



Intake

Informant/Relationship

_____ ▾

Vitals

Weight lbs oz

Height in

Blood Pressure / systolic/diastolic Location ▾ Position ▾

Pulse beats per minute

Temperature °F Method ▾

BMI kg/m²

More

Social/Family History

- See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)
 ▾
- Family Situation
 ▾
- After-school care (Yes / No)
 ▾
- Changes since last visit (note below)
 ▾
- ▾
 ▾



Medical History (Medical Summary) No Saved Notes

Edit

Social History (Medical Summary) No Saved Notes

Edit

Family History (Medical Summary) No Saved Notes

Edit

Review of Systems

Select All

See Initial History Questionnaire and Problem List

notes

Toxic Exposure: Passive Smoking (Y / N)

notes

Cholesterol Risk (Y / N)

notes

Sleep

notes

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

notes

School: Grade

notes

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

notes

Gun-free environment



notes

Helmet

notes

Knows parents names, address, phone number

notes

Smoke-free environment

notes

Stranger safety

notes

Street Safety

notes

Sunblock

notes

Yes No May

add item

notes

Nutrition

Select All

Milk (oz per day and type)

notes

Calcium Source/Servings

notes

Juice



notes

Fruits

notes

Vegetables

notes

Protein Sources

notes

add item

notes

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)

notes

Language (Good articulation/language skills)

notes

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)

notes

add item

notes

EPSDT



Make All:

Y N n/a

- Risk for TB exposure
- Risk for Lead Exposure
- add item

Screening

- Hearing Screen
- Vision Screen
- PSC Developmental Screen

History

-
- Previsit Questionnaire reviewed
- Child has a dental home
- Child has special health care needs
- 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)
-

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)



notes

Musculoskeletal

notes

A N N/E

Back (Scoliosis)

notes

Skin

notes

Neurologic

notes

add item

notes

Assessment

Diagnoses

Brain lacer NEC w/o coma (851.81)

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Inj infer mesenteric art (902.27)

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Inj superior mesent vein (902.31)

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note



Lab

Medical Test

Medical Procedure

Immunizations

Immunization History

<input type="checkbox"/>	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

Anticipatory Guidance Discussed

Make All:

Y N N/A

Age appropriate handout given

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

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

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

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

- 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)

Referral



Navigational Anchors in 6 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