



**Intake**

**Informant/Relationship**

**Vitals**

Weight  lbs  oz

Height  in

Blood Pressure  /  systolic/diastolic Location  Position

Pulse  beats per minute

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

More

**Social/Family History**

**Select All**

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

- Seatbelt
- Helmet
- Sunblock
- add item

**Nutrition**

- Milk (oz per day and type)
- Calcium Source/Servings
- Juice
- Soda
- 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
- Has a caring/supportive family
- Is doing well in school
- Is getting chances to make own decisions



notes

Feels good about self

notes

Yes No N/A

Does an activity really well; Describe:

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)
- Interval History (Changes? notes below)
- Medication Record (reviewed and updated)
- OTC meds/herbal meds/CAM used (notes below)
- add item

**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

School (Show interest in school, Quiet space for homework, Address bullying)

Development and Mental Health (Encouraging independence and self-responsibility, Be a positive role model/discuss respect, anger, Know child's friends and importance of peers, Expect preadolescent behaviors, Answer questions and discuss puberty, Safety rules with adults)

Encourage Reading

Nutrition and Physical Activity (Encourage proper nutrition, 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 guards during sports)

notes

- Safety (Booster seat, Teach to swim/water safety, Sunscreen, Avoid tobacco/alcohol/drugs, Guns)

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
- Medication as e-prescribed
- Vaccine cost discussed, VFC program enrollment offered
- Cultural barriers for diet and exercise discussed
- 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)

**Referral**



**Navigational Anchors in 9 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. Follow Up
20. Referrals