



Intake

Informant/Relationship

Informant questions or concerns

Concerns

Vitals

Weight lbs oz



Length in



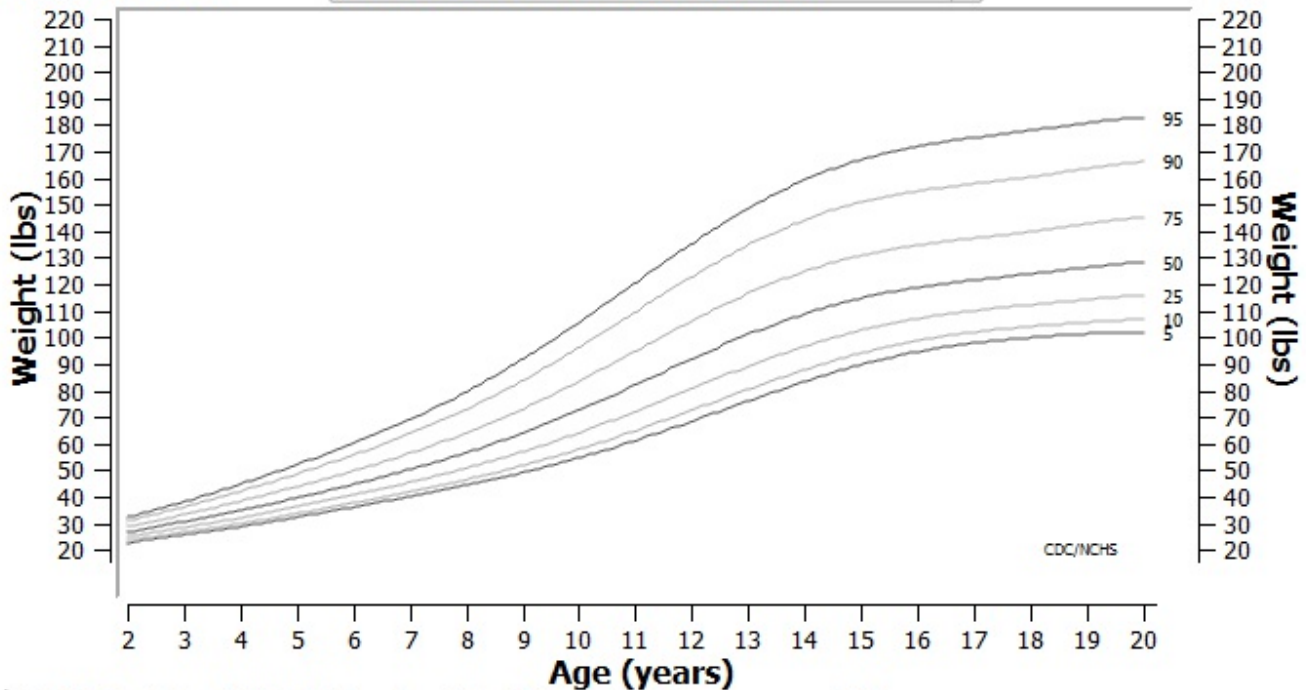
Head Circumference cm



 More

Growth Charts

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



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

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

History/Review

Select All

- Bowel Movements per day (number and consistency)

notes

- Number of wet diapers a day

notes

- Sleep (wakenings or sleeps through night)

notes

- Potty training?

notes

- add item

notes

Nutrition

Select All

- Breast milk or formula

notes



- Bottle or cup
notes
- Solid foods
notes
- Feeds self/finger foods?
notes
- Milk (oz/type)
notes
- Juice or other sugary drinks? (the less the better)
notes
- Source of water (well or city)
notes
- Vitamins/Fluoride
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

Development

Screening

Order ASQ

Order MCHAT

Ages and Stages

Make All: **A** **N** +/-

A N +/-

Communication

notes

Gross Motor

notes

Fine Motor

notes

Problem Solving

notes

Personal/Social

notes

add item

notes

M-Chat



Make All: **A** **N** +/-

A N +/-

- Completed Questionnaire
 - notes
- add item
 - notes

Review of Systems

Select All

- General
 - 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
- add item
 - notes

Physical Exam

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

ABN NL N/E

- General Appearance
 - notes
- Head/Fontanelle
 - notes
- Eyes: (red reflex)
 - notes
- Ears/Appears to hear
 - notes



- Nose
- Mouth and Throat
- Teeth (caries, white spots, staining)
- Neck

ABN NL N/E

- Chest/Lungs
- Heart
- Abdomen
- Genitalia
- Back
- Extremities/Hips
- Skin (nevi, cafe au lait, bruising)
- Neurologic (gait, coordination)

ABN NL N/E

-
-

Lab



Order

Hemoglobin

Order

Lead Screen

Medical Test

Medical Procedure

Radiology

Immunizations

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

Order

Refuse

DTaP

Order

Refuse

Pevnar 13

Order

Refuse

MMR

Order

Refuse

Varicella

Order

Refuse

select an immunization

Diagnoses

Well child visit

notes



Add to Problem List

Onset:

Problem Note:

Anticipatory Guidance

Make All:

Y N N/A

TIPP sheet given covering age-appropriate nutrition, sleep, safety, behavior, and development.

Plan

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

Immunizations discussed and vaccine information presented.

Referral

Followup



Navigational Anchors in 18 Mo Well - (client v. I) Bright Futures

1. Intake
2. Growth Charts
3. History
4. Nutrition
5. Past, Social, Family Hx
6. Development
7. Review of Systems
8. Physical Exam
9. Lab
10. Medical Procedures
11. Immunizations
12. Diagnoses
13. Anticipatory Guidance
14. Plan