



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"/>	in			<input type="button" value="+"/>
Temperature	<input type="text"/>	°F	Method	<input type="text" value="Unspecified"/>	<input type="button" value="+"/>

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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)
-

Medical History (Chart-wide) No Saved Notes



Family Medical History (Chart-wide)

Edit

Condition	Relationship	Note

Social History (Chart-wide) No Saved Notes

Edit

Review of Systems

Select All

- See Initial History Questionnaire and Problem List

notes

- Elimination

notes

- Sleep

notes

- Behavior

notes

- Activity (playtime, no TV)

notes

- Toxic Exposure: Passive Smoking (Y / N)

notes

- add item

notes

Nutrition

Select All

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

notes



- Formula (Ounces per feeding)**
- Bottle**
- Cup**
- Solid foods**
- Juice**
- Source of water**
- Vitamins/Fluoride**
- add item**

Development (If not reviewed in Previsit Questionnaire)

Make All:

Yes No N/A

- Communicative (Speaks 1-2 words, Babbles, Tries to make the same sounds you do, Looks at things you are looking at)**
- Fine Motor (Feeds self, pincer grasp)**
- Gross Motor (Crawls, pulls self to standing, walks with support)**
- Cognitive (Follows simple directions)**
- Social-Emotional (Waves bye-bye, Tries to do what you do, Cries when you leave, Plays peekaboo,**



Hands you a book to read)

notes

add item

notes

EPSDT

Make All:

Y N n/a

Risk for Lead Exposure

notes

Risk for TB exposure

notes

add item

notes

History

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: **ABN** **NL** **N/E**

ABN NL N/E

General Appearance

notes

Head/Fontanelle

notes

Eyes (red reflex/strabismus/appears to see)

notes

Ears/Appears to hear

notes

Nose

notes

Oropharynx

notes

Teeth

notes

Neck

notes



ABN NL N/E

Chest
notes

Lungs
notes

Cardiovascular
notes

Femoral Pulses
notes

Abdomen
notes

Genitalia - Male/Testes down
notes

Genitalia - Female
notes

Extremities/Hips
notes

ABN NL N/E

Neurological
notes

Skin
notes

add item
notes

Assessment

Diagnoses

Well child visit
notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note



add diagnosis

notes

Lab

Medical Test

Medical Procedure

Screening

Immunizations

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	MMR
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	Varicella
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	Hepatitis A
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	select an immunization

Anticipatory Guidance Discussed

Make All:

Yes No N/A



- Age appropriate handout given
- Nutrition (Milk - quantity, cup; No juice; Table foods - safe foods)
- Family Support (Time for self/partner, Community activities, Age-appropriate discipline)
- Behavior and Development (Social, Communication skills, Cognitive skills, Motor skills, Discipline)
- Establishing Routines (Family traditions, Nap and bedtime)
- Establishing a Dental Home (First dentist visit, Brush teeth twice a day, Limit bottle use (water only), No bottle in bed)
- Safety (Car safety seat, Poisons, Water, No supervision by young children, Sharp objects, Guns, Home safety, Falls)
- Sleep Routines and Issues (Consistent routines, Night waking)
- Yes No N/A
 add item

Plan

Select All

- Immunizations (See Vaccine Administration Record)
- 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.
- Laboratory/Screening Results
- 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

- Ibuprofen (Motrin/Advil) (50mg/1.25mL) 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

Order Next well visit

Order Immunization Only (indicate time frame and vaccines to be given)

Order Return to office (list reason and time frame)

Order by Phone (list reason and time frame)

Order 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 12 Mo Well - TLC

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