



Intake

Informant/Relationship

Informant questions or concerns

Concerns

Vitals

Weight lbs oz +

Height in +

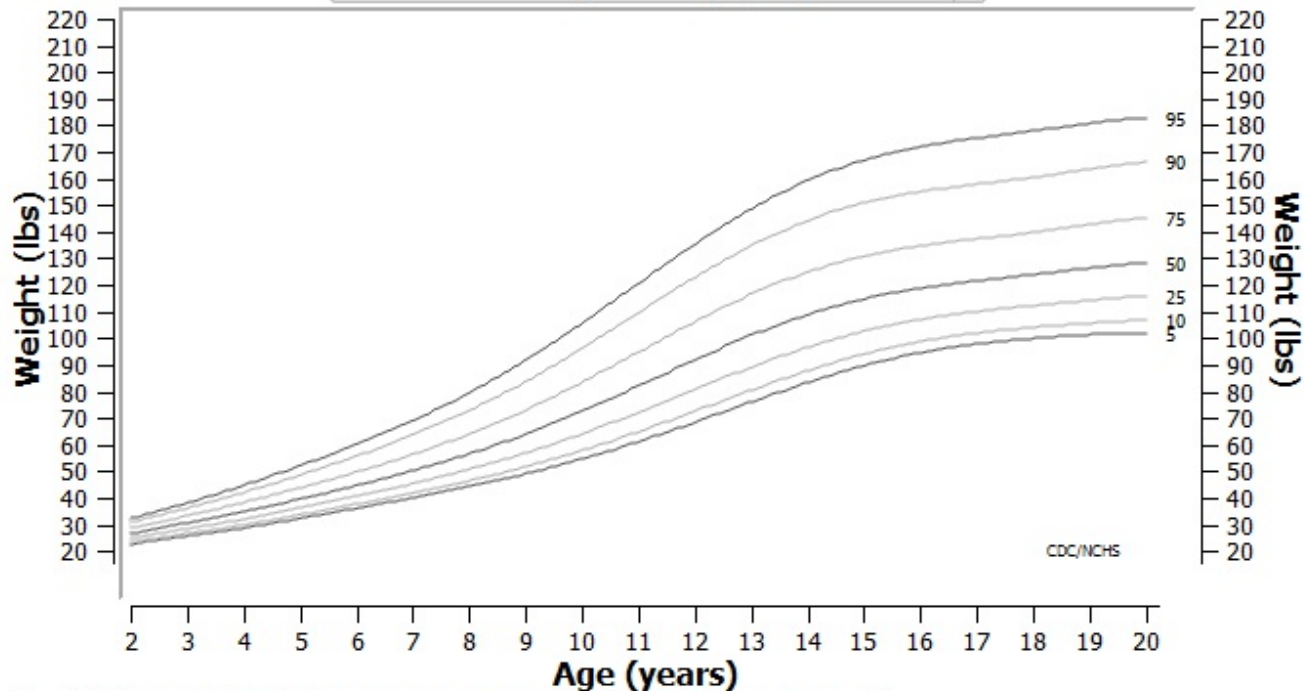
BMI kg/m²

Blood Pressure / systolic/diastolic Location Position +

[➔ More](#)

Growth Charts

◀ ▶



▶ **Tabular Data (Weight-For-Age 2 to 20 Years: Girls Source: CDC)**



Screening

Order Hearing Screen

Order Vision Screen

Medications

Current Medications

notes

Transition of Care (ARRA)

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

Medication History (Chart-wide) Updated N/A

Display: All Statuses

Active	Drug	Formula	Details

Smoking Status (ARRA)

select smoking status

History/Review

Select All

- Wears glasses or has seen eye doctor within the year.
notes
- Teen has a dental home
notes
- What school/grade level:
notes
- Physical Activity (Play time 60 min/d Yes or No, Screen time <2h/d Yes or No)
notes



Age at Menarche/Menstrual Regularity/Problems

notes

Last Menstrual Period

notes

add item

notes

Nutrition

Select All

Balanced diet (wide variety, fruits/veggies, limit junk food)

notes

Milk (oz/type)

notes

Juice or other sugary drinks? (the less the better)

notes

Vitamins or supplements (ie MVI with folate)

notes

add item

notes

Problem List (Chart-wide)

Display: All Statuses

Status	Problem	Problem Note	Onset	Resolved

Past, Social, Family History

Medical History (Chart-wide) No Saved Notes



Family Medical History (Chart-wide)

Edit

Condition	Relationship	Note

Social History (Chart-wide)

No Saved Notes

Edit

Teen Questionnaires

RAAPS or Bright Futures Questionnaire

notes

Review of Systems

Select All

General

notes

Sleep: NL

notes

Agree with history/ROS as above and confirmed by provider.

notes

Total of 9 or more systems reviewed and noted below or negative.

notes

Heart

notes

N-M

notes

Concussion

notes



add item

notes

Physical Exam

Make All: **ABN** **NL** **N/E**

ABN NL N/E

General Appearance

notes

Head

notes

Eyes

notes

Ears

notes

Nose

notes

Mouth and Throat

notes

Teeth

notes

Neck

notes

ABN NL N/E

Back/Spine

notes

Chest/Lungs

notes

Heart

notes

Abdomen



notes

Breasts

notes

Genitalia

notes

Skin

notes

Extremities

notes

ABN NL N/E

Neurologic

notes

add item

notes

Lab

Hematocrit

Cholesterol

Medical Test

Medical Procedure

Radiology

Immunizations

Immunization History



There are no immunizations recorded for this patient

Ordered

Immunization Orders

Tdap

HPV

Varicella

Diagnoses

Well child visit

Add to Problem List Onset: Problem Note:

Anticipatory Guidance

Make All:

Y N N/A

Bright Futures age appropriate handout given on safety, nutrition, development, and self care.



Plan

Select All

- Annual well exam (or periodic well exam under age 2) / follow-up as noted
- Immunizations discussed and vaccine information presented.
- Child is clear to participate in activities without restriction
-

Referral

Followup

Navigational Anchors in 11-14 Yr Well - (client v. I) Bright Futures

1. Intake
2. Growth Charts
3. Screening
4. History
5. Past, Social, Family Hx
6. Review of Systems
7. Physical Exam
8. Lab
9. Medical Procedures
10. Immunizations
11. Diagnoses
12. Anticipatory Guidance
13. Plan