



### Intake

#### Informant/Relationship

#### Vitals

Weight	<input type="text"/>	lbs	<input type="text"/>	oz	<input style="float: right;" type="button" value="+"/>
Length	<input type="text"/>	in			<input style="float: right;" type="button" value="+"/>
Head Circumference	<input type="text"/>	in			<input style="float: right;" type="button" value="+"/>
Temperature	<input type="text"/>	°F	Method	<input type="text" value="Unspecified"/>	<input style="float: right;" type="button" value="+"/>

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#### Social/Family History

- See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)
- Family situation (Parental support - work/family balance)
- Is there someone you can turn to and rely on for support when you are feeling stressed?
- Maternal depression
- 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

- Sleep

notes

- Behavior

notes

- Activity (tummy time, no TV)

notes

- Toxic Exposure: Passive Smoking (Y / N)

notes

- add item

notes

### Nutrition

Select All



- Breast Milk (Minutes per feeding, Hours between feeding Feedings per 24 hours)
- Formula (Ounces per feeding)
- Source of water
- Vitamins/Fluoride
- Solid foods
- add item

**Development (If not reviewed in Previsit Questionnaire)**

Make All:

Yes No N/A

- Physical Development (Pushes chest up to elbows, Good head control, Symmetry in movements, Begins to roll and reach for objects)
- Fine Motor (Reaches for and grabs objects, brings hands together)
- Sensory (Responds to sounds, follows objects)
- Communication (Coos, blows bubbles, makes "raspberry sounds")
- Social-Emotional (Social smile, Elicits social interactions, Can calm down on own)
- add item



### History

Select All

Previsit Questionnaire reviewed

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/Fontanelle (Positional skull deformities)

notes



- Eyes (red reflex/strabismus/appears to see)
- Ears/Appears to hear
- Nose
- Oropharynx
- Neck
- Chest
- ABN NL N/E
- Lungs
- Cardiovascular
- Femoral Pulses
- Abdomen
- Genitalia - Male/Testes down
- Genitalia - Female
- Extremities/Hips
- Back



ABN NL N/E

Skin

notes

Neurological

notes

add item

notes

**Assessment**

**Diagnoses**

Well child visit

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

add diagnosis

notes

**Lab**

**Medical Test**

**Medical Procedure**

**Screening**

**Order**

Edinburgh screen for Post partum depression

**Immunizations**

Immunization History



There are no immunizations recorded for this patient

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Ordered

Immunization Orders

Prevnar 13

Anticipatory Guidance Discussed

Make All:

Yes No N/A

- Age appropriate handout given
- Family Functioning
- Nutritional Adequacy and Growth (Breastfeeding (vitamin D, Iron supplement), Iron-fortified formula, Solid foods (When and how to add), Weight gain and growth spurts, Elimination)
- Nutrition (No honey)
- Infant Development (Social development, Communication skills, Physical (tummy time), Daily routines, Sleep)



notes

- Oral Health (Don't share utensils/pacifier, Avoid bottle in bed)

notes

- Safety (Car safety, Burns (Hot liquids, Water heaters), Falls, Walkers, Choking, Drowning, Lead poisoning)

notes

- add item

notes

### Plan

Select All

- Immunizations (See Vaccine Administration Record)

notes

- 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.

notes

- Laboratory/Screening Results

notes

- Tylenol (160mg/5mL) dosing every 4 to 6 hours as needed

notes

- Tylenol (80mg/0.8mL) dosing every 4 to 6 hours as needed

notes

- Medication

notes

- Medication as e-prescribed

notes

- Vaccine cost discussed, VFC program enrollment offered

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**

Acetaminophen (Tylenol) Dosing (80mg/0.8mL) "OLD TYLENOL" every 4 to 6 hours

**Referral****Navigational Anchors in 4 Mo Well - TLC**

1. Intake
2. Vitals
3. Social/Family History
4. Review of Systems
5. Nutrition
6. Development (If not reviewed in Previsit Questionnaire)
7. History
8. Physical Exam
9. Assessment
10. Diagnoses
11. Lab
12. Medical Procedures
13. Screening
14. Immunizations
15. Anticipatory Guidance Discussed
16. Plan
17. Follow Up
18. Referrals