



### Intake

#### Informant/Relationship

#### Vitals

Length  in +

Weight  lbs  oz +

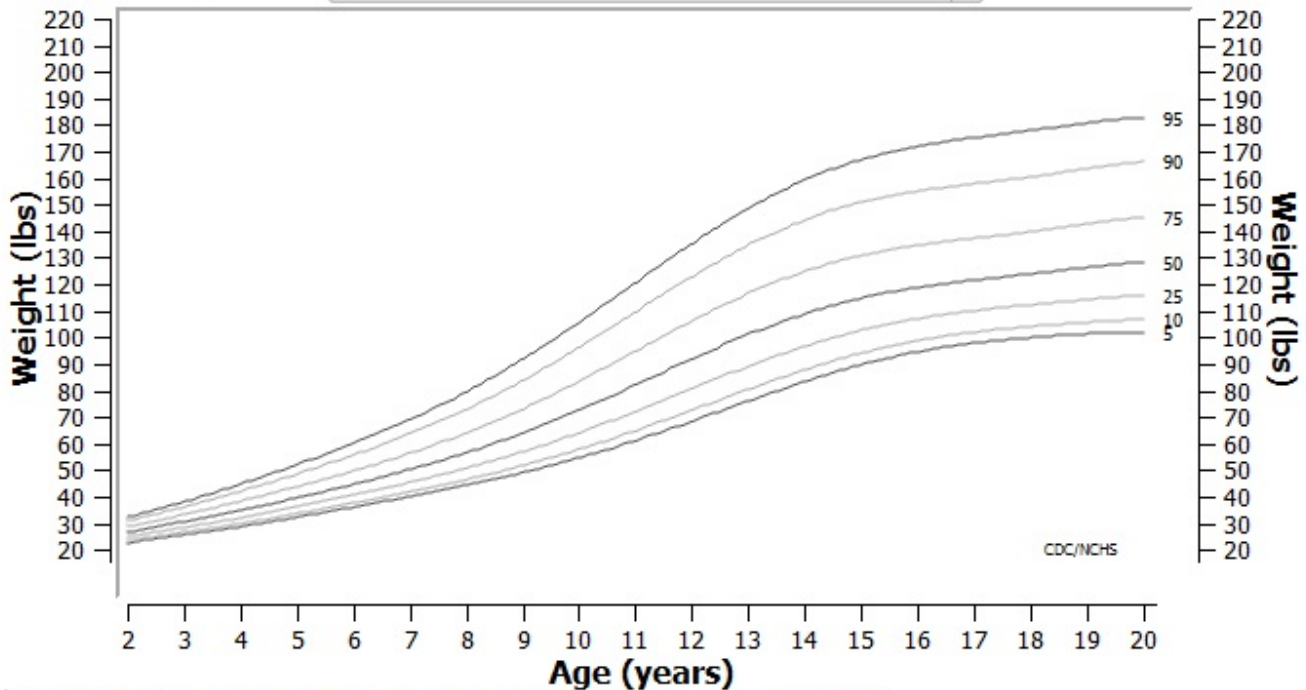
Head Circumference  cm +

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

[More](#)

#### Growth Charts

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



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

#### History

Select All

Previsit Questionnaire reviewed

▼

Child has a dental home

▼

Child has special health care needs



notes

Concerns and questions (notes below)

notes

Follow-up on previous concerns (notes below)

notes

Interval history

notes

add item

notes

**Transition of Care (ARRA)**

Patient transitioned to my care from another clinical setting

Medication Reconciliation performed

**Social/Family History**

Select All

No interval changes

notes

Parents working outside of home: Mother / Father

notes

Child Care (Yes / No and Type)

notes

Changes since last visit (note below)

notes

add item

notes

**ROS**

Make All: **Abn** **NL** **NA**

Abn NL NA



- Elimination  
notes
- Sleep  
notes
- Behavior  
notes
- Activity (playtime, no TV)  
notes
- add item  
notes

**Nutrition**

Select All

- Breast-feedings per day  
notes
- Formula-oz per day  
notes
- Solids (type, frequency)  
notes
- Source of water  
notes
- Vitamins  
notes
- add item  
notes

**Development**

Make All:

Yes No N/A

- Social-Emotional (Waves bye-bye, Tries to do what you do, Cries when you leave, Plays peekaboo,



Hands you a book to read)

notes

- Communicative (Speaks 1-2 words, Babbles, Tries to make the same sounds you do, Looks at things you are looking at)

notes

- Cognitive (Follows simple directions)

notes

- Physical Development (Bangs toys together, cruising, stands alone, drinks from a cup)

notes

- add item

notes

### Anticipatory Guidance

Make All:

Y N N/A

- Discussed and/or handouts given

notes

- Family Support (Time for self/partner, Community activities, Age-appropriate discipline)

notes

- Establishing Routines (Family traditions, Nap and bedtime)

notes

- Feeding and appetite changes (self-feeding, consistent meals/snacks, variety of nutritious foods, whole milk)

notes

- Oral health (brush teeth twice daily, stop bottle)

notes

- Safety (car seat rear facing until 2 y/o, poisons, water safety, sharp objects, guns, home safety, falls)

notes

- add item

notes



### Physical Exam

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

ABN NL N/E

General Appearance

Head

Eyes

Ears

Nose

Oropharynx

Neck

Chest

ABN NL N/E

Lungs

Cardiovascular

Abdomen

Genitourinary

Neurological



notes

Musculoskeletal

notes

Skin

notes

Back

notes

ABN NL N/E

Extremities

notes

add item

notes

### Lab

Hematocrit

Hemoglobin

Lead Screen

### Medical Test

### Medical Procedure

### Immunizations

Immunization History



There are no immunizations recorded for this patient

---

Ordered

**Immunization Orders**

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

**Immunization Consent**

Counseled on risks, benefits, CDC VIS, contraindications and obtained consent.

Negative lead risk questionnaire

Vaccine refusal form signed

**Radiology**



**Diagnoses**

Well child visit

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

add diagnosis

notes

**Plan**

Select All

Immunizations (See Vaccine Administration Record)

notes

add item

notes

**Followup**

Order

15 month well visit

**Referral**

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

1. Intake
2. Growth Charts
3. History
4. Social/Family History
5. ROS
6. Nutrition
7. Development (If not reviewed in Previsit Questionnaire)
8. Anticipatory Guidance Discussed
9. Physical Exam
10. Lab
11. Medical Procedures
12. Immunizations
13. Immunization Consent
14. Radiology
15. Diagnoses
16. Plan
17. Follow Up