



**Informant/Relationship**

**Intake**

**Vitals**

Weight  lbs  oz

Length  in

Head Circumference  cm

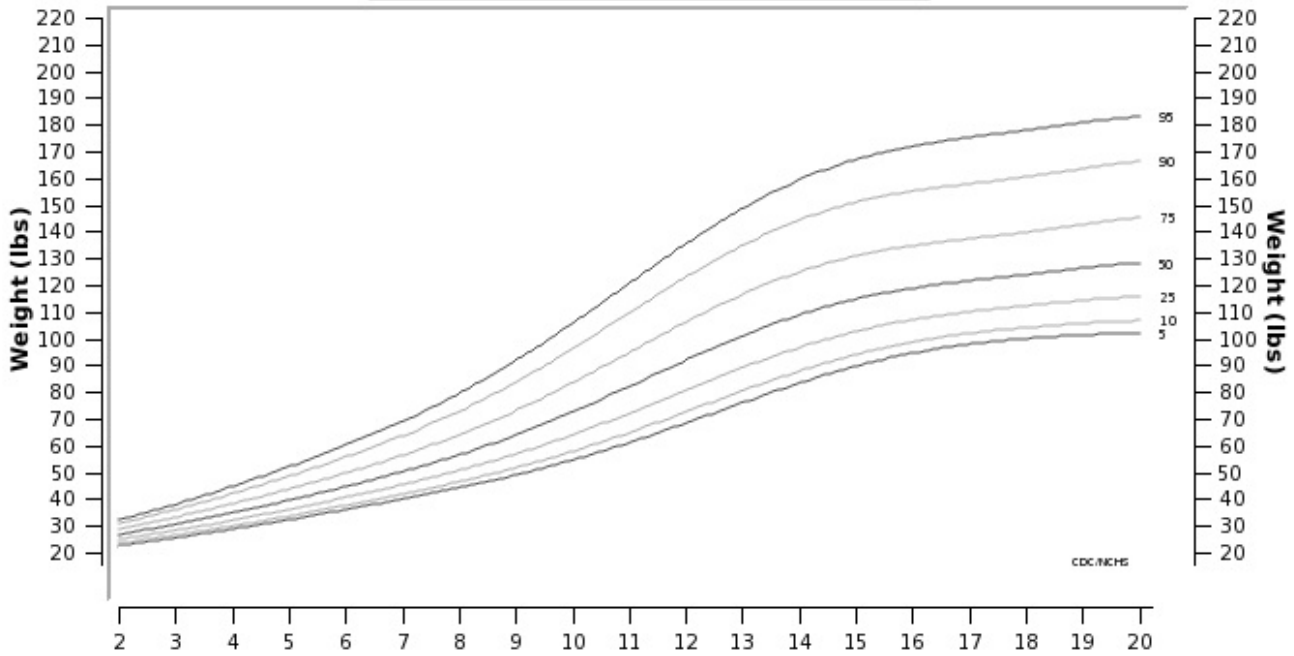
Temperature  °F Method

BMI  kg/m<sup>2</sup>

More

**Growth Charts**

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





Age (years)

▶ **Tabular Data** (Weight-For-Age 2 to 20 Years: Girls Source: CDC)

**Weight/Height from previous Well Check**

**Newborn Screening: Hearing**

Make All:

Yes No Pnd

Does hearing screen need to be repeated?

Was infant premature, spend time in NICU, or have risk factors to indicate repeat hearing screen?

Do parents have any questions or concerns about hearing

add item

**Medications**

**History**

Previsit Questionnaire reviewed

Parents working/Daycare plans



- Toxic exposure: second hand smoke  
notes
- add item  
notes

**Concerns and Questions.**

**Nutrition**

- Select All**
- Breast Milk (Minutes per feeding, Hours between feeding Feedings per 24 hours)  
notes
  - Formula (Ounces per feeding)  
notes
  - cereal/baby foods  
notes
  - Normal Urine and Stool  
notes
  - Source of water  
notes
  - Vitamins/Fluoride  
notes



add item

**Review of Systems**

Select All

Activity (tummy time, no TV)

Behavior

Sleep

add item

**Oral Health in Primary Care**

Select All

Maternal Oral Health, Maternal hx of tooth decay in past 12 month

Use of Clean Pacifier

Avoidance of bottle in bed

cleaning teeth with soft brush or cloth

Family is on a fluoridated water supply



notes

- Fluoride supplementation if dentist recommends one

notes

- add item

notes

**Transition of Care (ARRA)**

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

**Birth History (Medical Summary)** No Saved Notes

Edit

**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

- Physical Development (Sits briefly, Rolls over)
- Cognitive (Uses visual exploration, Beginning to use oral exploration)
- Communicative (Uses a string of vowels (ah, eh,oh), Beginning to recognize own name, Enjoys vocal turn taking)
- Social-Emotional (Shows pleasure from interactions with parents or others)
- 

**Anticipatory Guidance Discussed**

Make All:

Y N N/A

- Family Functioning
- Nutrition and Feeding (Breastfeeding (vitamin D, Iron supplement), Iron-fortified formula, Solid foods (Types and amounts/Begin cup), Elimination)
- Infant Development (Social development, Communication skills, Sleep)
- Oral Health (Brush teeth, Avoid bottle in bed)



notes

- Safety (Car safety seat, Poisons, Burns (Hot water), Falls, Infant walkers, Drowning, Choking (finger foods), Kitchen safety)

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

Neurological

Musculoskeletal

Skin

A N N/E

add item

**Lab**





**Medical Procedure**

**Medical Test**

**Supply**

**Radiology**

**Immunizations**

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

<b>Order</b>	<b>Refuse</b>	Pevnar 13
<b>Order</b>	<b>Refuse</b>	DTaP
<b>Order</b>	<b>Refuse</b>	IPV
<b>Order</b>	<b>Refuse</b>	Rotavirus
<b>Order</b>	<b>Refuse</b>	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 ▼

notes ▼



**Plan**

Select All

Routine Handouts Given to Caregivers

notes

add item

notes

**E-Prescribed Medications.**

**Plan Notes**

**Followup**

**Order** 9 month well visit

**Order** Nurse Task

**Referral**

**Reminders (Medical Summary)** No Saved Notes

Edit



**Navigational Anchors in 6 MO WELL - TPG**

1. Intake
2. Newborn Screening: Hearing
3. History
4. Nutrition
5. Review of Systems
6. Transition of Care (ARRA)
7. Problem List
8. Anticipatory Guidance Discussed
9. Physical Exam
10. Lab
11. Medical Procedures
12. Medical Test
13. Immunizations
14. Assessment
15. Diagnoses
16. Plan
17. E-Prescribed Medications.
18. Plan Notes
19. Follow Up
20. Referrals
21. Reminders