



Intake

Informant/Relationship

Vitals

Weight	<input type="text"/>	lbs	<input type="text"/>	oz	<input type="button" value="+"/>
Length	<input type="text"/>	in			<input type="button" value="+"/>
Head Circumference	<input type="text"/>	cm			<input type="button" value="+"/>
Temperature	<input type="text"/>	°F	Method	<input type="button" value="Unspecified"/>	<input type="button" value="+"/>

More

Social/Family History

- See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)
- Family situation (Parental support - work/family balance)
- Is there someone you can turn to and rely on for support when you are feeling stressed?
- Maternal depression
- Parents working outside of home: Mother / Father
- Child Care (Yes / No and Type)



- Changes since last visit (note below)
- add item

Medical History (Medical Summary) No Saved Notes [Edit](#)

Family History (Medical Summary) No Saved Notes [Edit](#)

Social History (Medical Summary) No Saved Notes [Edit](#)

Review of Systems

[Select All](#)

- See Initial History Questionnaire and Problem List
- Elimination
- Sleep
- Behavior
- Activity (tummy time, no TV)



Toxic Exposure: Passive Smoking (Y / N)
notes

add item
notes

Nutrition

Select All

Breast Milk (Minutes per feeding, Hours between feeding Feedings per 24 hours)
notes

Formula (Ounces per feeding)
notes

Source of water
notes

Vitamins/Fluoride
notes

Solid foods
notes

add item
notes

Development (If not reviewed in Previsit Questionnaire)

Make All:

Yes No N/A

Physical Development (Sits briefly, Rolls over)



notes

- Fine Motor (Transfers objects from hand to hand, Reaches for objects)

notes

- Cognitive (Uses visual exploration, Beginning to use oral exploration)

notes

- Communicative (Uses a string of vowels (ah, eh,oh), Beginning to recognize own name, Enjoys vocal turn taking)

notes

- Social-Emotional (Shows pleasure from interactions with parents or others)

notes

- add item

notes

Oral Health Risk Factors

Make All:

Yes No N/A

- Mother or primary care giver had active decay in the last 12 months (KEY FACTOR)?

notes

- Mother or primary caregiver does not have a dentist?

notes

- Continual bottle/sippy cup use with fluid other than water?

notes

- Frequent Snacking?

notes



- Special health care needs?
- Medicaid eligible?
- add item

Oral Health Protective Factors

Make All:

Yes No N/A

- Existing dental home?
- Drinks fluoridated water or takes fluoride supplements?
- Flouride varnish in the last 6 months?
- Has teeth brushed twice daily?
- add item

History

- Previsit Questionnaire reviewed



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

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



notes

Head/Fontanelle (Positional skull deformities)

notes

Eyes (red reflex/strabismus/appears to see)

notes

Ears/Appears to hear

notes

Nose

notes

Oropharynx

notes

Teeth

notes

Neck

notes

A N N/E

Chest

notes

Lungs

notes

Cardiovascular

notes

Femoral Pulses



notes

Abdomen

notes

Genitalia - Male/Testes down

notes

Genitalia - Female

notes

Extremities/Hips

notes

A N N/E

Back

notes

Neurological

notes

Skin

notes

add item

notes

Oral Health Clinical Findings

Make All:

Yes No N/A

(KEY) White spots or visible decalcifications in the past 12 months?

notes



- (KEY) Obvious decay?
- (KEY) Restorations (fillings) present?
- Visible plaque accumulation?
- Gingivitis (swollen/bleeding gums)?
- Teeth present?
- Healthy teeth?
- add item

Assessment

Diagnoses

- Brain lacer NEC w/o coma (851.81)

 Add to Problem List Onset: Problem Note:
- Fx lower limb NEC-open (827.1)

 Add to Problem List Onset: Problem Note:



Crushing inj trunk NEC (926.19)

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

add diagnosis

notes

Lab

Medical Test

Medical Procedure

Screening

Edinburgh screen for Post partum depression

Immunizations

Immunization History

There are no immunizations recorded for this patient

Immunization Orders

select an immunization

Anticipatory Guidance Discussed

Make All:

Y N N/A

Age appropriate handout given

notes

Family Functioning

notes



- Nutrition and Feeding (Breastfeeding (vitamin D, Iron supplement), Iron-fortified formula, Solid foods (Types and amounts/Begin cup), Elimination)
- Nutrition (No honey)
- Infant Development (Social development, Communication skills, Sleep)
- Sleep Routines and Issues (Consistent routines, Night waking)
- Oral Health (Brush teeth, Avoid bottle in bed)
- Safety (Car safety seat, Poisons, Burns (Hot water), Falls, Infant walkers, Drowning, Choking (finger foods), Kitchen safety)
- Y N N/A
 add item

Plan

Select All

- Immunizations (See Vaccine Administration Record)
- 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.
- Laboratory/Screening Results



notes

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

notes

- Tylenol (80mg/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

- 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

- 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** Acetaminophen (Tylenol) Dosing (80mg/0.8mL) "OLD TYLENOL" every 4 to 6 hours
- Order** Ibuprofen (Motrin/Advil) Dosing (Infants 50mg/1.25mL) every 6 to 8 hours
- Order** Ibuprofen (Motrin/Advil) Dosing (Childrens 100mg/5mL) every 6 to 8 hours

Referral

Navigational Anchors in 6 Mo Well - TLC

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