



Intake

Informant/Relationship

Vitals

Weight lbs oz



Length in



Head Circumference cm

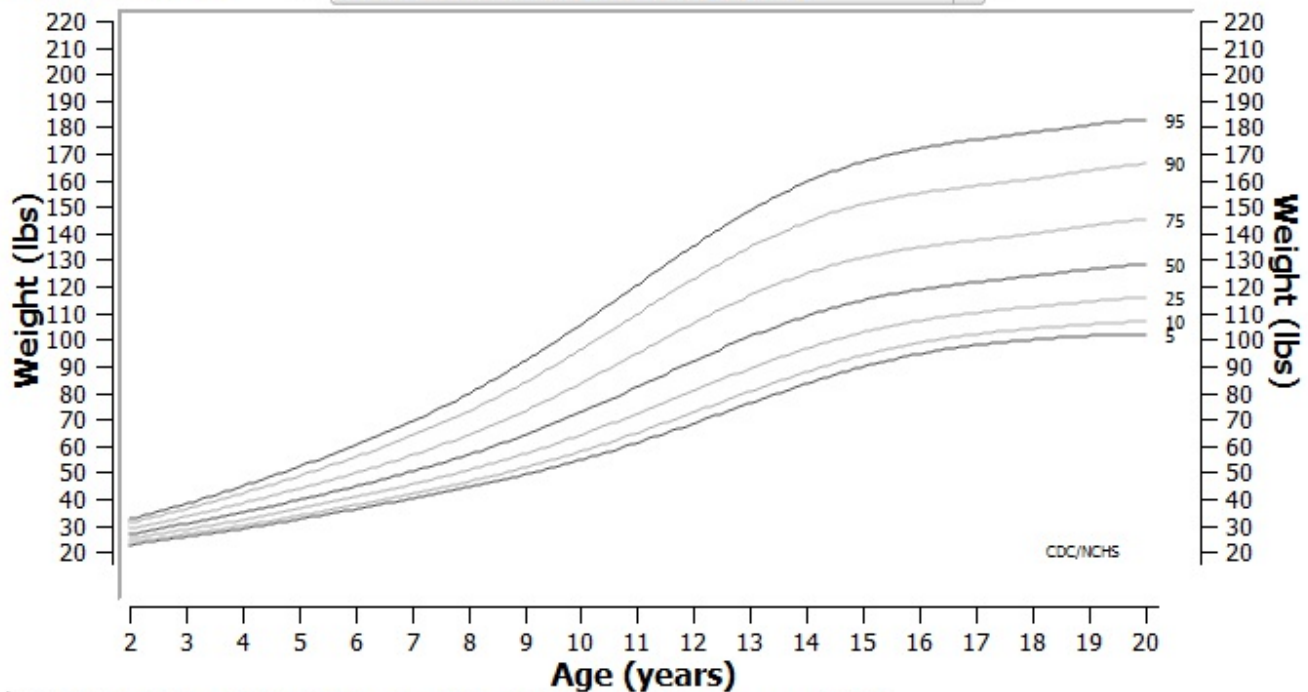


BMI kg/m²

More

Growth Charts

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



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

Screening

History

Select All

Previsit Questionnaire reviewed

Child has a dental home



Child has special health care needs

notes

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

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

 Toilet training

 Sleep

 Behavior/Temperament

 Physical activity (play time 60 min/d, screen time < 2 hours/day)

 add item

Nutrition

 Balanced diet

 add item

Development (if not reviewed Previsit Questionnaire)

 Social-Emotional (Plays pretend, Plays with other children (eg, tag))

 Communicative (Other people can understand what your child is saying half of the time, When talking, puts 3 or 4 words together)

 Cognitive (Points to 6 body parts, Knows correct animal sounds (eg, cat meows, dog barks))

 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

Anticipatory Guidance

Make All:

Y N N/A

Discussed and/or handouts given

notes

Family Routines (Family meals, Family activities)

notes

Language Promotion and Communication (Limit TV, Daily reading, Listen and repeat to child)

notes

Social Development (Supervised play with other children, Setting limits, Emerging Independence)

notes

Preschool Considerations (Group activities/preschool if possible, Toilet training)

notes

Safety (Car safety seat, Water, Appropriate supervision, Sun exposure, Fire safety, Smoke detectors, Outdoor safety, Playground, Dogs)

notes

add item

notes

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

Genitalia

notes

Neurological

notes

Musculoskeletal

notes

Skin

notes

Back



notes

ABN NL N/E

Extremities

notes

add item

notes

Lab

Medical Test

Medical Procedure

Immunizations

Immunization History

Immunization Orders

Immunization Consent

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

3 year well visit

Referral



Navigational Anchors in 2.5 Yr Well - (client v. II) Bright Futures

1. Intake
2. Growth Charts
3. History
4. Social/Family History
5. ROS
6. Nutrition
7. Development Surveillance (if not reviewed Previsit Questionnaire)
8. Anticipatory Guidance Discussed
9. Physical Exam
10. Lab
11. Medical Procedures
12. Immunizations
13. Immunization Consent
14. Radiology
15. Diagnoses
16. Plan
17. Follow Up