



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.)
- Is there someone you can turn to and rely on for support when you are feeling stressed?
- Family Situation
- 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

Family History (Medical Summary) No Saved Notes

Social History (Medical Summary) No Saved Notes

Review of Systems

See Initial History Questionnaire and Problem List

Elimination

Sleep

Behavior

Activity (playtime, no TV)

Toxic Exposure: Passive Smoking (Y / N)



add item ▼
 ▼

Nutrition

Select All

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

Formula (Ounces per feeding)
 ▼

Source of water
 ▼

Vitamins/Fluoride
 ▼

Solid foods
 ▼

Juice
 ▼

add item ▼
 ▼

Development

Select All

Structured development screen: NL - specify Tool
 ▼



Development (If not reviewed in Previsit Questionnaire)

Make All:

Yes No N/A

- Physical Development (Sits well, Crawls, Pulls to feet with support)
- Fine Motor (Feeds self, pincer grasp, brings objects together)
- Cognitive (Peekaboo, Object permanence, Looks at books)
- Communication (Responds to name, waves bye-bye, imitates sounds)
- Social (Peekaboo, patty-cake, stranger anxiety)
-

EPSDT

Make All:

Y N n/a

- Risk for Lead Exposure



Risk for TB exposure
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?
notes

Medicaid eligible?
notes

add item
notes

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
- 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/Fontanelle
- Eyes (red reflex/strabismus/appears to see)



- Ears/Appears to hear
- Nose
- Oropharynx
- Teeth
- Neck
- A N N/E
- Chest
- Lungs
- Cardiovascular
- Femoral Pulses
- Abdomen
- Genitalia - Male/Testes down
- Genitalia - Female



notes

Extremities/Hips

notes

A N N/E

Back

notes

Skin

notes

Neurological

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?

notes

(KEY) Restorations (fillings) present?

notes

Visible plaque accumulation?



notes

Gingivitis (swollen/bleeding gums)?

notes

Teeth present?

notes

Healthy teeth?

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

Contusion shoulder & arm (923.09)

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: 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

Hemoglobin (In Office)

Lead Screen

CBC

Medical Test

Medical Procedure

Screening

Edinburgh screen for Post partum depression

Ages & Stages Questionnaire

Immunizations

Immunization History

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

Immunization Orders

Anticipatory Guidance Discussed

Make All:

Y N N/A

Age appropriate handout given

Family Support (Time for self/partner, Community activities, Age-appropriate discipline)

Sibling rivalry



notes

- Establishing Routines (Family traditions, Nap and bedtime)

notes

- Feeding and Appetite Changes (Self-feeding, Consistent meals/snacks, Variety of nutritious foods, Iron-fortified formula)

notes

- Nutrition (No honey)

notes

- Establishing a Dental Home (First dentist visit, Brush teeth twice a day, Limit bottle use (water only), No bottle in bed)

notes

- Safety (Car safety seat, Poisons, Water, No supervision by young children, Sharp objects, Guns, Home safety, Falls)

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
- Tylenol (80mg/0.8mL) dosing every 4 to 6 hours as needed
- Ibuprofen (Motrin/Advil) (50mg/1.25mL) dosing every 6 to 8 hours as needed
- Ibuprofen (Motrin/Advil) (100mg/5mL) dosing every 6 to 8 hours as needed
- Medication
- Medication as e-prescribed
- Vaccine cost discussed, VFC program enrollment offered
- add item

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)
- 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 9 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. EPSDT
8. Oral Health Risk Factors
9. Oral Health Protective Factors
10. History
11. Physical Exam
12. Oral Health Clinical Findings
13. Assessment
14. Diagnoses
15. Lab
16. Medical Test
17. Medical Procedures
18. Screening
19. Immunizations
20. Anticipatory Guidance Discussed
21. Plan
22. Followup
23. Referral