



Intake

Informant/Relationship

_____ ▾

Vitals

Weight kg +

Height cm +

Blood Pressure / systolic/diastolic Location ▾ Position ▾ +

BMI kg/m²



Social/Family History

Select All

- See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)

notes _____ ▾

- Changes since last visit (note below)

notes _____ ▾

- Teen lives with

notes _____ ▾

- Relationship with parents/siblings

notes _____ ▾

- add item _____ ▾

notes _____ ▾

Medical History (Medical Summary) No Saved Notes

Edit



Family History (Medical Summary) No Saved Notes

Edit

Social History (Medical Summary) No Saved Notes

Edit

Risk Assessment

Make All: **Yes** **No** **UNK**

Yes No UNK

- HOME - Eats meals with family
- HOME - Has family member/adult to turn to for help
- HOME - Is permitted and is able to make independent decisions
- EDUCATION - Grade
- EDUCATION - Performance NL
- EDUCATION - Behavior/Attention NL
- EDUCATION - Homework NL
- EATING - Eats regular meals including adequate fruits and vegetables



notes

Yes No UNK

EATING - Drinks non-sweetened liquids

notes

EATING - Calcium source

notes

EATING - Has concerns about body or appearance

notes

ACTIVITIES - Has friends

notes

ACTIVITIES - At least 1 hour of physical activity

notes

ACTIVITIES - Screen time (except for homework) less than 2 hours/day

notes

ACTIVITIES - Has interests/participates in community activities/volunteers

notes

SAFETY - Home is free of violence

notes

Yes No UNK

SAFETY - Uses safety belts/safety equipment

notes

SAFETY - Impaired/distracted driving

notes

SAFETY - Has relationships free of violence



notes

add item

notes

Adol Hearing/Vision Questions

Make All:

Yes No N/A

Do people get annoyed because you misunderstand what they say?

notes

Do you ask others to repeat themselves?

notes

Do people mumble a lot or not speak clearly?

notes

Do you have trouble seeing the blackboard?

notes

Do you have trouble recognizing faces at a distance?

notes

add item

notes

Smoking Status (ARRA)

select smoking status

History



Select All

- Previsit Questionnaire reviewed
- Teen has a dental home
- Teen has special health care needs
- Concerns and questions (notes below)
- Follow-up on previous concerns (notes below)
- Interval History (Changes? notes below)
- Menarche: Age
- Menstrual Regularity
- Menstrual Problems
- Medication Record (reviewed and updated)
- OTC meds/herbal meds/CAM used (notes below)
- add item



notes

Transition of Care (ARRA)

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

Risk Assessment (Adol Confidential)

Make All: **Yes** **No** **N/A**

Yes No N/A

- EDUCATION - how is college? Job?
notes
- DRUGS (Substance use/abuse) - uses tobacco/alcohol/drugs
notes
- SEX - has had oral sex
notes
- SEX - has had sexual intercourse (vaginal, anal)
notes
- SUICIDALITY/MENTAL HEALTH - Has ways to cope with stress
notes
- SUICIDALITY/MENTAL HEALTH - Displays self-confidence
notes
- SUICIDALITY/MENTAL HEALTH - Has problems with sleep
notes
- SUICIDALITY/MENTAL HEALTH - Gets depressed, anxious or irritable/has mood swings



notes

Yes No N/A

SUICIDALITY/MENTAL HEALTH - Has thoughts about hurting self or considered suicide

notes

History of head injury/concussion

notes

History of recurrent joint pain or fractures

notes

History of palpitations, chest pain, faintness, passing out

notes

add item

notes

► Confidential Notes (Medical Summary) No Saved Notes

Edit

Physical Exam

Make All:

A N UNK

General Appearance

notes

Head

notes

Eyes (red reflex, strabismus)

notes



- Ears**
- Nose**
- Oropharynx**
- Neck**
- Chest**
- A N UNK**
- Breasts (Female - Tanner Stage)**
- Lungs**
- Cardiovascular**
- Abdomen**
- Genitalia (Male/Testes Down, Tanner Stage)**
- Genitalia (Female - Tanner Stage)**
- Musculoskeletal**



notes

Back (Scoliosis)

notes

A N UNK

Skin

notes

Neurologic

notes

add item

notes

Assessment

Diagnoses

Dietary management education, guidance, and counseling

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

add diagnosis

notes

Lab

Order

Hemoglobin (In Office)

Order

Lipid Panel (In Office)

Order

GC/Chlamydia



HIV

Medical Test

Medical Procedure

Screening

Vision Screen

PSC Developmental Screen

Immunizations

Immunization History

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

Immunization Orders

Anticipatory Guidance Discussed

Make All:

Yes No N/A

- Age-appropriate handouts given (including bright futures for late teen; transitions)
- Physical Growth and Development (Balanced diet, Physical activity, Limit TV, Protect hearing, Brush/Floss teeth, Regular dentist visits)
- Social and Academic Competence (Age-appropriate limits, Friends/relationships, Family time, Community involvement, Encourage reading/school, Rules/Expectations, Planning for after high school)
- Emotional Well-Being (Dealing with stress, Decision-making, Mood changes, Sexuality/Puberty)



notes

- Risk Reduction (Tobacco/alcohol/drugs, Prescription drugs, Sex)

notes

- Violence and Injury Prevention (Seat belts, Guns, Conflict resolution, Driving restriction, Sports/Recreation safety)

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

- Medication

notes

- Medication as e-prescribed

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 18+ Well - TLC

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