



Intake

Informant/Relationship

Informant questions or concerns

Concerns

Vitals

Weight lbs oz



Length in



Head Circumference cm

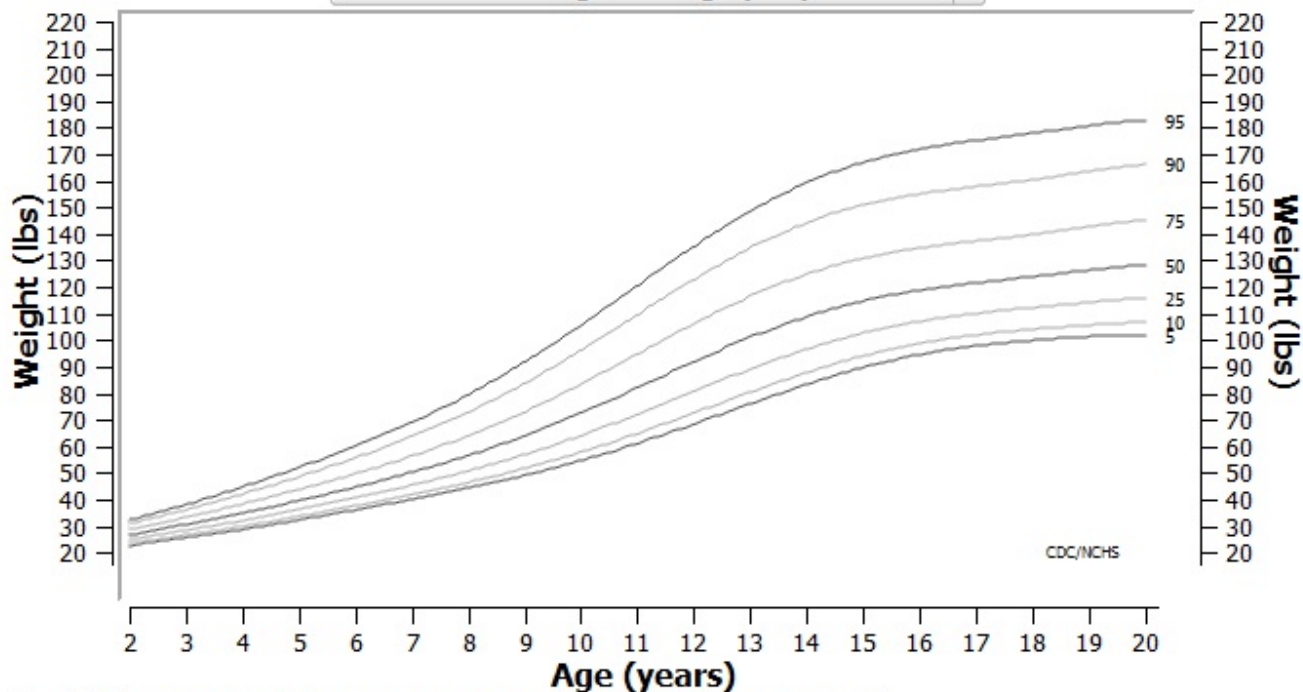


BMI kg/m²

[More](#)

Growth Charts

◀ 2 to 20 Years: Weight-For-Age (CDC) ▶



▶ Tabular Data (Weight-For-Age 2 to 20 Years: Girls Source: CDC)



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
- Potty training?

notes
- Child has a dental home

notes
- add item

notes

Nutrition

Select All

- Bottle or cup



- notes
- Milk (oz/type)
- Juice or other sugary drinks? (the less the better)
- Feeds self/finger foods?
- Balanced diet (wide variety, fruits/veggies, limit junk food)
- Source of water (well or city)
- Vitamins/Fluoride
- add item

Problem List (Chart-wide)

Display:

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

Development

Screening

Order ASQ

Order MCHAT

Ages and Stages

Make All: **A** **N** +/-

A N +/-

Communication

notes

Gross Motor

notes

Fine Motor

notes

Problem Solving

notes

Personal/Social

notes

add item

notes

M-Chat



Make All: **A** **N** +/-

A N +/-

Completed Questionnaire

notes

add item

notes

Review of Systems

Select All

General

notes

Sleep: NL

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

notes

Eyes: (red reflex)

notes

Ears/Appears to hear



notes

Nose

notes

Mouth and Throat

notes

Teeth (caries, white spots, staining)

notes

Neck

notes

ABN NL N/E

Chest/Lungs

notes

Heart

notes

Abdomen

notes

Genitalia

notes

Back

notes

Extremities/Hips

notes

Skin (nevi, cafe au lait, bruising)

notes

Neurologic (gait, coordination)

notes

ABN NL N/E

add item

notes



Lab

Hemoglobin

Lead Screen

Cholesterol

Medical Test

Medical Procedure

Radiology

Immunizations

Immunization History

There are no immunizations recorded for this patient

Immunization Orders

Diagnoses

Well child visit

Add to Problem List Onset: Problem Note:



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

- Immunizations discussed and vaccine information presented.

notes

- add item

notes

Referral

Followup