



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="+"/>	
Temperature	<input type="text"/>	°F	Method	<input type="text" value="Unspecified"/>		<input type="button" value="+"/>	
Blood Pressure	<input type="text"/>	/	systolic/diastolic	Location	<input type="text" value="Unspecified"/>	Position <input type="text" value="Unspecified"/>	<input type="button" value="+"/>
BMI		kg/m ²					

 More

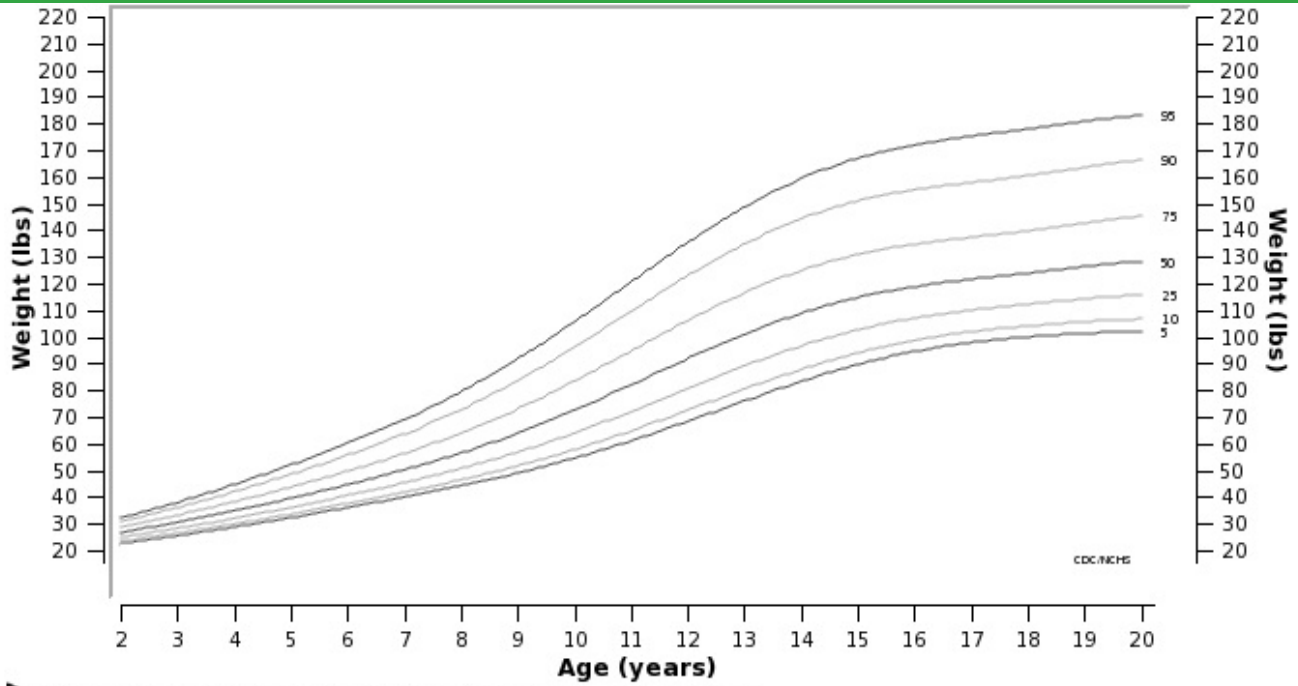
Screening

Vision Screen

Hearing Screen

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

Exposure to Illness

notes

Interval History (Changes? notes below)

notes

add item

notes

Concerns and Questions.

Nutrition

Select All

Milk (oz per day)

notes

Solid foods

notes

Balanced diet

notes

Normal bowel movements

notes

Vitamins/Flouride



notes

add item

notes

Review of Systems

Select All

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

notes

Behavior/Temperament

notes

Sleep

notes

Toilet Training (Yes or Inprocess)

notes

Toxic Exposure: Passive Smoking (Y / N)

notes

add item

notes

Oral Health in Primary Care

Select All

Establishing a dental home

notes

Date of last dental check-up



notes

- Maternal Oral Health, Maternal hx of tooth decay in past 12 month

notes

- Brushing teeth twice a day with small pea sized toothpaste

notes

- Family is on a fluoridated water supply

notes

- Fluoride supplementation if dentist recommends one

notes

- Use of fluoride rinse

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 (If not reviewed in Previsit Questionnaire)

Make All:

Yes No N/A

- Social-Emotional (Self-care skills, Imaginative Play)
- Communicative (2-3 sentences, Usually understandable, Names a friend)
- Cognitive (Names objects, Knows if boy or girl)
- 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)
- add item

Anticipatory Guidance Discussed

Make All:



Y N N/A

- Family Support (Show affection, Manage anger, Reinforce appropriate behavior, Reinforce limits, Find time for yourself)

- 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)

- 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, Water, Appropriate supervision, Sun exposure, Fire safety, Smoke detectors, Outdoor safety, Playground, Dogs)

Y N N/A

- add item

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

Musculskeletal

Neurologic

Skin

A N N/E

Lab

Urinalysis

Medical Procedure

Medical Test

Supply

Radiology

Immunizations

Immunization History

<input type="checkbox"/>	There are no immunizations recorded for this patient
Ordered	



Immunization Orders

Immunization Consent

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

Assessment

Diagnoses

Plan

Routine Handouts Given to Caregivers

E-Prescribed Medications.

Plan Notes



Followup

4 year well visit

Nurse Task

Referral

Reminders (Medical Summary) No Saved Notes