



Intake

Informant/Relationship

Vitals

Weight lbs oz

Height in

Head Circumference in

Temperature °F Method

BMI kg/m²

[➔ More](#)

Social/Family History

See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)

Is there someone you can turn to and rely on for support when you are feeling stressed?

Parents working outside of home: Mother / Father

Child Care (Yes / No and Type)

Changes since last visit (note below)

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

- See Initial History Questionnaire and Problem List

notes

- Elimination

notes

- Toilet Training (Yes or Inprocess)

notes

- Sleep

notes

- Behavior/Temperament

notes

- Physical Activity (Play time 60 min/d Yes or No, Screen time <2h/d)

notes

- Toxic Exposure: Passive Smoking (Y / N)

notes

- add item

notes

Nutrition

Select All

- Calcium Source/Servings

notes



- Juice
notes
- Source of water
notes
- Vitamins/Fluoride
notes
- add item
notes

Development Surveillance (if not reviewed Previsit Questionnaire)

Select All

- Social-Emotional (Plays pretend, Plays with other children (eg, tag))
notes
- Communicative (Other people can understand what your child is saying half of the time, When talking, puts 3 or 4 words together)
notes
- Cognitive (Points to 6 body parts, Knows correct animal sounds (eg, cat meows, dog barks))
notes
- Physical Development (Jumps up and down in place, Puts on clothes with help, Washes and dries hands without help, Brushes teeth with help)
notes
- add item
notes

Development

Select All

- Structured development screen: NL - specify Tool
notes
- Autism-specific screen: NL - specify Tool
notes
- add item



notes

EPSDT

Make All:

Y N n/a

Risk for Lead Exposure

notes

Risk for TB exposure

notes

add item

notes

Screening

MCHAT

OAE

History

Previsit Questionnaire reviewed

notes

Child has a dental home

notes

Child has special health care needs

notes

Concerns and questions (notes below)

notes

Follow-up on previous concerns (notes below)

notes

Interval History (Changes? notes below)

notes



Medication Record (reviewed and updated)

notes

OTC meds/herbal meds/CAM used (notes below)

notes

add item

notes

Transition of Care (ARRA)

Patient transitioned to my care from another clinical setting

Medication Reconciliation performed

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

Cardiovascular

Abdomen

Genitalia - Male/Testes down

Genitalia - Female

Musculoskeletal

Skin

Neurological

ABN NL N/E

add item

Assessment

Diagnoses

Exercises education, guidance, and counseling

 Add to Problem List Onset: Problem Note:

Dietary management education, guidance, and counseling

 Add to Problem List Onset: Problem Note:

Well child visit



notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

add diagnosis

notes

Lab

Order Hemoglobin (In Office)

Order CBC with Diff w/plt

Order Lead Screen

Medical Test

Medical Procedure

Immunizations

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

Order **Refuse** select an immunization

Anticipatory Guidance Discussed



Make All: **Yes** **No** **N/A**

Yes No N/A

- Age appropriate handout given
- Family Routines (Family meals, Family activities)
- Language Promotion and Communication (Limit TV, Daily reading, Listen and repeat to child)
- Social Development (Supervised play with other children, Setting limits, Emerging Independence)
- Preschool Considerations (Group activities/preschool if possible, Toilet training)
- Safety (Car safety seat, Water, Appropriate supervision, Sun exposure, Fire safety, Smoke detectors, Outdoor safety, Playground, Dogs)
- add item

Plan

Select All

- Immunizations (See Vaccine Administration Record)
- MD Counseling for vaccines done - reviewed diseases protected by vaccines, including each component; risks and benefits; how to deal with potential side effects. VIS given.
- Laboratory/Screening Results
- Tylenol (160mg/5mL) dosing every 4 to 6 hours as needed
- Ibuprofen (Motrin/Advil) (100mg/5mL) dosing every 6 to 8 hours as needed



- Medication
notes
- Medication as e-prescribed
notes
- Vaccine cost discussed, VFC program enrollment offered
notes
- Cultural barriers for diet and exercise discussed
notes
- add item
notes

Followup

- Order** Next well visit
- Order** Immunization Only (indicate time frame and vaccines to be given)
- Order** Return to office (list reason and time frame)
- Order** by Phone (list reason and time frame)
- Order** Acetaminophen (Tylenol) Dosing (160mg/5mL) every 4 to 6 hours
- Order** Ibuprofen (Motrin/Advil) Dosing (Childrens 100mg/5mL) every 6 to 8 hours

Referral



Navigational Anchors in 2.5 Yr Well - TLC

1. Intake
2. Vitals
3. Social/Family History
4. Review of Systems
5. Nutrition
6. Development
7. EPSDT
8. Screening
9. History
10. Physical Exam
11. Assessment
12. Diagnoses
13. Lab
14. Medical Procedures
15. Immunizations
16. Anticipatory Guidance Discussed
17. Plan
18. Follow Up