



Intake

Informant/Relationship

Vitals

Weight	<input type="text"/>	lbs	<input type="text"/>	oz	<input data-bbox="1398 367 1443 405" type="button" value="+"/>
Length	<input type="text"/>	in			<input data-bbox="1398 422 1443 459" type="button" value="+"/>
Head Circumference	<input type="text"/>	cm			<input data-bbox="1398 476 1443 514" type="button" value="+"/>
Temperature	<input type="text"/>	°F	Method	<input data-bbox="740 527 911 564" type="button" value="Unspecified"/>	<input data-bbox="1398 527 1443 564" type="button" value="+"/>

 More

Social/Family History

- See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)
- Family situation (Parental support - work/family balance)
- Is there someone you can turn to and rely on for support when you are feeling stressed?
- Maternal depression
- Parents working outside of home: Mother / Father
- Child Care (Yes / No and Type)



- 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
- Sleep
- Behavior
- Activity (tummy time, no TV)



- Toxic Exposure: Passive Smoking (Y / N)
- add item

Nutrition

Select All

- Breast Milk (Minutes per feeding, Hours between feeding Feedings per 24 hours)
- Formula (Ounces per feeding)
- Source of water
- Vitamins/Fluoride
- Solid foods
- add item

Development (If not reviewed in Previsit Questionnaire)

Make All:

Yes No N/A

- Physical Development (Pushes chest up to elbows, Good head control, Symmetry in movements, Begins to roll and reach for objects)



notes

- Fine Motor (Reaches for and grabs objects, brings hands together)

notes

- Sensory (Responds to sounds, follows objects)

notes

- Communication (Coos, blows bubbles, makes "raspberry sounds")

notes

- Social-Emotional (Social smile, Elicits social interactions, Can calm down on own)

notes

- add item

notes

History

Select All

- Previsit Questionnaire reviewed

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

notes

Head/Fontanelle (Positional skull deformities)

notes

Eyes (red reflex/strabismus/appears to see)

notes

Ears/Appears to hear

notes

Nose

notes



Oropharynx

Neck

Chest

A N N/E

Lungs

Cardiovascular

Femoral Pulses

Abdomen

Genitalia - Male/Testes down

Genitalia - Female

Extremities/Hips

Back



A N N/E

Skin

notes

Neurological

notes

add item

notes

Assessment

Diagnoses

Brain lacer NEC w/o coma (851.81)

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Crushing inj trunk NEC (926.19)

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

add diagnosis

notes

Lab

Medical Test

Medical Procedure

Screening

Edinburgh screen for Post partum depression

Immunizations



Immunization History

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

Immunization Orders

Anticipatory Guidance Discussed

Make All:

Y N N/A

- Age appropriate handout given
- Family Functioning
- Nutritional Adequacy and Growth (Breastfeeding (vitamin D, Iron supplement), Iron-fortified formula, Solid foods (When and how to add), Weight gain and growth spurts, Elimination)
- Nutrition (No honey)
- Infant Development (Social development, Communication skills, Physical (tummy time), Daily routines, Sleep)
- Oral Health (Don't share utensils/pacifier, Avoid bottle in bed)
- Safety (Car safety, Burns (Hot liquids, Water heaters), Falls, Walkers, Choking, Drowning, Lead poisoning)
- add item



notes

Plan

Select All

- Immunizations (See Vaccine Administration Record)
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
- Laboratory/Screening Results
notes
- Tylenol (160mg/5mL) dosing every 4 to 6 hours as needed
notes
- Tylenol (80mg/0.8mL) dosing every 4 to 6 hours as needed
notes
- Medication
notes
- Medication as e-prescribed
notes
- Vaccine cost discussed, VFC program enrollment offered
notes
- add item
notes

Followup



- Order** Next well visit
- Order** Immunization Only (indicate time frame and vaccines to be given)
- Order** Return to office (list reason and time frame)
- Order** by Phone (list reason and time frame)
- Order** Acetaminophen (Tylenol) Dosing (160mg/5mL) every 4 to 6 hours
- Order** Acetaminophen (Tylenol) Dosing (80mg/0.8mL) "OLD TYLENOL" every 4 to 6 hours

Referral

Navigational Anchors in 4 Mo 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. History
8. Physical Exam
9. Assessment
10. Diagnoses
11. Lab
12. Medical Test
13. Medical Procedures
14. Screening
15. Immunizations
16. Anticipatory Guidance Discussed
17. Plan
18. Follow Up
19. Referrals