



**Intake**

**Informant/Relationship**

**Vitals**

Length  in

Weight  lbs  oz

Head Circumference  cm

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

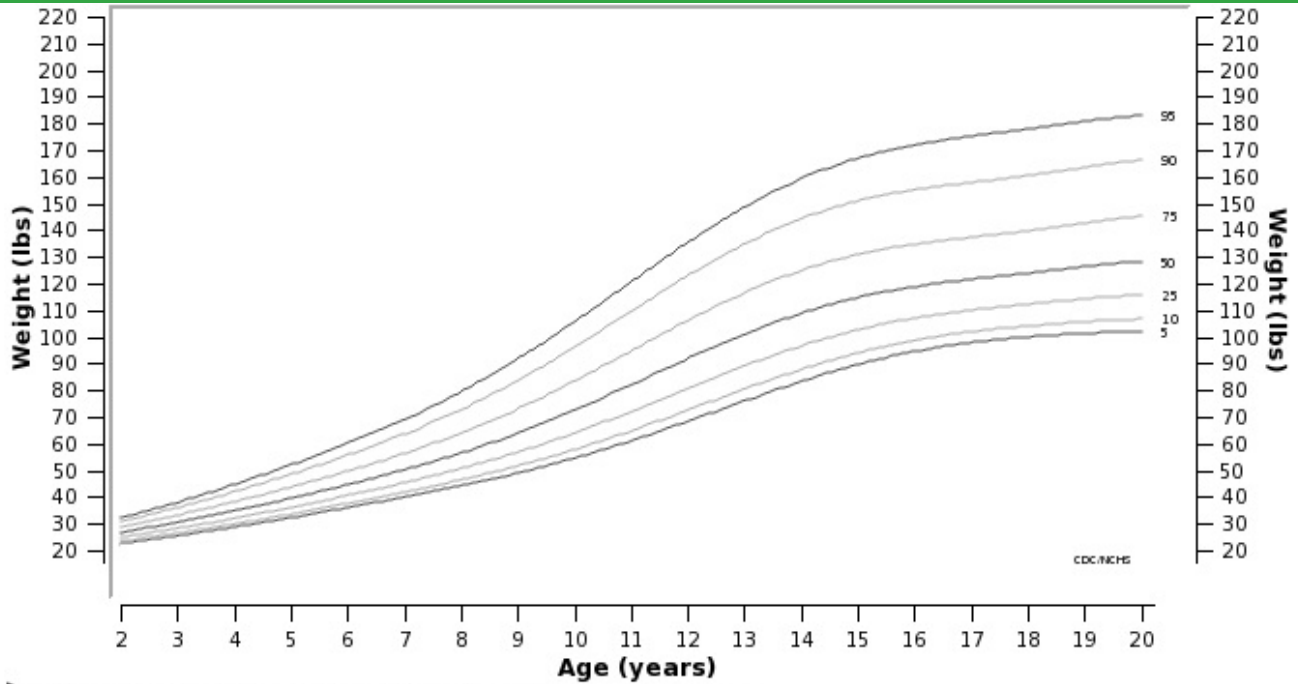
**More**

**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 care (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

- rearfacing carseat
- 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?)



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

pet-free environment  
notes

fluoridated water (if no, alternate source)  
notes

Y N N/A  
   add item  
notes

**ROS**

Make All:

NI Abn NA  
   Elimination  
notes

Sleep  
notes

Uses pacifier (yes/no)  
notes

add item  
notes

**Nutrition**



- Breast-feedings per day
- Formula-oz per day
- Vitamins
- Solids (type, frequency)
- add item

**Screening**

ASQ

**screening result**

**Lab**

**Physical Exam**

Make All:

A N N/E

General Appearance



**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

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

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)  
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
- Polyvisol with iron (if exclusively breastfeeding)  
notes
- Tylenol (160mg/5mL) dosing every 4 to 6 hours as needed  
notes
- Age-appropriate anticipatory guidance given, handout provided  
notes
- Starting solids handout provided and discussed  
notes
- add item  
notes

**Anticipatory Guidance**

Make All:

- Y N N/A
- Discussed and/or handouts given  
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

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

notes

- Sleep Routines and Issues (Consistent routines, Night waking)

notes

- add item

notes

**Followup**

6 month well visit

**Radiology**

**Referral**