



### 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.)

Family situation (Parental support - work/family balance)

Is there someone you can turn to and rely on for support when you are feeling stressed?

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
- Elimination
- Sleep
- Behavior
- Activity (tummy time, no TV)
- Toxic Exposure: Passive Smoking (Y / N)
- add item

### Nutrition

Select All

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



- Formula (Ounces per feeding)
- Source of water
- Vitamins/Fluoride
- add item

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

Make All: **Yes** **No** **N/A**

Yes No N/A

- Physical Development (Lifts head and begins to push up when prone, Holds head erect for short periods (When held upright), Diminished newborn reflexes, Symmetrical movement)
- Cognitive (Responds to sounds, Follows objects with eyes)
- Communicative (Coos, Different cries for different needs)
- Social-Emotional (Smiles, Looks at parent, Self-comfort)
- add item

### History

**Select All**

- 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)
- OTC meds/herbal meds/CAM used (notes below)
- Newborn Screening Results Normal
- vit D supplement
- add item

### Transition of Care (ARRA)

- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed

### Physical Exam

Make All:

ABN NL N/E

- General Appearance
- Head/Fontanelle (Positional skull deformities)
- Eyes (red reflex/strabismus/appears to see)



Ears/Appears to hear

Nose

Oropharynx

Neck

Chest

ABN NL N/E

Lungs

Cardiovascular

Femoral Pulses

Abdomen

Extremities/Hips

Back

Genitalia - Male/Testes down

Genitalia - Female

ABN NL N/E

Neurological



Skin

notes

add item

notes

**Assessment**

**Diagnoses**

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**

Edinburgh screen for Post partum depression

**Immunizations**

Immunization History



There are no immunizations recorded for this patient

Ordered

Immunization Orders

Prevnar 13

Anticipatory Guidance Discussed

Make All:

Yes No N/A

- Age appropriate handout given
- Parental (Maternal) Well-Being
- Infant-Family Synchrony
- Nutritional Adequacy (Breastfeeding (400 IU vitamin D supplement), Iron-fortified formula, Solid foods (wait until 4-6 months), Elimination, No bottle in bed, No honey)
- Safety (Car safety seat, Falls, Burns (Hot liquids, Water heater), Smoke-free environment, Drowning, Choking (Small objects, Plastic bags))



notes

- Infant Behavior (Calming skills, Physical (Tummy time, Daily routines), Sleep (Back to sleep))

notes

add item

notes

### Plan

Select All

- Immunizations (See Vaccine Administration Record)

notes

- 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.

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

- Medication

notes

- Medication as e-prescribed

notes

- Vaccine cost discussed, VFC program enrollment offered

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** Acetaminophen (Tylenol) Dosing (80mg/0.8mL) "OLD TYLENOL" every 4 to 6 hours

## Referral

### **Navigational Anchors in 2 Mo Well - TLC**

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