



Intake

Informant/Relationship

Informant questions or concerns

Concerns

Vitals

Weight lbs oz



Length in



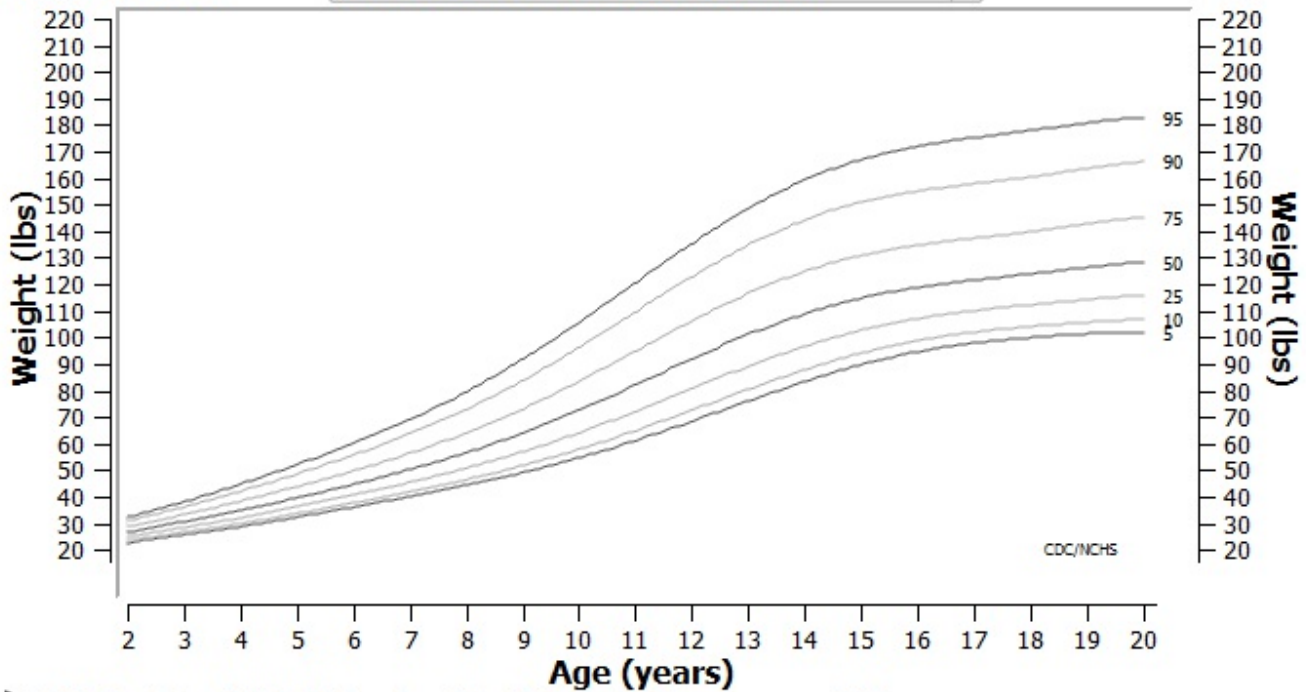
Head Circumference cm



More

Growth Charts

◀ 2 to 20 Years: Weight-For-Age (CDC) ▶



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

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

History/Review

Select All

- Bowel Movements per day (number and consistency)

notes
- Number of wet diapers a day

notes
- Sleep (wakenings or sleeps through night)

notes
- Child Care (Yes / No and Type)

notes
- Passive smoke exposure

notes
- add item

notes

Nutrition



Select All

- Bottle or cup
notes
- Solid foods
notes
- Milk (oz/type)
notes
- Juice or other sugary drinks? (the less the better)
notes
- Source of water (well or city)
notes
- Vitamins/Fluoride
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)



Condition	Relationship	Note

Social History (Chart-wide) No Saved Notes

Edit

Development

Screening

Order ASQ

Ages and Stages

Make All: **A** **N** +/-

A N +/-

Communication

Gross Motor

Fine Motor

Problem Solving

Personal/Social

add item

Review of Systems

Select All

General



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

notes

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

notes

add item

notes

Physical Exam

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

ABN NL N/E

General Appearance

notes

Head/Fontanelle

notes

Eyes: (red reflex)

notes

Ears/Appears to hear

notes

Nose

notes

Mouth and Throat

notes

Teeth (caries, white spots, staining)

notes

Neck

notes

ABN NL N/E

Chest/Lungs

notes



- Heart
- Femoral Pulses
- Abdomen
- Genitalia
- Back
- Extremities/Hips
- Skin

ABN NL N/E

- Neurologic
- add item

Lab

- Hemoglobin
- Lead Screen

Medical Test

Medical Procedure

Radiology

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"/>	Prevnar 13
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	<input type="text" value="select an immunization"/>

Diagnoses

Well child visit

Add to Problem List Onset: Problem Note:

Anticipatory Guidance

Make All:

Y N N/A

TIPP sheet given covering age-appropriate nutrition, sleep, safety, behavior, and development.



○ ○ ○

Plan

Select All

- Annual well exam (or periodic well exam under age 2) / follow-up as noted
- Immunizations discussed and vaccine information presented.
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Referral

Followup

Navigational Anchors in 12 Mo Well - (client v. I) Bright Futures

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