



**Intake**

**Informant/Relationship**

**Vitals**

Height  in

Weight  lbs  oz

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

Blood Pressure  /  systolic/diastolic Location  Position

Pulse  beats per minute

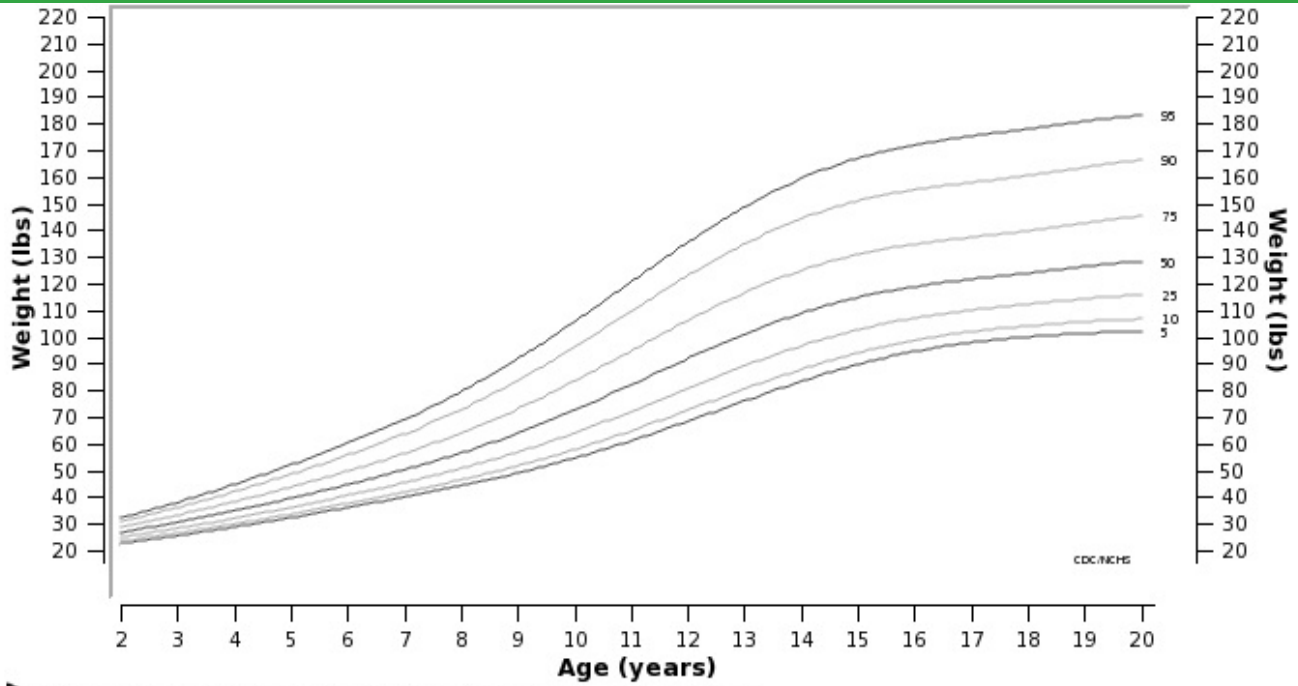
More

**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)
- booster seat (until 8 years AND 80 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?)

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

Y N N/A

pet-free environment

fluoridated water (if no, alternate source)

uses bike helmet (if applicable)

add item

**ROS**

Make All:

NI Abn NA

Toilet trained- stool

Toilet trained- urine



- Dry at night
- Nighttime sleep
- Dental health (sees dentist, brushes and flosses)
- add item

**Nutrition**

**Select All**

- Milk
- Juice
- Dairy servings/day
- Fruit servings/day
- Vegetable servings/day
- Bread/cereal/pasta/rice servings/day
- Meat/nuts/egg/fish/other protein servings/day



notes

Vitamins

notes

add item

notes

**Screening**

OAE

Suresight

ASQ

**screening result**

**Lab**

Hemoglobin- transcutaneous

hemoglobin + lipid

**Physical Exam**

Make All:

A N N/E

General Appearance



notes

**Head**

notes

**Eyes**

notes

**Ears**

notes

**Nose**

notes

**Oropharynx**

notes

**Neck**

notes

**Chest**

notes

**A N N/E**

**Lungs**

notes

**Cardiovascular**

notes

**Abdomen**

notes

**Genitourinary**



notes

Neurological

notes

Skin

notes

Extremities/Hips

notes

Back

notes

A N N/E

add item

notes

**Immunizations**

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

BCG

select an immunization

**Medical Procedure**

**Diagnoses**

Brain lacer NEC w/o coma (851.81)

notes

Add to Problem List      Onset:       Problem Note:





add diagnosis   
 notes

**Plan**

Select All

Immunizations (See Vaccine Administration Record)  
 notes

Ibuprofen (Motrin/Advil) (100mg/5mL) dosing every 6 to 8 hours as needed  
 notes

Tylenol (160mg/5mL) dosing every 4 to 6 hours as needed  
 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

Age-appropriate anticipatory guidance given, handout provided  
 notes

add item   
 notes

**Anticipatory Guidance**

Make All:

Y N N/A

Discussed and/or handouts given  
 notes

Nutrition and Physical Activity (Encourage proper nutrition, 60 minutes of physical activity daily, Limit TV and screen time)



notes

- Oral Health (Regular dentist visits, Brushing/flossing, Fluoride)

notes

- Safety (transition to booster seat, water safety, helmet, stranger danger, learn address/phone #)

notes

- Development (chores, discipline, positive reinforcement charts)

notes

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

notes

- add item

notes

**Followup**

Yearly well visit

**Radiology**

**Referral**