



Intake

Informant/Relationship

Vitals

Height in +

Weight lbs oz +

BMI kg/m²

Blood Pressure / systolic/diastolic Location Unspecified Position Unspecified +

Pulse beats per minute +

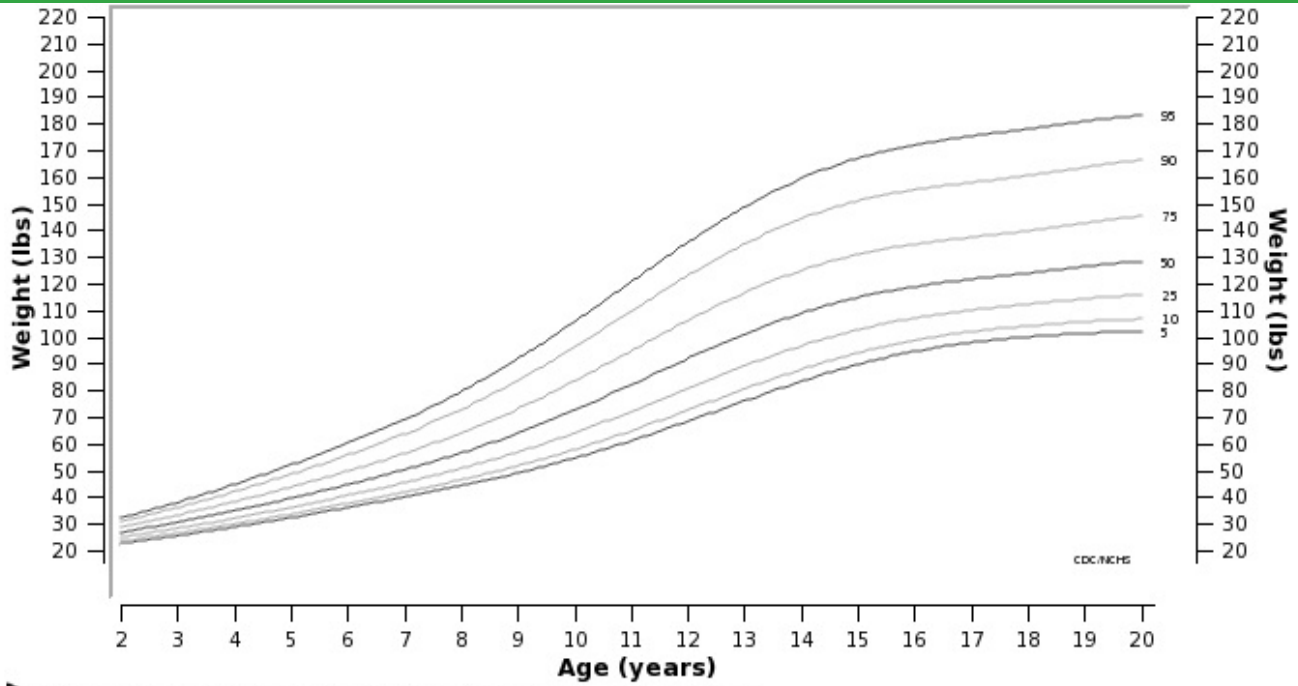
More

PCC eRx Allergies (Medical Summary) Updated N/A

Drug	Reaction	Onset

Growth Charts

◀ 2 to 20 Years: Weight-For-Age (CDC) ▶



▶ **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

Elimination

Dry at night



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

Nutrition

Select All

- Juice
- Milk
- Soda/sport drinks
- 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

Physical Exam

Make All:

A N N/E

General Appearance

notes

Head

notes



Eyes
 ▼

Ears
 ▼

Nose
 ▼

Oropharynx
 ▼

Neck
 ▼

Chest
 ▼

A N N/E
 Lungs
 ▼

Cardiovascular
 ▼

Abdomen
 ▼

Genitourinary
 ▼

Neurological
 ▼



Skin

Extremities/Hips

Back

A N N/E
 add item

Immunizations

Immunization History

There are no immunizations recorded for this patient	
Ordered	

Immunization Orders

BCG

Medical Procedure

Diagnoses

Brain lacer NEC w/o coma (851.81)

Add to Problem List Onset: Problem Note:

add diagnosis

Plan



Select All

- Ibuprofen (Motrin/Advil) (100mg/5mL) dosing every 6 to 8 hours as needed
notes
- Immunizations (See Vaccine Administration Record)
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

Y N N/A

- Discussed and/or handouts 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



- Safety (Sexual safety, Pedestrian safety, Safety helmets, Swimming safety, Fire escape plan, Smoke/carbon monoxide detectors, Guns, Sun, Appropriately restrained in all vehicles)
- School Readiness (Establish routines, After-school care/activities, Friends, Bullying, Communicate with teachers)
- Development (chores, discipline, positive reinforcement charts)
- TV/Media (Limit TV/video to 1-2 hours/day, No TV in bedroom)
-

Followup

Yearly well visit

Radiology

Referral