



### Intake

#### Informant/Relationship

#### Vitals

Weight  lbs  oz

Length  in

Head Circumference  in

Temperature  °F Method

 More

#### Social/Family History

Select All

- 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)
- add item

**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

- Toxic Exposure: Passive Smoking (Y / N)

notes

- Activity (playtime, no TV)

notes

- add item

notes

### Nutrition

Select All

- Breast

notes

- Bottle



Cup

Milk (oz per day and type)

Solid foods

Juice

Source of water

Vitamins/Fluoride

add item

**Development (If not reviewed in Previsit Questionnaire)**

Make All:

Yes No N/A

Communication (2-3 words)

Communication (5-10 words)

Communication (Uses jargon, points to 2 body parts, understands simple commands)

Communication (points to pictures in a book)

Gross Motor (Walks alone)



- Fine Motor (Feeds self, scribbles, stacks 2 blocks)
- Social (gives and takes food or toys, throws objects in play)
- Social-Emotional (Tries to do what you do, Helps in the house, Listens to a story)
- Yes No N/A

### History

Select All

- Previsit Questionnaire reviewed
- Child has a dental home
- Child has special health care needs
- Concerns and questions (notes below)
- Follow-up on previous concerns (notes below)
- Interval History (Changes? notes below)
- Medication Record (reviewed and updated)
- OTC meds/herbal meds/CAM used (notes below)
-



### 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

Head/Fontanelle

Eyes (red reflex/strabismus/appears to see)

Ears/Appears to hear

Nose

Oropharynx

Teeth (caries, white spots, staining)

Neck

ABN NL N/E

Chest

Lungs

Cardiovascular



notes

Femoral Pulses

notes

Abdomen

notes

Genitalia - Male/Testes down

notes

Genitalia - Female

notes

Extremities/Hips

notes

ABN NL N/E

Skin

notes

Neurological

notes

add item

notes

**Assessment**

**Diagnoses**

Child developmental handicap screening

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

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

**Anticipatory Guidance Discussed**

Make All:

Yes No N/A

Age appropriate handout given  
 ▼

Nutrition (milk - discontinue bottle, maximum amt 20 oz/day)  
 ▼



Nutrition (no juice)

Nutrition (Table foods - safe foods, feeds self, variable appetite)

Elimination

Sleep Routines and Issues (Consistent routines, Night waking)

Healthy Teeth (First dentist visit, Healthy oral habits, No bottle)

Behavior and Development (Social, Communication skills, Cognitive skills, Motor skills, Discipline)

Yes No N/A Communication and Social Development (Give limited choices, Stranger anxiety, Read and talk with child)

Temper Tantrums and Discipline (Distraction, Praise, Consistency)

Safety (Car safety seat, Home safety, Poisons, Falls, Burns, Smoke detectors, Carbon monoxide detectors)

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





notes

- Tylenol (160mg/5mL) dosing every 4 to 6 hours as needed

notes

- Tylenol (80mg/0.8mL) 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** Ibuprofen (Motrin/Advil) Dosing (Childrens 100mg/5mL) every 6 to 8 hours

**Referral**



## **Navigational Anchors in 15 Mo Well - TLC**

1. Intake
2. Vitals
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7. History
8. Physical Exam
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