- Uses pacifier (yes/no)
- add item

**Nutrition**

Select All

- Milk
- Juice
- Dairy servings/day
- Fruit servings/day
- Vegetable servings/day
- Bread/cereal/pasta/rice servings/day



- Meat/nuts/egg/fish/other protein servings/day

- Cup

- Vitamins

- add item

**Screening**

 MCHAT ASQ OAE Suresight

**screening result**

**Lab**

 Hemoglobin



**Order** Hemoglobin- transcutaneous

**Order** Lead Screen

**Physical Exam**

Make All: **A** **N** **N/E**

**A** **N** **N/E**

General Appearance

notes

Head

notes

Eyes

notes

Ears

notes

Nose

notes

Oropharynx

notes

Neck

notes

Chest

notes

**A** **N** **N/E**

Lungs



notes

Cardiovascular

notes

Abdomen

notes

Genitourinary

notes

Neurological

notes

Skin

notes

Extremities/Hips

notes

Back

notes

A N N/E

add item

notes

**Immunizations**

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

select an immunization





**Medical Procedure**

**Diagnoses**

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

**Plan**

Select All

- Ibuprofen (Motrin/Advil) (100mg/5mL) dosing every 6 to 8 hours as needed  
notes
- Immunizations (See Vaccine Administration Record)  
notes
- Tylenol (160mg/5mL) dosing every 4 to 6 hours as needed  
notes
- 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.  
notes
- Age-appropriate anticipatory guidance given, handout provided  
notes
- add item   
notes

**Anticipatory Guidance**



Make All:

Y N N/A

- Discussed and/or handouts given
- Toilet training discussion
- Safety (Car safety seat, Bike helmet, Supervise outside, Guns)
- Oral Health (Regular dentist visits, Brushing/flossing, Fluoride)
- TV/Media (Limit TV/video to 1-2 hours/day, No TV in bedroom)
- Feeding and appetite changes (self-feeding, consistent meals/snacks, variety of nutritious foods, whole milk)
- Assessment of Language Development (Model appropriate language, Daily reading, Following 1-2 step commands, Listen and respond to child)
- add item

**Followup**

2 1/2 year well visit

**Radiology**

**Referral**