



Intake

Informant/Relationship

Informant questions or concerns

Concerns

Vitals

Weight lbs oz +

Height in +

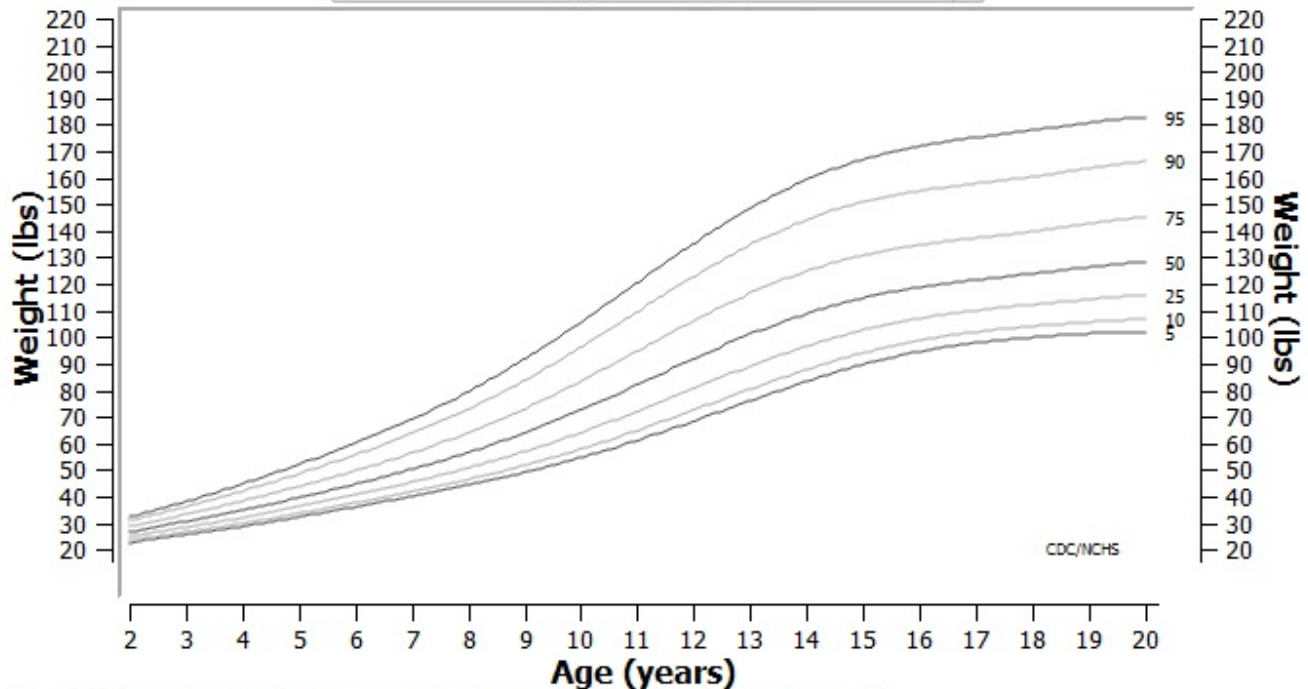
BMI kg/m²

Blood Pressure / systolic/diastolic Location Unspecified Position Unspecified +

[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

Screening

Order Hearing Screen

Order Vision Screen

Order ASQ

History/Review

Select All

- Wears glasses or has seen eye doctor within the year.

notes

- Child has a dental home

notes

- Potty training?

notes

- add item

notes



Nutrition

Select All

- Bottle or cup
notes
- Cup
notes
- Juice or other sugary drinks? (the less the better)
notes
- Milk (oz/type)
notes
- Balanced diet (wide variety, fruits/veggies, limit junk food)
notes
- Source of water (well or city)
notes
- Vitamins/Fluoride
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

Development

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

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

notes

Eyes (ocular mobility, eye alignment, red reflex)

notes

Ears

notes

Nose

notes

Mouth and Throat

notes

Teeth (caries, white spots, staining)

notes

Neck

notes



ABN NL N/E

- Chest/Lungs
- Heart
- Femoral Pulses
- Abdomen
- Genitalia
- Back
- Extremities/Hips
- Skin

ABN NL N/E

- Neurologic (language, speech, social interaction)
- add item

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

notes

Add to Problem List Onset: 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

Plan

Select All

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

Immunizations discussed and vaccine information presented.

add item

Referral

Followup

Navigational Anchors in 3 Yr Well - (client v. I) Bright Futures

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