



Intake

Informant/Relationship

Vitals

Weight	<input type="text"/>	lbs	<input type="text"/>	oz	<input data-bbox="1398 390 1455 432" type="button" value="+"/>
Length	<input type="text"/>	in			<input data-bbox="1398 453 1455 495" type="button" value="+"/>
Head Circumference	<input type="text"/>	in			<input data-bbox="1398 516 1455 558" type="button" value="+"/>
Temperature	<input type="text"/>	°F	Method	<input type="text" value="Unspecified"/>	<input data-bbox="1398 579 1455 621" type="button" value="+"/>

 More

Birth History

Birth weight

Gestational age (in weeks)

Born at (BF = Baylor Frisco; THRP = THR Plano)

Delivery type (vag or c/s)

Discharge weight and date

Newborn nursery form reviewed (Yes/No)

Maternal Hepatitis B (Pos, Neg or Unknown)

Hep B vaccine (date)

Bilirubin Screening (Blank if none; Transcutaneous and Serum if done)

Newborn Hearing screen passed? (R, L, both)



notes

Perinatal history (no text if normal)

notes

Social/Family History

Select All

See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)

notes

Parent adjustment to new child

notes

Reaction of siblings to new child

notes

Maternal depression

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

Medical History (Chart-wide) No Saved Notes

Edit

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

- Activity (tummy time, no TV)

notes

- Toxic Exposure: Passive Smoking (Y / N)

notes

- add item

notes

Nutrition

Select All

- Breast Milk (Minutes per feeding, Hours between feeding Feedings per 24 hours)

notes

- Formula (Ounces per feeding)

notes

- Source of water

notes

- Vitamins/Fluoride



Development (If not reviewed in Previsit Questionnaire)

Make All:

Yes No N/A

Social-Emotional (If upset, able to calm)

Cognitive (Responds to sounds, Follows objects with eyes)

Senory (Blinks in reaction to bright light)

Physical Deveopment (Able to lift head when on tummy)

History

Previsit Questionnaire reviewed

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)

notes

- OTC meds/herbal meds/CAM used (notes below)

notes

- add item

notes

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

notes

- Head/Fontanelle

notes

- Eyes (red reflex/strabismus/appears to see)

notes

- Ears/Appears to hear

notes

- Nose

notes

- Oropharynx

notes

- Neck

notes

- Chest



notes

ABN NL N/E

Lungs

notes

Cardiovascular

notes

Femoral Pulses

notes

Abdomen

notes

Genitalia - Male/Testes down

notes

Genitalia - Female

notes

Extremities/Hips

notes

Back

notes

ABN NL N/E

Skin

notes

Neurological

notes

add item

notes

Assessment

Diagnoses

Well child visit, 2 week

notes



Add to Problem List

Onset:

Problem Note:

Lab

Medical Procedure

Screening

Newborn screen

Edinburgh screen for Post partum depression

Immunizations

Immunization History

There are no immunizations recorded for this patient

Immunization Orders

Hepatitis B

Anticipatory Guidance Discussed

Make All:



Yes No N/A

- Age appropriate handout given
- Parental Well-Being
- Family Adjustment
- Feeding Routines (Breastfeeding (400 IU vitamin D supplement), Iron-fortified formula, Solid foods (wait until 4-6 months), Elimination (5-8 wet diapers, 3-4 stools))
- Infant Behavior (Calming skills, Physical (Tummy time, Daily routines), Sleep (Back to sleep))
- Newborn Care (Emergency preparedness plan, Frequent hand washing, Avoid direct sun exposure, Expect 6-8 wet diapers/day)
- Nutritional Adequacy and Growth (Breastfeeding (vitamin D, Iron supplement), Iron-fortified formula, Solid foods (When and how to add), Weight gain and growth spurts, Elimination)
- Injury Prevention (Car seat, falls, no strings around neck, no shaking, burns - water heater/smoke detectors, guns)

Yes No N/A

- add item

Plan

- Immunizations (See Vaccine Administration Record)
- Laboratory/Screening Results
- Encourage parents to get Tdap and influenza vaccines



- Medication
notes
- Medication as e-prescribed
notes
- Vaccine cost discussed, VFC program enrollment offered
notes
- add item
notes

Followup

- Next well visit
- Immunization Only (indicate time frame and vaccines to be given)
- Return to office (list reason and time frame)
- by Phone (list reason and time frame)

Referral

Navigational Anchors in 2-4 Week Well - TLC

1. Intake
2. Vitals
3. Birth History
4. Social/Family History
5. Review of Systems
6. Nutrition
7. Development (If not reviewed in Previsit Questionnaire)
8. History
9. Physical Exam
10. Assessment
11. Diagnoses
12. Lab
13. Medical Procedures
14. Screening
15. Immunizations
16. Anticipatory Guidance Discussed
17. Plan
18. Follow Up
19. Referrals