



**Informant/Relationship**

**Intake**

**Vitals**

Weight  lbs  oz

Length  in

Head Circumference  cm

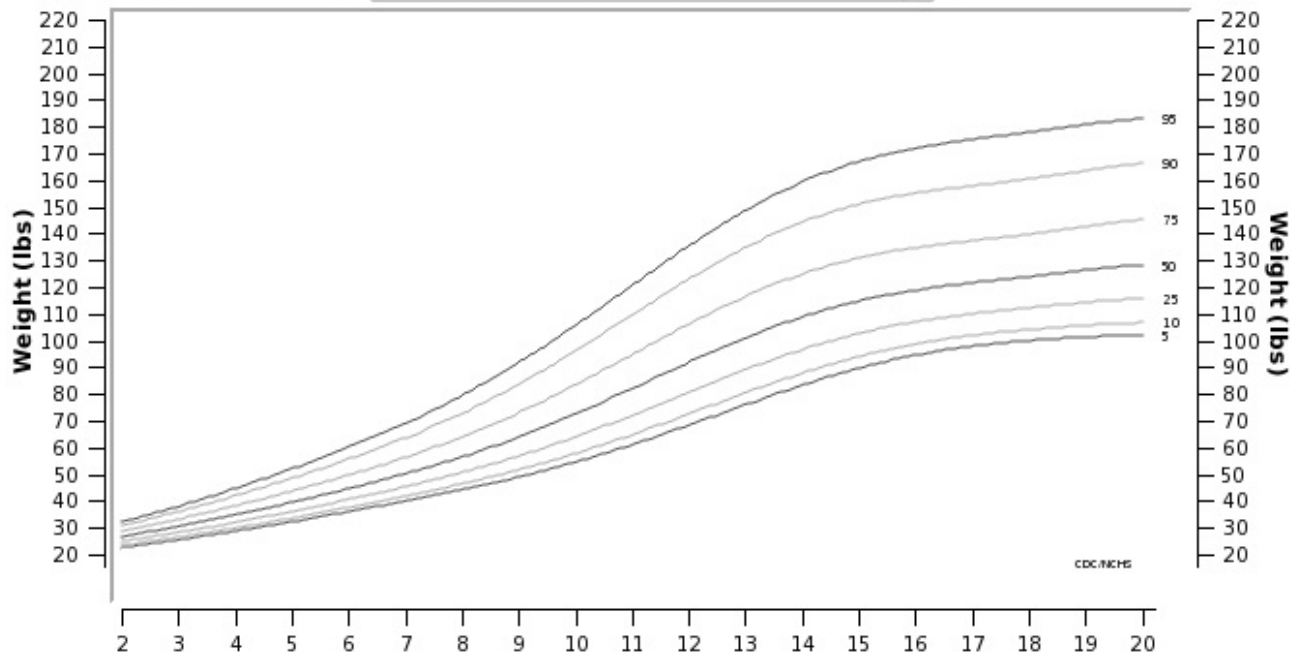
Temperature  °F Method

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

More

**Growth Charts**

◀ 2 to 20 Years: Weight-For-Age (CDC) ▶





Age (years)

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

**Weight/Height from previous Well Check**

**Newborn Screening: Hearing**

Make All:

Yes No Pnd

Was infant premature, spend time in NICU, or have risk factors to indicate repeat hearing screen?

Does hearing screen need to be repeated?

Do parents have any questions or concerns about hearing

add item

**Medications**

**History**

Previsit Questionnaire reviewed

Parents working/Daycare plans



- Toxic exposure: second hand smoke  
notes
- add item  
notes

**Concerns and Questions.**

**Nutrition**

- Select All**
- Breast Milk (Minutes per feeding, Hours between feeding Feedings per 24 hours)  
notes
  - Formula (Ounces per feeding)  
notes
  - cereal/baby foods  
notes
  - Normal Urine and Stool  
notes
  - Source of water  
notes
  - Vitamins/Fluoride  
notes



add item

**Review of Systems**

Select All

Activity (tummy time, no TV)

Behavior

Elimination

Sleep

add item

**Oral Health in Primary Care**

Select All

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

Use of Clean Pacifier

Avoidance of bottle in bed



**Transition of Care (ARRA)**

- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed

**Birth History (Medical Summary)** No Saved Notes

**Problem List (Medical Summary)**

Display:

Status	Problem	Problem Note	Onset	Resolved

**Medical History (Medical Summary)** No Saved Notes

**Social History (Medical Summary)** No Saved Notes

**Family History (Medical Summary)** No Saved Notes

**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

Cognitive (Responds to affection, Indicates pleasure and displeasure)

notes

Communicative (Spontaneous expressive babbling)

notes

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

notes

add item

notes

**Anticipatory Guidance Discussed**

Make All:

Y N N/A

Family Functioning

notes

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)

notes

Infant Development (Social development, Communication skills, Physical (tummy time), Daily routines, Sleep)

notes

Oral Health (Don't share utensils/pacifier, Avoid bottle in bed)

notes

Safety (Car safety, Burns (Hot liquids, Water heaters), Falls, Walkers, Choking, Drowning, Lead poisoning)

notes



add item  
   notes

**Physical Exam**

Make All:

A N N/E

Unclothed/Gown  
   notes

General Appearance  
   notes

Head  
   notes

Eyes  
   notes

Ears  
   notes

Nose  
   notes

Oropharynx  
   notes

Neck  
   notes

A N N/E

Chest



notes

Lungs

notes

Cardiovascular

notes

Abdomen

notes

Genitourinary

notes

Musculoskeletal (hip,spine,ankle,neck)

notes

Neurological

notes

Skin

notes

A N N/E

add item

notes

**Lab**

**Medical Procedure**

**Medical Test**

**Supply**

**Radiology**





**Screening**

**Immunizations**

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

<b>Order</b>	<b>Refuse</b>	Pevnar 13
<b>Order</b>	<b>Refuse</b>	DTaP
<b>Order</b>	<b>Refuse</b>	IPV
<b>Order</b>	<b>Refuse</b>	Rotavirus
<b>Order</b>	<b>Refuse</b>	<input type="text" value="select an immunization"/>

**Immunization Consent**

**Select All**

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

**Assessment**

**Diagnoses**

**Plan**

**Select All**



Routine Handouts Given to Caregivers

notes

add item

notes

**E-Prescribed Medications.**

**Plan Notes**

**Followup**

**Order** 6 month well visit

**Order** Nurse Task

**Referral**

**Reminders (Medical Summary)** No Saved Notes

**Edit**



**Navigational Anchors in 4 MO WELL - TPG**

1. Intake
2. Newborn Screening: Hearing
3. History
4. Nutrition
5. Review of Systems
6. Transition of Care (ARRA)
7. Problem List
8. Development (If not reviewed in Previsit Questionnaire)
9. Anticipatory Guidance Discussed
10. Physical Exam
11. Lab
12. Medical Procedures
13. Immunizations
14. Assessment
15. Diagnoses
16. Plan
17. E-Prescribed Medications.
18. Plan Notes
19. Follow Up
20. Referrals
21. Reminders