



Intake

Informant/Relationship

Vitals

Height in +

Weight lbs oz +

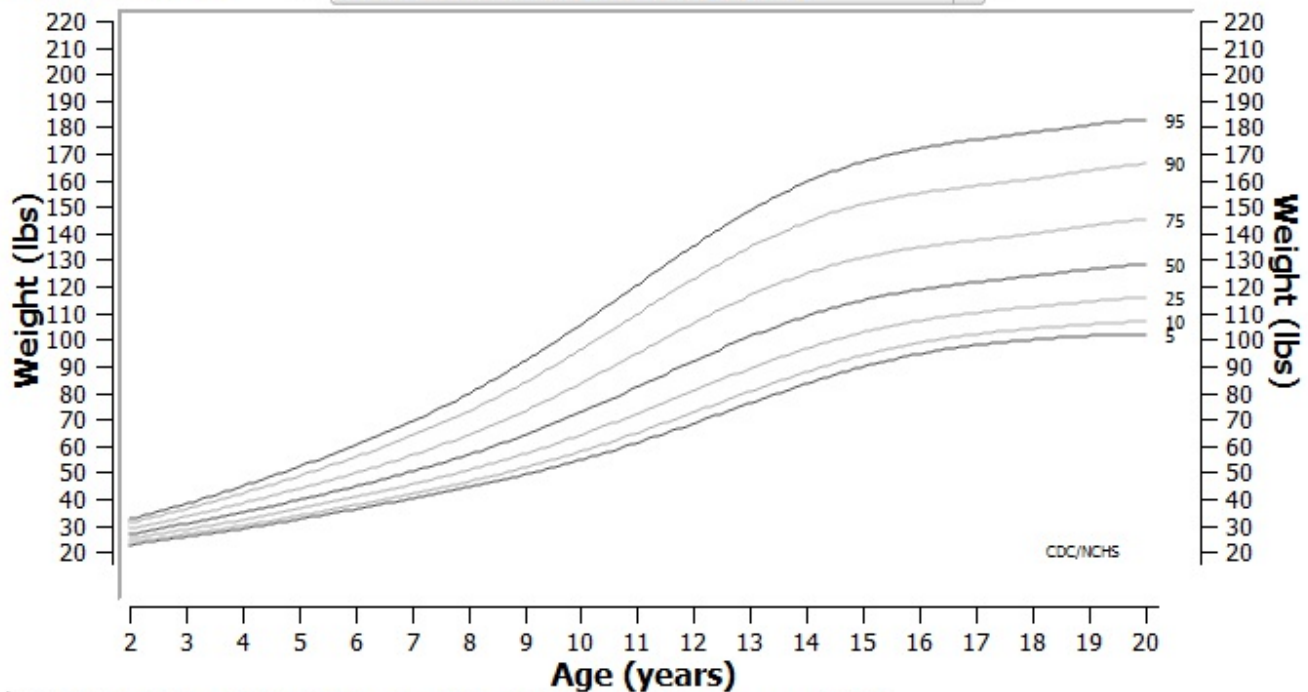
Blood Pressure / systolic/diastolic Location Unspecified Position Unspecified +

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

Vision/Hearing notes

History

Select All

Previsit Questionnaire reviewed

notes



- Concerns and questions (notes below)
- Interval history
- Child has a dental home
- Child has special health care needs
- 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)
- Preschool (Yes / No)
- Changes since last visit (note below)
- add item

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)
- Parent child interaction (communication, choices, cooperation, appropriate responses to behavior)
- add item

Nutrition

Select All

- Balanced diet
- Multivitamin and/or Vit D supplement discussed
- add item

Development

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

Yes No N/A



- Social-Emotional (Self-care skills, Imaginative Play)
- Communicative (2-3 sentences, Usually understandable, Names a friend)
- Cognitive (Names objects, Knows if boy or girl)
- Physical Development (Builds tower (6-8 blocks), Stands on 1 foot, Throws ball overhand, Walks upstairs alternating feet, Copies circle, Draws person (2 body parts) Toilet trained during day)
-

Anticipatory Guidance

Make All:

Y N N/A

- Discussed and/or handouts given
- Family Support (Show affection, Manage anger, Reinforce appropriate behavior, Reinforce limits, Find time for yourself)
- Encourage Literacy Activities (Read, sing, play, Talk about pictures in books, Encourage child to talk)
- Language Promotion and Communication (Limit TV, Daily reading, Listen and repeat to child)
- Playing With Peers (Encourage appropriate play, Encourage fantasy play, Encourage play with peers)
- Social Development (Supervised play with other children, Setting limits, Emerging Independence)
- Promoting Physical Activity (Family exercise, activities, Limit screen time--maximum 1-2 hours/day, No TV in bedroom)



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

Y N N/A

Safety (Car safety seat, Supervise play near streets, cars, Safety near windows, 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

Neurologic
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

Pevnar 13

Immunization Consent

Counseled on risks, benefits, CDC VIS, contraindications and obtained consent.

Vaccine refusal form signed

Radiology

Diagnoses

Well child visit

Add to Problem List
 Onset:
 Problem Note:



add diagnosis
notes

Plan

Select All

Immunizations (See Vaccine Administration Record)
notes

Laboratory/Screening Results
notes

add item
notes

Followup

Order 4 year well visit

Referral

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

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