



Intake

Informant/Relationship

Vitals

Weight lbs oz

Height in

Blood Pressure / systolic/diastolic Location Position

Pulse beats per minute

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)

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

notes

Toxic Exposure: Passive Smoking (Y / N)

notes

Cholesterol Risk (Y / N)

notes

Tuberculosis 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 (Cooperation)

notes

Home (Parent-child interaction)

notes

Home (Sibling interaction)

notes

Home (Oppositional behavior)

notes

add item

notes



Safety

Make All:

Yes No May

- Booster seat**
- Helmet**
- Stranger safety**
- Street Safety**
- Sunblock**
- add item**

Nutrition

- Milk (oz per day and type)**
- Calcium Source/Servings**
- Juice**



- Fruits
- Vegetables
- Protein Sources
- add item

Development (If not reviewed in Previsit Questionnaire)

Make All:

Yes No N/A

- Eats healthy meals and snacks
- Participates in after-school activity
- Has friends
- Is vigorously active for 1 hour a day
- Is doing well in school
- Does chores when asked



notes

Gets along with family

notes

add item

notes

Screening

Order Hearing Screen

Order Vision Screen

Order PSC Developmental Screen

History

Select All

Previsit Questionnaire reviewed

notes

Child has a dental home

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**

A N N/E

General Appearance

notes

Head

notes

Eyes (red reflex, strabismus)

notes

Ears

notes

Nose



notes

Oropharynx

notes

Teeth

notes

Neck

notes

A N N/E

Chest

notes

Breasts (Female - Tanner Stage)

notes

Lungs

notes

Cardiovascular

notes

Abdomen

notes

Genitalia (Male/Testes Down, Tanner Stage)

notes

Genitalia (Female - Tanner Stage)

notes

Musculskeletal



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

add diagnosis

notes



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
- School Readiness (Establish routines, After-school care/activities, Friends, Bullying, Communicate with teachers)
- School (Show interest in school, Communicate with teachers)
- Development and Mental Health (Encourage independence, Praise strengths, Be a positive role model, Discuss expected body changes)
- Encourage Reading
- Nutrition and Physical Activity (Encourage proper nutrition, Eat meals as a family, 60 minutes of physical activity daily, Limit TV and screen time)



notes

- Oral Health (Dental visits twice a year, Brush teeth twice a day, Floss teeth daily, Wear mouth guard during sports)

notes

- Safety (Know child's friends, Home emergency plan, Safety rules with adults, Appropriate vehicle restraint, Helmets and pads, Supervise around water, Smoke-free environment, Guns, Monitor computer use)

notes

Y N N/A

- Chores

notes

- 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

- Next well visit
- Immunization Only (indicate time frame and vaccines to be given)
- Return to office (list reason and time frame)
- by Phone (list reason and time frame)

Referral



Navigational Anchors in 7-8 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. Screening
9. History
10. Physical Exam
11. Assessment
12. Diagnoses
13. Lab
14. Medical Test
15. Medical Procedures
16. Immunizations
17. Anticipatory Guidance Discussed
18. Plan
19. Followup
20. Referral