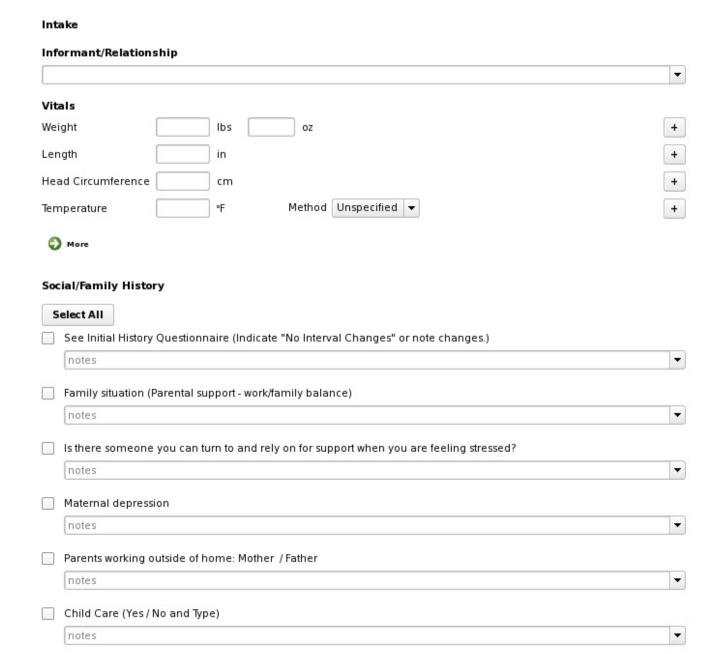
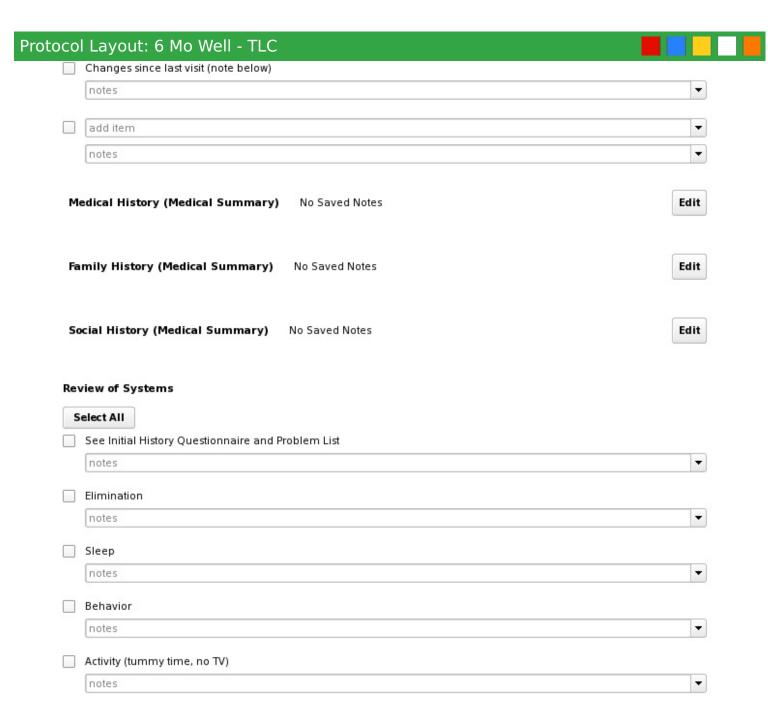
Protocol Layout: 6 Mo Well - TLC



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oxic Exposure: Passive Smoking (Y / N)	
	Ī
iotes	_
add item	
notes	
ition	
ect AII	
reast Milk (Minutes per feeding, Hours between feeding Feedings per 24 hours)	
notes	
ormula (Quinces perfeeding)	
	-
ource of water	_
notes	
itamins/Fluoride	
notes	
olid foods	
iotes	
add item	
notes	1
	tion ect All reast Milk (Minutes per feeding, Hours between feeding Feedings per 24 hours) notes formula (Ounces per feeding) notes ource of water notes itamins/Fluoride notes olid foods notes

Physical Development (Sits briefly, Rolls over)

Protoco	l Lā	ayo	ut: 6 Mo Well - TLC	
			notes	-
0	0	0	Fine Motor (Transfers objects from hand to hand, Reaches for objects)	
			notes	•
0	0	0	Cognitive (Uses visual exploration, Beginning to use oral exploration)	
			notes	-
0	0	0	Communicative (Uses a string of vowels (ah, eh,oh), Beginning to recognize own name, Enjoys vocal turn taking)	
			notes	-
0	0	0	Social-Emotional (Shows pleasure from interactions with parents or others)	
			notes	-
0	0	0	add item	•
			notes	-
М	ake.	AII: [Yes No N/A	
O		N/A	Mother or primary care giver had active decay in the last 12 months (KEY FACTOR)?	
			notes	-
0	0	0	Mother or primary caregiver does not have a dentist?	
			notes	-
0	0	0	Continual bottle/sippy cup use with fluid other than water?	
			notes	-
0	0	0	Frequent Snacking?	
			notes	-

coi Lay	out: 6 Mo Well - TLC	
000	Special health care needs?	
	notes	•
000	Medicaid eligible?	
	notes	•
000	add item	-
	notes	•
	th Protective Factors	
Make All:	Yes No N/A	
Yes No N/A		
000	Existing dental home?	-
000	Drinks fluoridated water or takes fluoride supplements?	
	notes	•
000	Flouride varnish in the last 6 months?	
	notes	•
000	Has teeth brushed twice daily?	
000	Has teeth brushed twice daily?	•
000		•

Previsit Questionnaire reviewed

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Protoco	l Layout: 6 Mo Well - TLC	
	notes	•
	Child has special health care needs	
	notes	•
	Concerns and questions (notes below)	
	notes	•
	Follow-up on previous concerns (notes below)	
	notes	•
	Interval History (Changes? notes below)	
	notes	•
	Medication Record (reviewed and updated)	
	notes	•
	OTC meds/herbal meds/CAM used (notes below)	
	notes	•
	add item	-
	notes	-
Tra	nsition of Care (ARRA)	
	Patient transitioned to my care from another clinical setting	
	Medication Reconciliation performed	
Phy	ysical Exam	
М	ake All: A N N/E	
Α	N N/E	
0	○ ○ General Appearance	

.OI L	.u y	out: 6 Mo Well - TLC	
		notes	-
00	0	Head/Fontanelle (Positional skull deformities)	
		notes	•
00	0	Eyes (red reflex/strabismus/appears to see)	
		notes	7
00	0	Ears/Appears to hear	
		notes	•
00	0	Nose	
		notes	
00	0	Oropharynx	
		notes	•
00	0	Teeth	
		notes	•
00	0	Neck	
		notes	•
A N		Chest	
		notes	1
00	0	Lungs	
		notes	•
00	0	Cardiovascular	
		notes	,

notes	,
Abdomen	
notes	
Genitalia - Male/Testes down	
notes	1
Genitalia - Female	
notes	
Extremities/Hips	
notes	1
notes	
Neurological	
notes	
Skin	
notes	
add item	,
notes	١,
	Genitalia - Male/Testes down notes Genitalia - Female notes Extremities/Hips notes Back notes Neurological notes Skin notes

Protocol Layout: 6 Mo Well - TLC O O (KEY) Obvious decay? O (KEY) Restorations (fillings) present? notes O O Visible plaque accumulation? notes • ○ ○ Gingivitis (swollen/bleeding gums)? notes • O O Teeth present? notes • O O Healthy teeth? notes O O add item notes Assessment Diagnoses Brain lacer NEC w/o coma (851.81) Add to Problem List Onset: mm/dd/yy Problem Note: problem note Fx lower limb NEC-open (827.1)

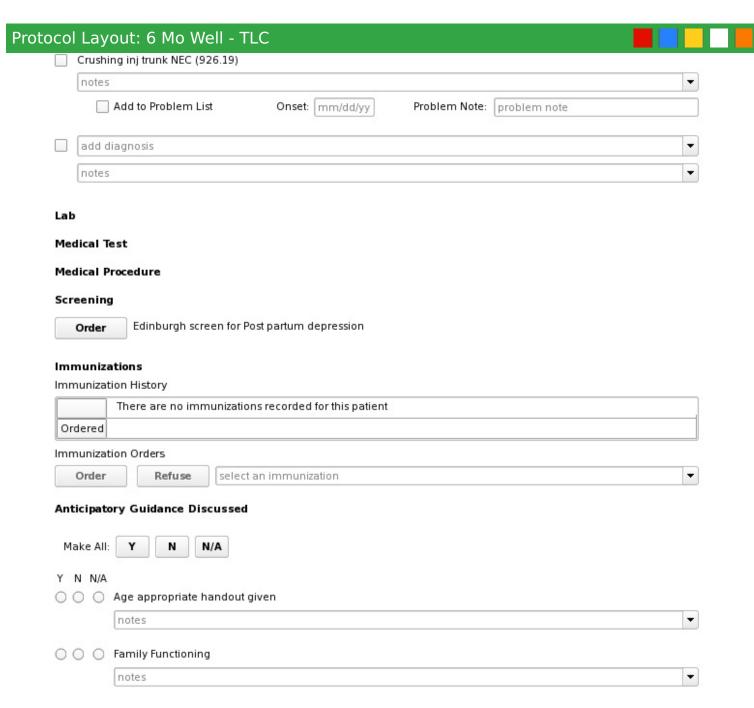
Onset: mm/dd/yy

Problem Note: problem note

notes

Add to Problem List

•



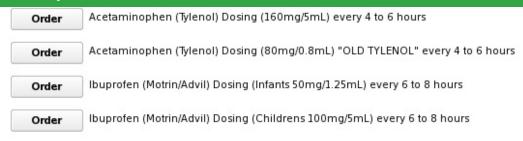
ocol Lay	out: 6 Mo Well - TLC	
000	Nutrition and Feeding (Breastfeeding (vitamin D, Iron supplement), Iron-fortified formula, Solid foods (Types an amounts/Begin cup), Elimination)	d
	notes	-
000	Nutrition (No honey)	
	notes	•
000	Infant Development (Social development, Communication skills, Sleep)	
	notes	•
000	Sleep Routines and Issues (Consistent routines, Night waking)	
	notes	•
000	Oral Health (Brush teeth, Avoid bottle in bed)	_
	notes	•
000	Safety (Car safety seat, Poisons, Burns (Hot water), Falls, Infant walkers, Drowning, Choking (finger foods), Kitch saftey)	en
	notes	-
Y N N/A		_
000	add item	•
	notes	-
Plan		
Select A		
	nizations (See Vaccine Administration Record)	
notes		-
Dellel	unseling for vaccines done - reviewed diseases protected by vaccines, including each component; risks and ts; how to deal with potential side effects. VIS given.	
notes	ts; how to deal with potential side effects. VIS given.	•

Laboratory/Screening Results

rotoco	l Layoι	ıt: 6 Mo Well - TLC		
	notes		-	
	Tylenol (1	60mg/5mL) dosing every 4 to 6 hours as needed		
	notes		•	
	Tylenol (8	Omg/0.8mL) dosing every 4 to 6 hours as needed		
	notes		•	
	Ibuprofen (Motrin/Advil) (50mg/1.25mL) dosing every 6 to 8 hours as needed			
	notes		•	
	lbuprofer	n (Motrin/Advil) (100mg/5mL) dosing every 6 to 8 hours as needed		
	notes		•	
	Medicatio	on		
	notes		•	
	Medicatio	on as e-prescribed		
	notes		•	
	Vaccine o	ost discussed, VFC program enrollment offered		
	notes		•	
	add item	1	•	
	notes		•	
Fol	lowup			
	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

Protocol Layout: 6 Mo Well - TLC



Referral

Navigational Anchors in 6 Mo Well - TLC

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

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