



Intake

Informant/Relationship

Vitals

Length in +

Weight lbs oz +

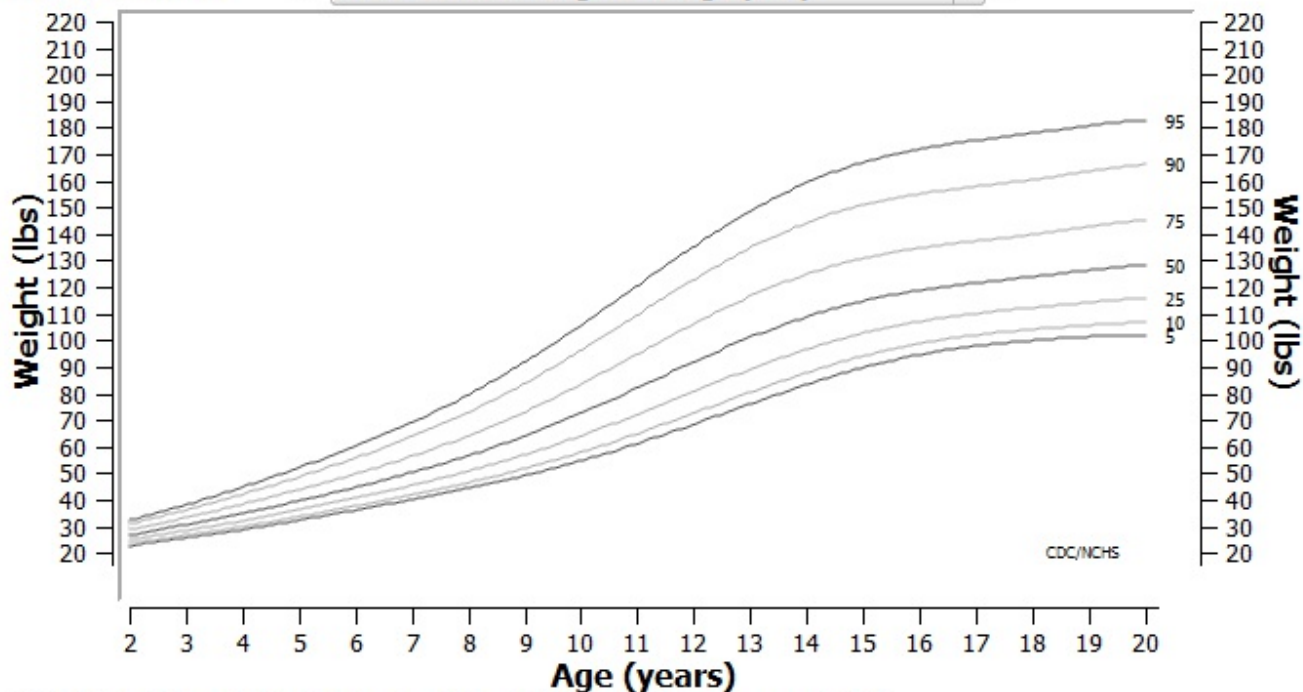
Head Circumference cm +

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)

Screening

MCHAT

History

Previsit Questionnaire reviewed



- Child has a dental home
- Child has special health care needs
- Concerns and questions (notes below)
- Follow-up on previous concerns (notes below)
- Interval history
- Medication Record (reviewed and updated)
- add item

Transition of Care (ARRA)

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

Social/Family History

Select All

- No interval changes
- Parents working outside of home: Mother / Father
- Child Care (Yes / No and Type)
- Changes since last visit (note below)
- add item



notes

ROS

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

Abn NL NA

- Elimination
notes
- Sleep
notes
- Behavior
notes
- Toilet training in process
notes
- Activity (playtime 60 min/day, screen time < 2 hours/day)
notes
- add item
notes

Nutrition

Select All

- Milk-lower fat milk options
notes
- Balanced diet
notes
- Vitamins
notes
- Source of water
notes
- add item
notes



Development

Make All:

Yes No N/A

- Social emotional (copies things that you do, plays pretend, plays alongside other children)
- Communicative (when talking, puts 2 words together)
- Cognitive (names 1 picture, follows 2-step commands)
- Physical development (stacks small blocks (5-6), kicks a ball, walks up and down stairs 1 step at a time alone while holding wall or railing, throws a ball overhand, jumps up, turns book pages 1 at a time)
-

Anticipatory Guidance

Make All:

Y N N/A

- Discussed and/or handouts given
- Assessment of Language Development (Model appropriate language, Daily reading, Following 1-2 step commands, Listen and respond to child)
- Temperament and Behavior (Praise, respect, Help express feelings, Self-expression, Playing with other children)
- Toilet Training (When child is ready, Plan for frequent toilet breaks, Personal hygiene)
- TV Viewing (Limit TV viewing to no more than 1-2 hours/day, TV alternatives: reading, games, singing, Encourage physical activity)



notes

Safety (Car safety seat, Bike helmet, Supervise outside, Guns)

notes

add item

notes

Physical Exam

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

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

Genitalia

notes

Neurological

notes

Musculoskeletal

notes

Back

notes

Extremities

notes

ABN NL N/E

Skin

notes

add item

notes

Lab

Medical Test

Medical Procedure

Immunizations

Immunization History



There are no immunizations recorded for this patient

Ordered

Immunization Orders

Order Refuse select an immunization

Immunization Consent

Select All

- Counseled on risks, benefits, CDC VIS, contraindications and obtained consent. notes
Vaccine refusal form signed notes
add item notes

Radiology

Diagnoses

- Well child visit notes
Add to Problem List Onset: mm/dd/yy Problem Note: problem note
add diagnosis



notes

Plan

Select All

- Immunizations (See Vaccine Administration Record)

notes

- Laboratory/Screening Results

notes

- add item

notes

Followup

Order

2 1/2 year well visit

Referral

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

1. Intake
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