



Intake

Informant/Relationship

Vitals

Weight	<input type="text"/>	lbs	<input type="text"/>	oz		<input data-bbox="1398 367 1443 405" 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="743 474 878 512" type="button" value="Unspecified"/>	Position <input data-bbox="1040 474 1175 512" type="button" value="Unspecified"/>	<input data-bbox="1398 474 1443 512" type="button" value="+"/>
Pulse	<input type="text"/>	beats per minute					<input data-bbox="1398 529 1443 567" type="button" value="+"/>
Temperature	<input type="text"/>	°F	Method <input data-bbox="732 581 867 619" type="button" value="Unspecified"/>				<input data-bbox="1398 581 1443 619" type="button" value="+"/>
BMI		kg/m ²					

 More

Social/Family History

- See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)

- Is there someone you can turn to and rely on for support when you are feeling stressed?

- Family Situation

- After-school care (Yes / No)

- Changes since last visit (note below)



add item
 notes

Medical History (Medical Summary) No Saved Notes

Family History (Medical Summary) No Saved Notes

Social History (Medical Summary) No Saved Notes

Review of Systems

See Initial History Questionnaire and Problem List

Toxic Exposure: Passive Smoking (Y / N)

Cholesterol Risk (Y / N)

Sleep

Physical Activity (Play time 60 min/d Yes or No, Screen time <2h/d)

School: Grade



- School (Special Education)
notes
- School (Social Interaction)
notes
- School (Performance)
notes
- School (Behavior)
notes
- School (Attention)
notes
- School (Homework)
notes
- School (Parent/Teacher Concerns)
notes
- Home (Parent-child-sibling interaction)
notes
- Home (Cooperation/Oppositional behavior)
notes
- add item
notes

Safety

Make All:

Yes No May



- Booster seat**
- Gun-free environment**
- Helmet**
- Knows parents names, address, phone number**
- Smoke-free environment**
- Stranger safety**
- Street Safety**
- Sunblock**
- Yes No May

Nutrition

Select All

- Milk (oz per day and type)**



- Calcium Source/Servings
- Juice
- Fruits
- Vegetables
- Protein Sources
- add item

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



notes

EPSDT

Make All:

Y N n/a

Risk for TB exposure
notes

Risk for Lead Exposure
notes

add item
notes

Screening

OAE

Visual Function Screen

PSC Developmental Screen

History

Previsit Questionnaire reviewed
notes

Child has a dental home
notes

Child has special health care needs
notes



- Concerns and questions (notes below)
- Follow-up on previous concerns (notes below)
- Interval History (Changes? notes below)
- Medication Record (reviewed and updated)
- OTC meds/herbal meds/CAM used (notes below)
- add item

Transition of Care (ARRA)

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

Physical Exam

Make All:

A N N/E

- General Appearance
- Head



Eyes (red reflex, strabismus)

Ears

Nose

Oropharynx

Teeth

Neck

A N N/E

Chest

Breasts (Female - Tanner Stage)

Lungs

Cardiovascular

Abdomen



- Genitalia (Male/Testes Down, Tanner Stage)
- Genitalia (Female - Tanner Stage)
- Musculoskeletal
- A N N/E
- Back (Scoliosis)
- Skin
- Neurologic
- add item

Assessment

Diagnoses

- Brain lacer NEC w/o coma (851.81)

 Add to Problem List Onset: Problem Note:
- Inj infer mesenteric art (902.27)

 Add to Problem List Onset: Problem Note:



Inj superior mesent vein (902.31)

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

add diagnosis

notes

Lab

Order

Hemoglobin (In Office)

Order

Lipid Panel (In Office)

Medical Test

Medical Procedure

Immunizations

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

Order

Refuse

select an immunization

Anticipatory Guidance Discussed

Make All:

Y

N

N/A

Y N N/A

Age appropriate handout given

notes

Nutrition and Physical Activity (Healthy weight, Well-balanced diet including breakfast, Fruits/vegetables/whole grains, Adequate calcium, 60 minutes of exercise/day)

notes



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

notes
- School Readiness (Establish routines, After-school care/activities, Friends, Bullying, Communicate with teachers)

notes
- Encourage Reading

notes
- Mental Health (Family time, Anger management, Discipline for teaching not punishment, Limit TV)

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
- Chores

notes
- Y N N/A

add item

notes

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
- Laboratory/Screening Results

notes



notes

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

notes

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

notes

- Medication

notes

- Medication as e-prescribed

notes

- Vaccine cost discussed, VFC program enrollment offered

notes

- Cultural barriers for diet and exercise discussed

notes

- add item

notes

Followup

- Order** Next well visit
- Order** Immunization Only (indicate time frame and vaccines to be given)
- Order** Return to office (list reason and time frame)
- Order** by Phone (list reason and time frame)
- Order** Acetaminophen (Tylenol) Dosing (160mg/5mL) every 4 to 6 hours
- Order** Ibuprofen (Motrin/Advil) Dosing (Childrens 100mg/5mL) every 6 to 8 hours



Referral

Navigational Anchors in 5 Yr Well - TLC

1. Intake
2. Vitals
3. Social/Family History
4. Review of Systems
5. Safety
6. Nutrition
7. Development (If not reviewed in Previsit Questionnaire)
8. EPSDT
9. Screening
10. History
11. Physical Exam
12. Assessment
13. Diagnoses
14. Lab
15. Medical Test
16. Medical Procedures
17. Immunizations
18. Anticipatory Guidance Discussed
19. Plan
20. Follow Up
21. Referrals