



Intake

Informant/Relationship

Informant questions or concerns

Concerns

Vitals

Weight lbs oz +

Height in +

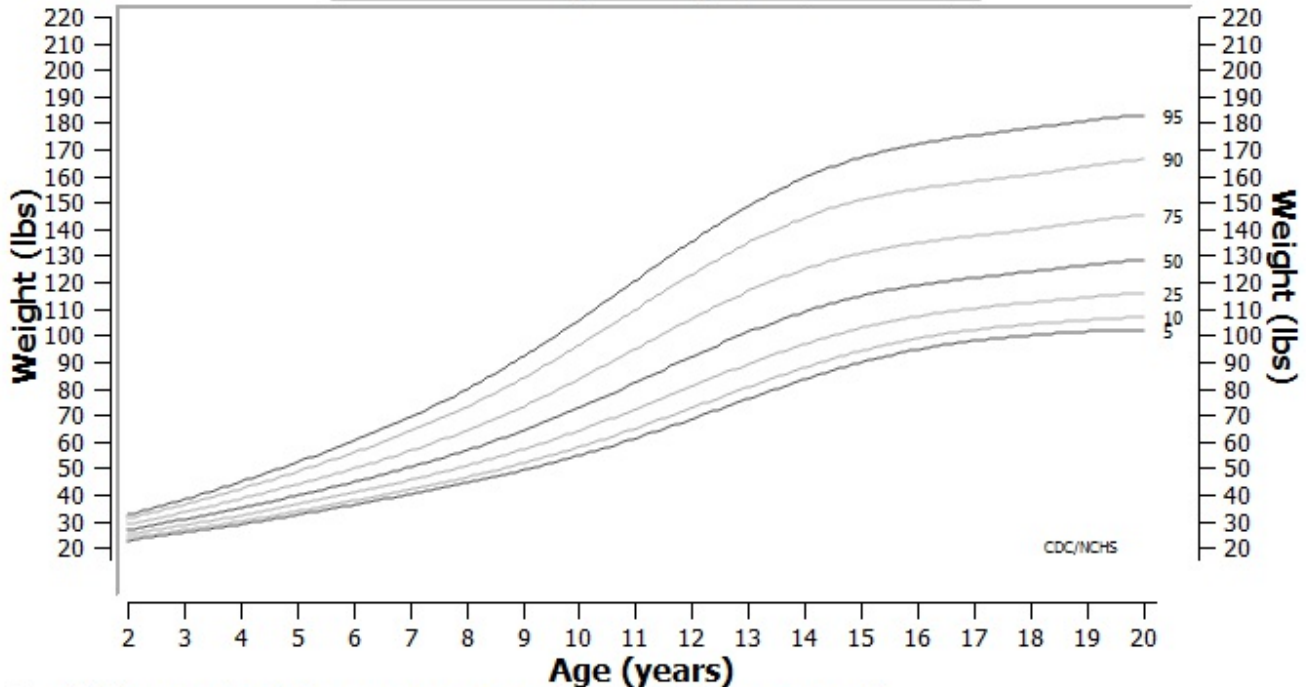
BMI kg/m²

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

- Regular physical activity?

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

Physical Exam

Make All:

ABN NL N/E

General Appearance

Head

Eyes

Ears

Nose

Mouth and Throat

Teeth

Neck

ABN NL N/E

Chest/Lungs

Heart

GI/Abdomen

Breasts



notes

Genitalia

notes

Back/Spine

notes

Skin (tattoos, piercing, bruising, nevi)

notes

Musculoskeletal

notes

ABN NL N/E

Extremities

notes

Musculoskeletal (hip, knee, ankle)

notes

Neurologic (tone, strength, symmetry)

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

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.



notes

Plan

Select All

- Annual well exam (or periodic well exam under age 2) / follow-up as noted

notes

- Immunizations discussed and vaccine information presented.

notes

- Child is clear to participate in activities without restriction

notes

- add item

notes

Referral

Followup

Navigational Anchors in 15-21 Yr well - (client v. I) Bright Futures

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