



### Intake

#### Informant/Relationship

#### Informant questions or concerns

#### Concerns

### Vitals

Weight  lbs  oz



Length  in



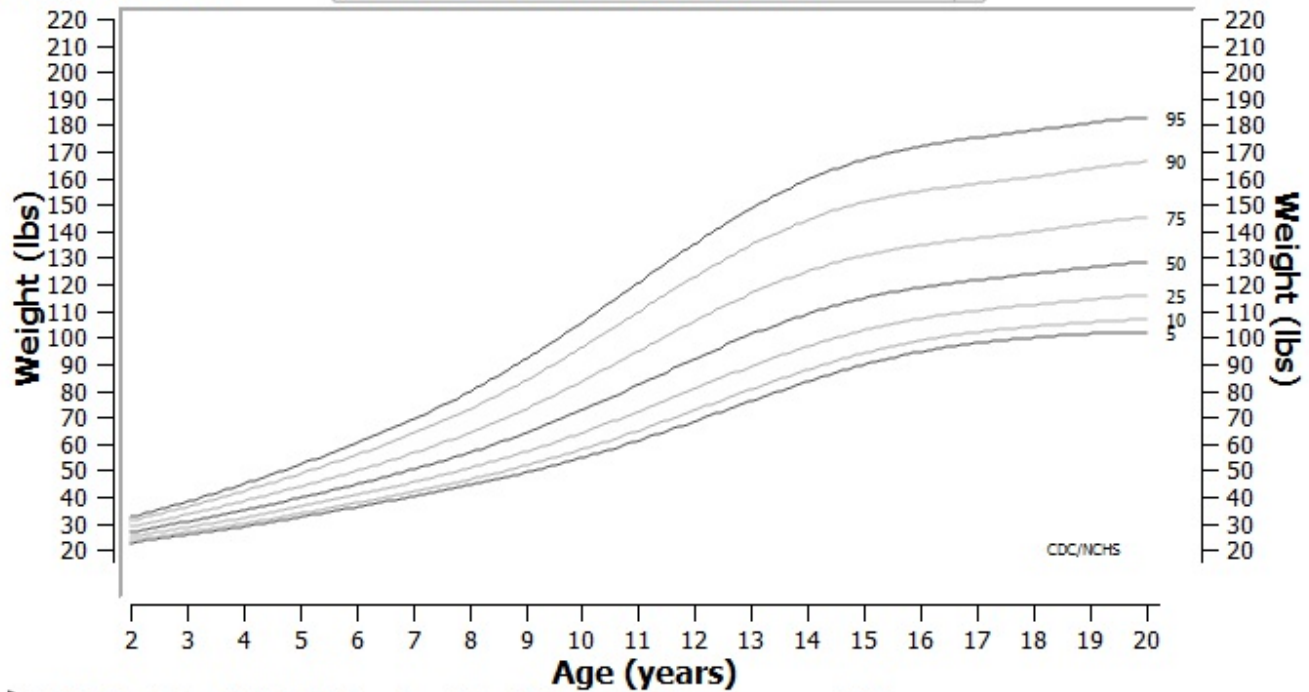
Head Circumference  cm



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

- Passed Neonatal Hearing Screen (in Hospital)

notes

- State Newborn Screen complete and normal

notes

- Term or Preterm (Weeks EGA)?

notes

- Vaginal Delivery or C-section?

notes

- Breech or vertex?

notes

- Birth Weight

notes

- Bowel Movements per day (number and consistency)

notes



- Number of wet diapers a day  
notes
- Child Care (Yes / No and Type)  
notes
- Synagis candidate? (State reason)  
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
- 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

### 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 (Positional skull deformities)  
notes
- Eyes (red reflex/appears to see)  
notes
- Ears/Appears to hear  
notes



**Nose**

**Mouth and Throat**

**Neck**

**Chest/Lungs**

ABN NL N/E

**Heart**

**Femoral Pulses**

**Abdomen**

**Genitalia**

**Back**

**Musculoskeletal (torticollis)**

**Hips**

**Extremities**

ABN NL N/E

**Skin**

**Neurologic (tone, strength, symmetry)**



notes



add item

notes

**Lab**

**Order** Follow-up hospital newborn screen

**Order** Repeat Newborn Screen

**Medical Test**

**Radiology**

**Medical Procedure**

**Order** Umbilical Cauterization

**Immunizations**

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

**Order** **Refuse** select an immunization

**Diagnoses**



Well child visit, 2 week

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

add diagnosis

notes

### Anticipatory Guidance

Make All:

Y N N/A

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

notes

add item

notes

### Plan

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

notes

Laboratory/Screening Results

notes

Vitamin D supplement if exclusively breastfeeding

notes

add item

notes

### Referral

### Followup



## **Navigational Anchors in 2 Week Visit - (client v. I)**

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