



### Intake

#### Informant/Relationship

#### Informant questions or concerns

#### Concerns

### Vitals

Weight  lbs  oz



Length  in



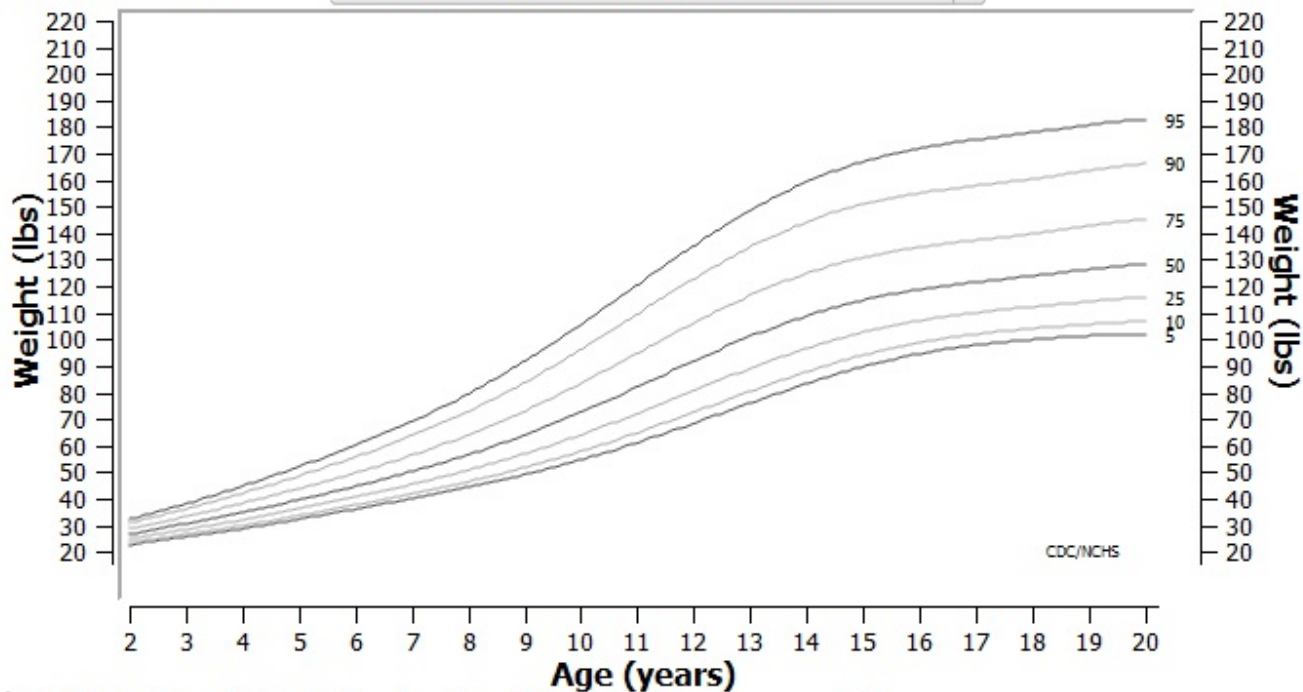
Head Circumference  cm



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
- Child Care (Yes / No and Type)
 

notes
- Concerns and questions (notes below)
 

notes
- Passive smoke exposure
 

notes
- Maternal depression
 

notes



Child has special health care needs

notes ▼

add item

notes ▼

**Nutrition**

Select All

Breast Feeding Frequency (q2-3 vs q3-4hrs)

notes ▼

Formula (Type, Oz per fdg, Hrs between fdgs)

notes ▼

Source of water (well or city)

notes ▼

Vitamins/Fluoride

notes ▼

add item

notes ▼

**Problem List (Chart-wide)**

Display: All Statuses ▼ Edit

Status	Problem	Problem Note	Onset	Resolved

**Past, Social, Family History**

**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

### Development

Make All:

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)

notes

- Communicative (Coos, Different cries for different needs)

notes

- Social-Emotional (Smiles, Looks at parent, Self-comfort)

notes

- add item

notes

### Screening

#### 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

### Physical Exam

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

ABN NL N/E

General Appearance

Head/Fontanelle (Positional skull deformities)

Eyes (red reflex/appears to see)

Ears/Appears to hear

Nose

Mouth and Throat

Neck

Chest/Lungs

ABN NL N/E

Heart

Femoral Pulses

Abdomen

Genitalia



notes

Back

notes

Hips

notes

Extremities

notes

Skin (rashes, bruising)

notes

ABN NL N/E

Neurologic (tone, strength, symmetry)

notes

add item

notes

**Lab**

**Medical Test**

**Medical Procedure**

**Radiology**

**Immunizations**

Immunization History



There are no immunizations recorded for this patient

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Ordered

**Immunization Orders**

Prevnar 13

Rotavirus

**Diagnoses**

Well child visit

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.



notes

**Plan**

Select All

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

notes

- Immunizations discussed and vaccine information presented.

notes

- add item

notes

**Followup**

**Referral**

**Navigational Anchors in 2 Mo Well - (client v. I) Bright Futures**

1. Intake
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