



Intake

Informant/Relationship

Vitals

Length in +

Weight lbs oz +

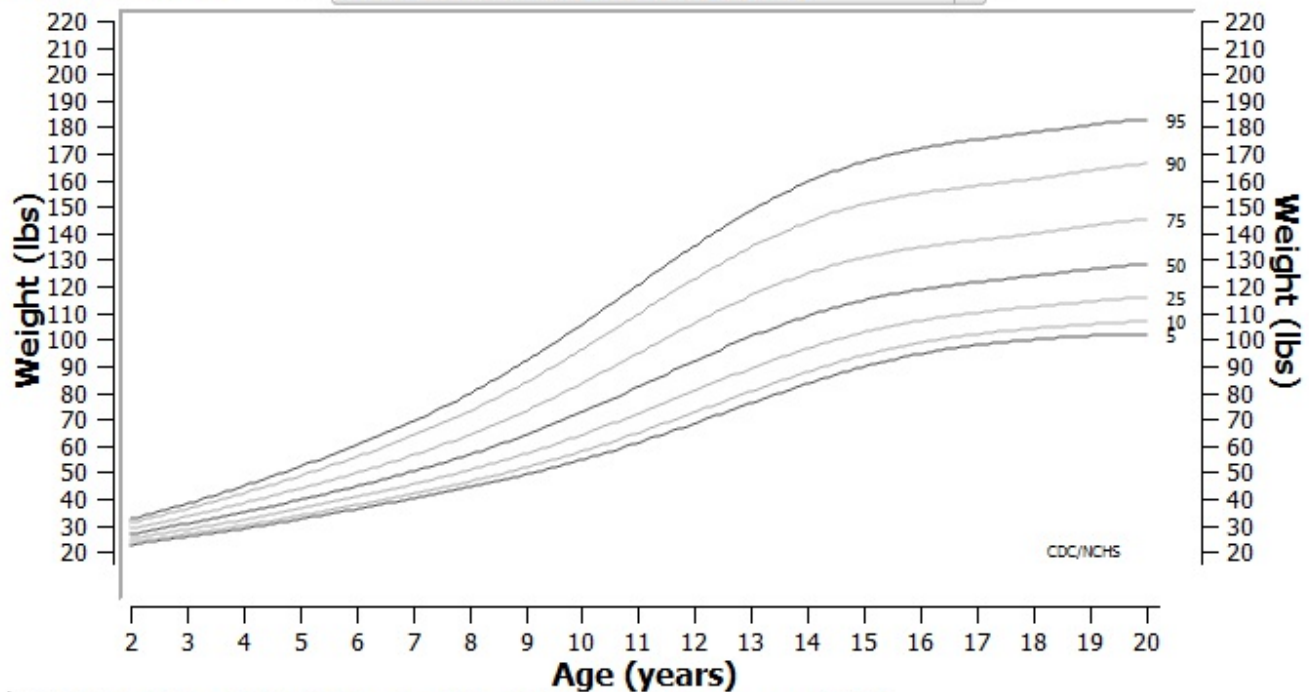
Head Circumference cm +

BMI kg/m²

[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 special health care needs

▼

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
- Behavior
- Activity (playtime, no TV)
- add item

Nutrition

Select All

- Off bottle
- Milk (oz per day)
- Solid foods
- Juice
- Source of water
- Vitamins
- add item

Development

Make All:

Yes No N/A

- Social-emotional (tries to do what you do, listens to a story)



notes

Communicative (Says 2 to 3 words, Brings toys over to show you)

notes

Cognitive (scribbles, follows simple commands, points to 2 body parts)

notes

Physical Development (Bends down without falling, Walks well, Puts block in a cup, Drinks from a cup with very little spilling)

notes

add item

notes

Anticipatory Guidance

Make All:

Y N N/A

Discussed and/or handouts given

notes

Communication and Social Development (Give limited choices, Stranger anxiety, Read and talk with child)

notes

Sleep Routines and Issues (Consistent routines, Night waking)

notes

Temper Tantrums and Discipline (Distraction, Praise, Consistency)

notes

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

notes

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

notes

Toilet training discussion

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

Neurological

notes

Musculoskeletal

notes

Back

notes

Extremities

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

Ordered

Immunization Orders

Order Refuse select an immunization

Immunization Consent

Select All

- Counseled on risks, benefits, CDC VIS, contraindications and obtained consent. notes
Vaccine refusal form signed notes
add item notes

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

- Laboratory/Screening Results

notes

- add item

notes

Followup

Order

18 month well visit

Referral

Navigational Anchors in 15 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