



Intake

Informant/Relationship

Vitals

Length in +

Weight lbs oz +

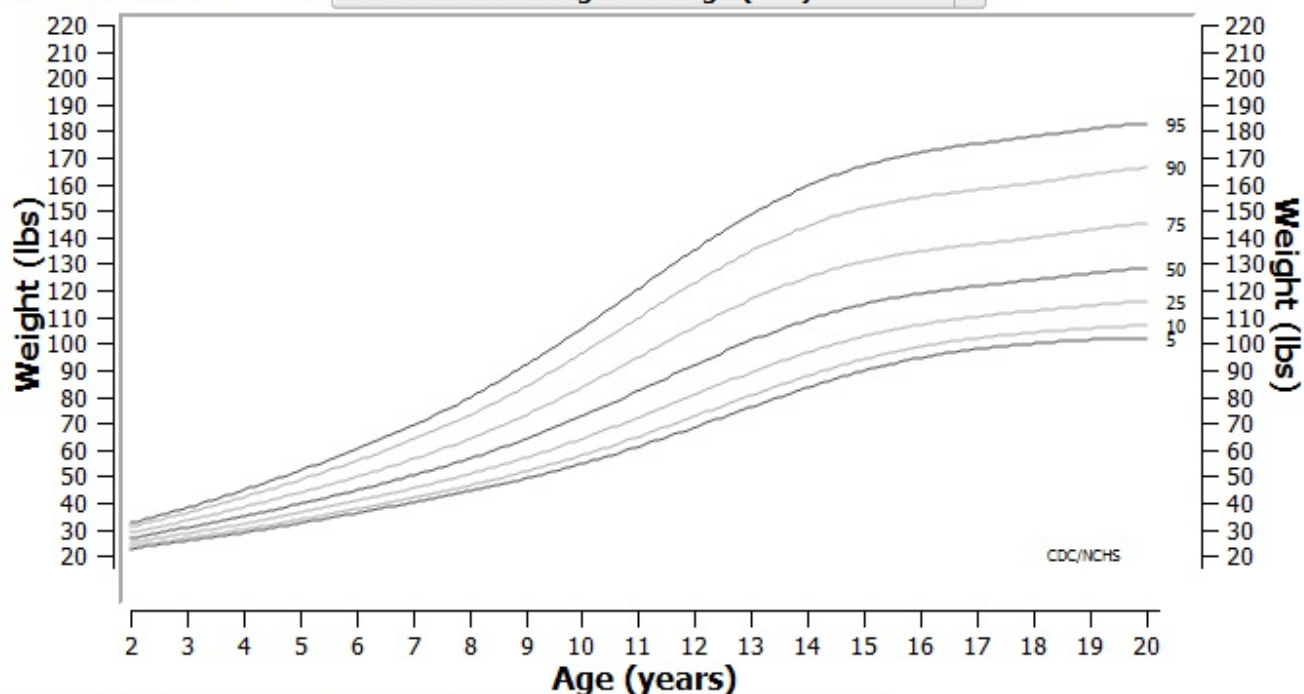
Head Circumference cm +

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 unless noted below (see Initial History Questionnaire)

notes

- Family situation (Parental support - work/family balance)

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

ROS



Make All: **Abn** **NL** **NA**

Abn NL NA

Elimination

Sleep

Behavior

Activity (tummy time, no TV)

add item

Nutrition

Select All

Breast

Formula

Source of water

Vitamins

add item

Development

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)

notes

Cognitive (Indicates boredom when no activity change)

notes

Communicative (Coos, Different cries for different needs)

notes

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

notes

add item

notes

Anticipatory Guidance

Make All:

Y N N/A

Discussed and/or handouts given

notes

Parental (Maternal) Well-Being

notes

Infant-Family Synchrony

notes

Nutritional Adequacy (Breastfeeding (400 IU vitamin D supplement), Iron-fortified formula, Solid foods (wait until 4-6 months), Elimination, No bottle in bed)

notes

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

notes

Safety (Car safety seat, Falls, Burns (Hot liquids, Water heater), Smoke-free environment, Drowning, Choking (Small objects, Plastic bags)

notes

add item

notes



Radiology

Physical Exam

Make All:

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

Genitourinary

notes



Neurological

Skin

Extremities/Hips

Back

ABN NL N/E

Lab

Medical Test

Medical Procedure

Screening

Immunizations

Immunization History



There are no immunizations recorded for this patient

Ordered

Immunization Orders

Pevnar 13

select an immunization

Immunization Consent

Counseled on risks, benefits, CDC VIS, contraindications and obtained consent.

Advised parents to get Tdap and flu vaccines.

Diagnoses

Well child visit

Add to Problem List
 Onset:
 Problem Note:



notes

Plan

Select All

Immunizations (See Vaccine Administration Record)

notes

add item

notes

Followup

Order 4 month well visit

Referral

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

- 1. Intake
- 2. Growth Charts
- 3. History
- 4. Social/Family History
- 5. ROS
- 6. Nutrition
- 7. Development
- 8. Anticipatory Guidance
- 9. Physical Exam
- 10. Lab
- 11. Medical Procedures
- 12. Immunizations
- 13. Immunization Consent
- 14. Diagnoses
- 15. Plan