



Intake

Informant/Relationship

Vitals

Height in

Weight lbs oz

BMI kg/m²

Blood Pressure / systolic/diastolic Location Position

Pulse beats per minute

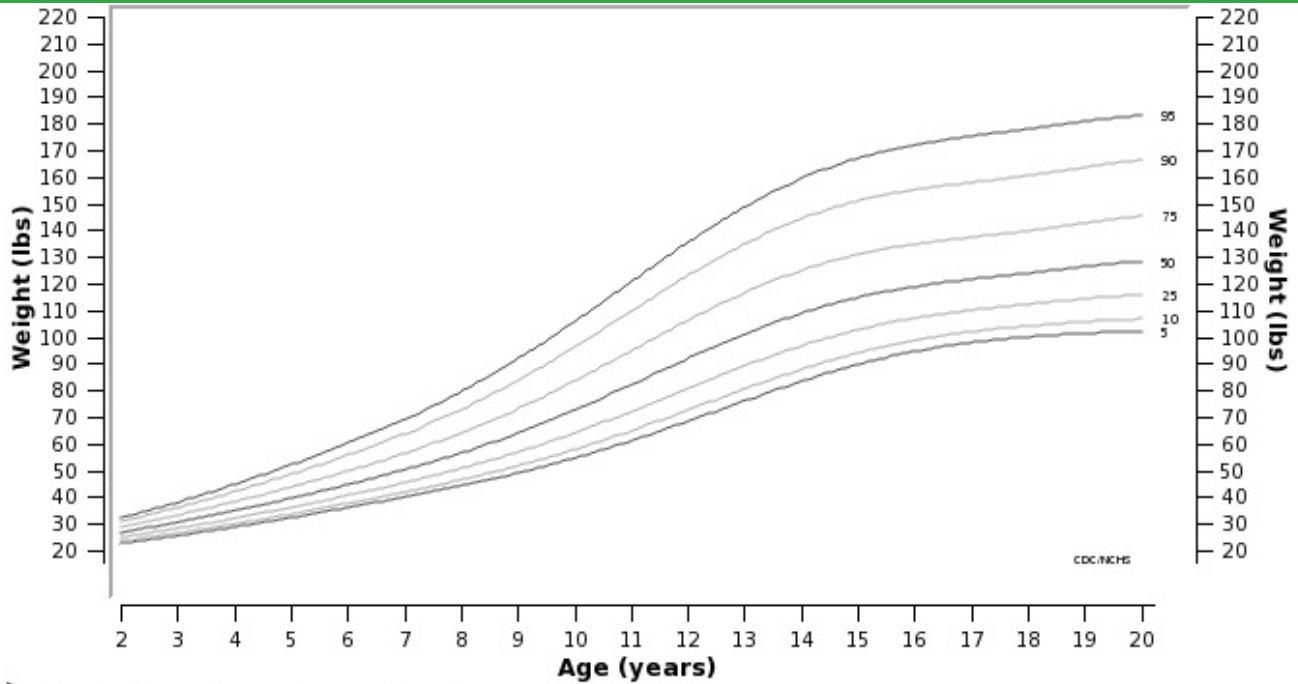
More

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

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

pet-free environment
notes

Y N N/A

fluoridated water (if no, alternate source)
notes

uses bike helmet (if applicable)
notes

add item
notes

ROS

Make All: **NI** **Abn** **NA**

NI Abn NA

Toilet trained- stool
notes

Toilet trained- urine
notes

Dry at night
notes



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

Nutrition

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



notes

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

notes

Vitamins

notes

add item

notes

Screening

Order OAE

Order Suresight

Order ASQ

screening result

Lab

Physical Exam

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

A N N/E

General Appearance

notes



Head

Eyes

Ears

Nose

Oropharynx

Neck

Chest

A N N/E
 Lungs

Cardiovascular

Abdomen

Genitourinary



Neurological

Skin

Extremities/Hips

Back

A N N/E

Immunizations

Immunization History

There are no immunizations recorded for this patient	
Ordered	

Immunization Orders

Medical Procedure

Diagnoses

Brain lacer NEC w/o coma (851.81)

Add to Problem List Onset: Problem Note:



Plan

Select All

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

Anticipatory Guidance

Make All:

Y N N/A

- Discussed and/or handouts given
 ▼
- Feeding and appetite changes (self-feeding, consistent meals/snacks, variety of nutritious foods, whole milk)
 ▼
- Oral Health (Regular dentist visits, Brushing/flossing, Fluoride)



notes

Toilet training discussion

notes

Safety (helmet, stranger danger, gun safety)

notes

TV/Media (Limit TV/video to 1-2 hours/day, No TV in bedroom)

notes

Development (time-outs, tantrums, fears & phobias)

notes

add item

notes

Followup

Yearly well visit

Radiology

Referral