



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

More

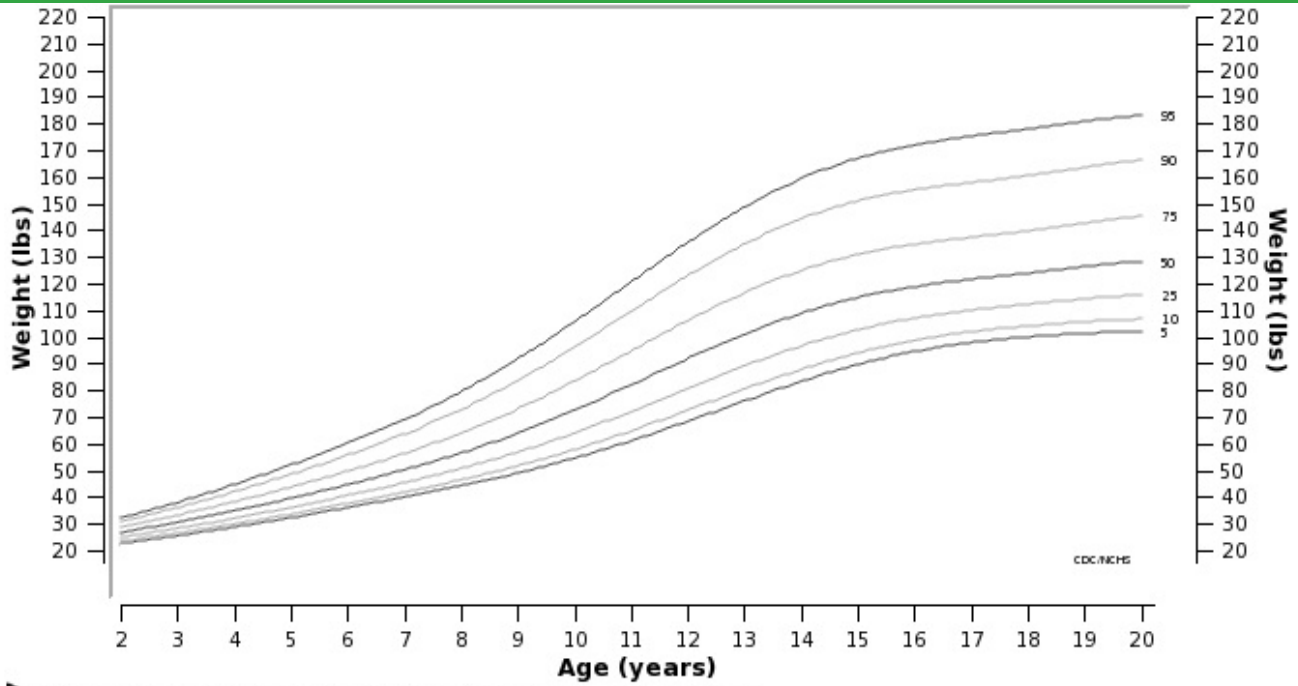
**Screening**

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

Preschool

Ongoing or chronic illness?



notes

Booster Seat

notes

add item

notes

**Concerns and Questions.**

**Nutrition**

Select All

Balanced diet

notes

Multivitamin and/or Vit D supplement discussed

notes

Milk-lower fat milk options

notes

add item

notes

**Review of Systems**

Select All



- Physical Activity (Play time 60 min/d Yes or No, Screen time <2h/d)
- Behavior/Temperament
- Elimination
- Sleep
- Toilet Training (Yes or Inprocess)
- Toxic Exposure: Passive Smoking (Y / N)
- add item

**Oral Health in Primary Care**

- 
- Establishing a dental home
  - Date of last dental check-up
  - Brushing teeth twice a day with small pea sized toothpaste
  - Good family habits of brushing, flossing, not sharing utensils or cups



notes

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

notes

- Family is on a fluoridated water supply

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

Yes No N/A

- Social-Emotional (Interactions with peers, Fantasy play)
- Communicative (Usually understandable, Knows name/age/gender)
- Cognitive (Names 4 colors, Draws person (3 body parts), Plays board/card games)
- Physical Development (Hops on 1 foot, Balances on 1 foot for 2 seconds, Bulids tower (8 blocks), Copies a cross, Brushes own teeth, Dresses self)
- add item

Anticipatory Guidance Discussed

Make All: Y N N/A

Y N N/A

- Healthy Personal Habits (Calm bedtime routine, Brush teeth twice daily, Daily physical activity)
- TV/Media (Limit TV/video to 1-2 hours/day, No TV in bedroom)



Safety (Appropriately restrained in all vehicles, Supervise all outdoor play, Guns)

add item

**Physical Exam**

Make All:

A N N/E

Unclothed/Gown

General Appearance

Head

Eyes

Ears

Nose

Oropharynx

Neck



notes

A N N/E

Chest

notes

Lungs

notes

Cardiovascular

notes

Abdomen

notes

Genitourinary

notes

Musculoskeletal

notes

Neurologic

notes

Skin

notes

A N N/E

add item

notes

**Lab**

**Order**

Hemoglobin





**Order** Lead Screen

**Order** Urinalysis

**Medical Procedure**

**Medical Test**

**Supply**

**Radiology**

**Immunizations**

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

**Order** **Refuse** DTaP

**Order** **Refuse** IPV

**Order** **Refuse** MMR

**Order** **Refuse** Varicella

**Order** **Refuse**

**Immunization Consent**

**Select All**

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

**Assessment**



**Diagnoses**

add diagnosis

notes

**Plan**

Routine Handouts Given to Caregivers

add item

notes

**E-Prescribed Medications.**

**Plan Notes**

**Followup**

5 year well visit

Nurse Task

**Referral**

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



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

1. Intake
2. Medications
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. Medical Test
14. Immunizations
15. Assessment
16. Diagnoses
17. Plan
18. E-Prescribed Medications.
19. Plan Notes
20. Follow Up
21. Referrals