



### Intake

#### Informant/Relationship

#### Vitals

Height  in +

Weight  lbs  oz +

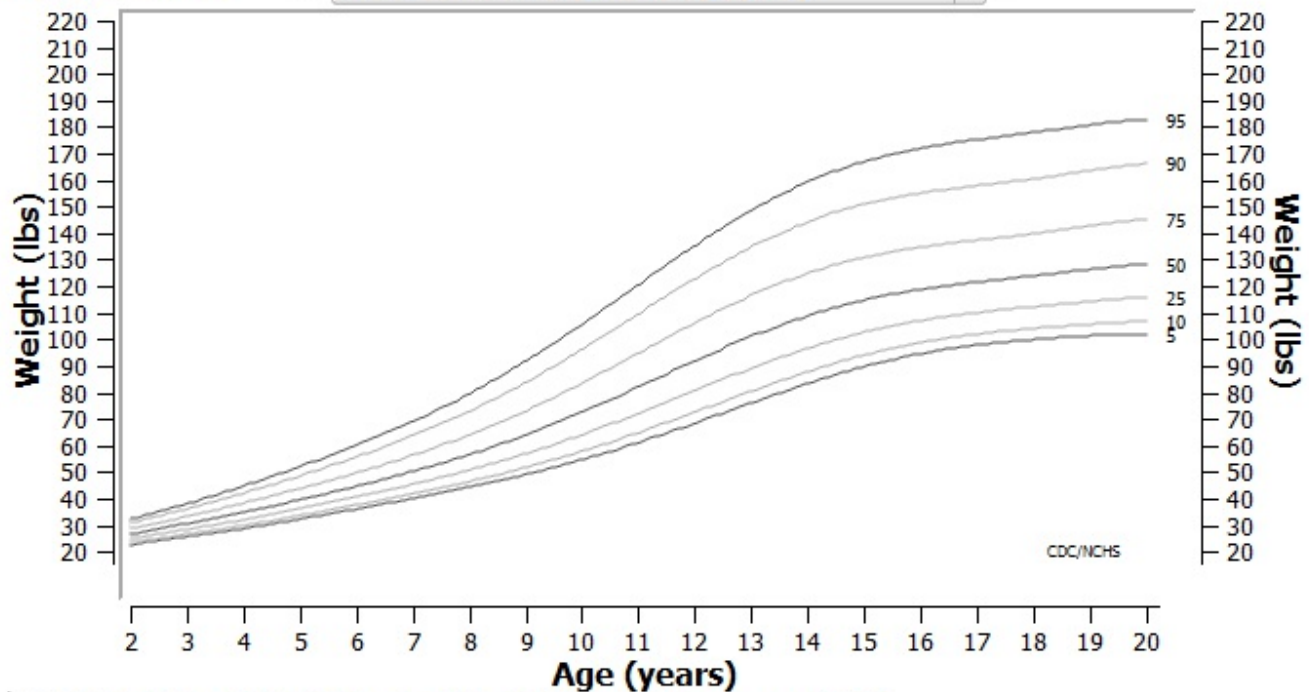
Blood Pressure  /  systolic/diastolic Location  Unspecified + Position  Unspecified +

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)

#### Screening

Vision Screen

Hearing Screen

#### Vision/Hearing notes

#### History



Select All

- Previsit Questionnaire reviewed

notes

- Concerns and questions (notes below)

notes

- Interval history

notes

- Menstrual history

notes

- Teen has a dental home

notes

- Teen has special health care needs

notes

- add item

notes

**Transition of Care (ARRA)**

- Patient transitioned to my care from another clinical setting

- Medication Reconciliation performed

**Smoking Status (ARRA)**

select smoking status

**Adult Weight Screening and Follow-Up (ARRA)**

This component will only display when the patient age is 18 years or older.

- Dietary Consultation Ordered

notes

Exclude today's weight screening from my Clinical Quality Measure Report because:

- Patient is Terminally Ill.

- Physical Exam is Incomplete due to Patient Reason, Medical Reason, or System Reason.

enter reason for physical exam incomplete

**Social/Family History**

Select All



- No interval changes  
notes
- Changes since last visit (note below)  
notes
- Teen lives with  
notes
- Relationship with parents/siblings  
notes
- No family history of sudden/unexplained cardiac deaths in children  
notes
- add item  
notes

**Risk Assessment**

Select All

- Home (eats meals with family, adults to turn to for help, is permitted and able to make independent decisions)  
notes
- School grade  
notes
- Education (performance n'l, behavior/attention n'l, homework n'l)  
notes
- Activities [has friends, at least 1 hour or physical activity, screen time (except homework) < 2 hours/day, has interests/participates in community activities/volunteers]  
notes
- Drugs (discussed tobacco/alcohol/drugs)  
notes
- Safety (home is free of violence, uses safety belts/equipment, has relationships free of violence)  
notes
- Sex (discussed sexual activity)  
notes



- Suicidality/mental health (has ways to cope with stress, displays self-confidence, no problems with sleep, no problems with depression/anxiety/mood swings, denies thought of hurting self/suicide)

notes

- add item

notes

**Nutrition**

Select All

- Eating-eats regular meals including adequate fruits and vegetables

notes

- Eating-calcium source

notes

- Eating-has concern about body or appearance

notes

- Multivitamin and/or Vit D supplement discussed

notes

- add item

notes

**Anticipatory Guidance**

Make All:

Y N N/A

- Physical Growth and Development (Balanced diet, Physical activity, Limit TV, Protect hearing, Brush/Floss teeth, Regular dentist visits)

notes

- Social and Academic Competence (Age-appropriate limits, Friends/relationships, Family time, Community involvement, Encourage reading/school, Rules/Expectations, Planning for after high school)

notes

- 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

### Physical Exam

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

ABN NL N/E

- General Appearance

notes

- Head

notes

- Eyes

notes

- Ears

notes

- Nose

notes

- Oropharynx

notes

- Neck

notes

- Chest

notes

ABN NL N/E

- Lungs

notes

- Cardiovascular



notes

Abdomen

notes

Genitalia

notes

Back

notes

Extremities

notes

Musculoskeletal

notes

Neurologic

notes

ABN NL N/E

Skin

notes

add item

notes

**Lab**

**Medical Test**

**Medical Procedure**

**Immunizations**

Immunization History



There are no immunizations recorded for this patient

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Ordered

**Immunization Orders**

Tdap

**Immunization Consent**

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

Vaccine refusal form signed

**Radiology**

**Diagnoses**

Well child visit

Add to Problem List      Onset:       Problem Note:



add diagnosis

**Plan**

Select All

Immunizations (See Vaccine Administration Record)

Laboratory/Screening Results

Recommend routine Gyn visit

add item

**Followup**

**Referral**