



Informant/Relationship

Intake

Vitals

Weight	<input type="text"/>	lbs	<input type="text"/>	oz		<input data-bbox="1398 365 1443 403" type="button" value="+"/>	
Height	<input type="text"/>	in				<input data-bbox="1398 422 1443 459" type="button" value="+"/>	
Blood Pressure	<input type="text"/>	/	<input type="text"/>	systolic/diastolic	Location <input data-bbox="743 474 915 512" type="button" value="Unspecified"/>	Position <input data-bbox="1040 474 1213 512" type="button" value="Unspecified"/>	<input data-bbox="1398 474 1443 512" type="button" value="+"/>
Temperature	<input type="text"/>	°F		Method <input data-bbox="727 527 899 564" type="button" value="Unspecified"/>			<input data-bbox="1398 527 1443 564" type="button" value="+"/>
BMI							

 More

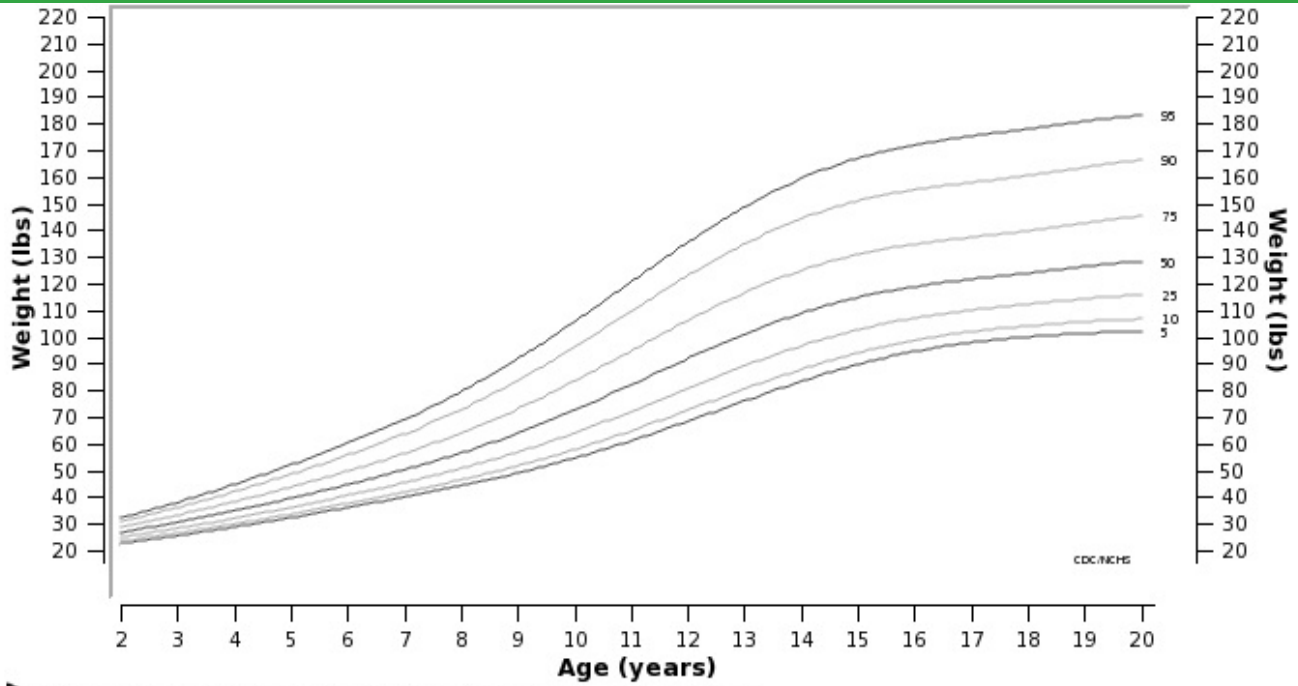
Screening

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

Interval History (Changes? notes below)

Exposure to Illness



notes

add item

notes

Concerns and Questions.

Nutrition

Select All

Eating-eats regular meals including adequate fruits and vegetables

notes

Milk-lower fat milk options

notes

Vitamins/Flouride

notes

Limits sweets and junk food. Encouraged to make healthy choices.

notes

add item

notes

Review of Systems

Select All



- Physical Activity (Play time 60 min/d Yes or No, Screen time <2h/d)
- Appetite/Diet
- School: Grade
- School (Performance)
- School (Parent/Teacher Concerns)
- Sleep
- 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



notes

- Family is on a fluoridated water supply

notes

- Fluoride supplementation if dentist recommends one

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

- Motor (Balances on 1 foot, Hops and skips, Able to tie a knot)
- Language (Good articulation/language skills)
- Learning (Draws person(6+ body parts), Prints some letters and numbers, Copies squares/triangles, Counts to 10, Names 4 or more colors, Follows simple directions, Listens and attends)
- add item

Anticipatory Guidance Discussed

Make All:

Y N N/A

- School Readiness (Establish routines, After-school care/activities, Friends, Bullying, Communicate with teachers)
- Mental Health (Family time, Anger management, Discipline for teaching not punishment, Limit TV)
- Nutrition and Physical Activity (Healthy weight, Well-balanced diet including breakfast, Fruits/vegetables/whole grains, Adequate calcium, 60 minutes of exercise/day)
- Oral Health (Regular dentist visits, Brushing/flossing, Fluoride)



notes

- Safety (Sexual safety, Pedestrian safety, Safety helmets, Swimming safety, Fire escape plan, Smoke/carbon monoxide detectors, Guns, Sun, Appropriately restrained in all vehicles)

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

A N N/E

Chest

Lungs

Cardiovascular

Abdomen

Genitourinary

Musculskeletal

Neurologic

Skin

A N N/E

Lab



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	select an immunization ▼

Immunization Consent

Select All

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

notes ▼

add item ▼

notes ▼

Assessment

Diagnoses



add diagnosis ▼
 ▼

Plan

Select All

Routine Handouts Given to Caregivers
 ▼

add item ▼
 ▼

E-Prescribed Medications.

▼

Plan Notes

Followup

Order Yearly well visit

Order Nurse Task

Referral

Reminders (Medical Summary) No Saved Notes

Edit



Navigational Anchors in 5-6 YR WELL - TPG

1. Intake
2. Screening
3. Medications
4. History
5. Nutrition
6. Review of Systems
7. Transition of Care (ARRA)
8. Problem List
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
22. Reminders