



**Intake**

**Informant/Relationship**

**Vitals**

Weight	<input type="text"/>	lbs	<input type="text"/>	oz		<input type="button" value="+"/>
Height	<input type="text"/>	in				<input type="button" value="+"/>
Head Circumference	<input type="text"/>	cm				<input type="button" value="+"/>
Blood Pressure	<input type="text"/>	/	<input type="text"/>	systolic/diastolic	Location <input type="button" value="Unspecified"/>	Position <input type="button" value="Unspecified"/>
Pulse	<input type="text"/>	beats per minute				<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

**Social/Family History**

- 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)



- Preschool (Yes / No)**
- Changes since last visit (note below)**
- add item**

**Medical History (Medical Summary)**    No Saved Notes    [Edit](#)

**Family History (Medical Summary)**    No Saved Notes    [Edit](#)

**Social History (Medical Summary)**    No Saved Notes    [Edit](#)

**Review of Systems**

- [Select All](#)
- 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)
- Parent-child Communication
- Parent-child Choices
- Parent-child Cooperation
- Parent-child Appropriate responses to behavior
- Toxic Exposure: Passive Smoking (Y / N)
- add item

**Nutrition**

Select All

- Calcium Source/Servings
- Milk (oz per day and type)
- Juice



notes

Fruits

notes

Vegetables

notes

Protein Sources

notes

add item

notes

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

Make All:

Yes No N/A

Language (Uses sentences, understands and follows direction)

notes

Language (Appropriately responsive answers to questions)

notes

Language (Parents understand speech)

notes

Social (Interacts with peers, pretend play)

notes

Motor (Rides tricycle)

notes



Motor (Stands on one foot)

Motor (Copies circle)

Physical Development (Builds tower (6-8 blocks), Stands on 1 foot, Throws ball overhand, Walks upstairs alternating feet, Copies circle, Draws person (2 body parts) Toilet trained during day)

Yes No N/A  
   add item

**EPSDT**

Make All:

Y N n/a

Risk for TB exposure

Risk for Lead Exposure

add item

**Screening**

OAE

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)  
notes
- Medication Record (reviewed and updated)  
notes
- OTC meds/herbal meds/CAM used (notes below)  
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

Head

Eyes (red reflex, strabismus)

Ears

Nose

Oropharynx

Teeth

Neck

A N N/E

Chest

Lungs



- Cardiovascular
- Femoral Pulses
- Abdomen
- Genitalia - Male/Testes down
- Genitalia - Female
- Muscelskeletal
- A N N/E
- Skin
- Neurologic
- add item

**Assessment**

**Diagnoses**

- Brain lacer NEC w/o coma (851.81)





Add to Problem List      Onset:       Problem Note:

Inj infer mesenteric art (902.27)

Add to Problem List      Onset:       Problem Note:

Inj superior mesent vein (902.31)

Add to Problem List      Onset:       Problem Note:

**Lab**

**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 (Balanced diet)
- Family Support (Show affection, Manage anger, Reinforce appropriate behavior, Reinforce limits, Find time for yourself)
- Sleep (Appropriate bedtime, bedtime ritual)
- Encourage Literacy Activities (Read, sing, play, Talk about pictures in books, Encourage child to talk)
- Language Promotion and Communication (Limit TV, Daily reading, Listen and repeat to child)
- Playing With Peers (Encourage appropriate play, Encourage fantasy play, Encourage play with peers)
- Social Development (Supervised play with other children, Setting limits, Emerging Independence)
- Y N N/A Promoting Physical Activity (Family exercise, activities, Limit screen time--maximum 1-2 hours/day, No TV in bedroom)
- Preschool Considerations (Group activities/preschool if possible, Toilet training)
- Safety (Car safety seat, Supervise play near streets, cars, Safety near windows, Guns)
- Safety (Car safety seat, Water, Appropriate supervision, Sun exposure, Fire safety, Smoke detectors, Outdoor safety, Playground, Dogs)



**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
  
- Ibuprofen (Motrin/Advil) (100mg/5mL) dosing every 6 to 8 hours as needed
  
- Medication
  
- Medication as e-prescribed
  
- Laboratory/Screening Results
  
- Vaccine cost discussed, VFC program enrollment offered
  
- Cultural barriers for diet and exercise discussed



**Followup**

- Next well visit
- Return to office (list reason and time frame)
- by Phone (list reason and time frame)
- Acetaminophen (Tylenol) Dosing (160mg/5mL) every 4 to 6 hours
- Ibuprofen (Motrin/Advil) Dosing (Childrens 100mg/5mL) every 6 to 8 hours

**Referral**

**Navigational Anchors in 3 Yr Well - TLC**

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