



Intake

Informant/Relationship

Informant questions or concerns

Concerns

Vitals

Weight lbs oz



Length in



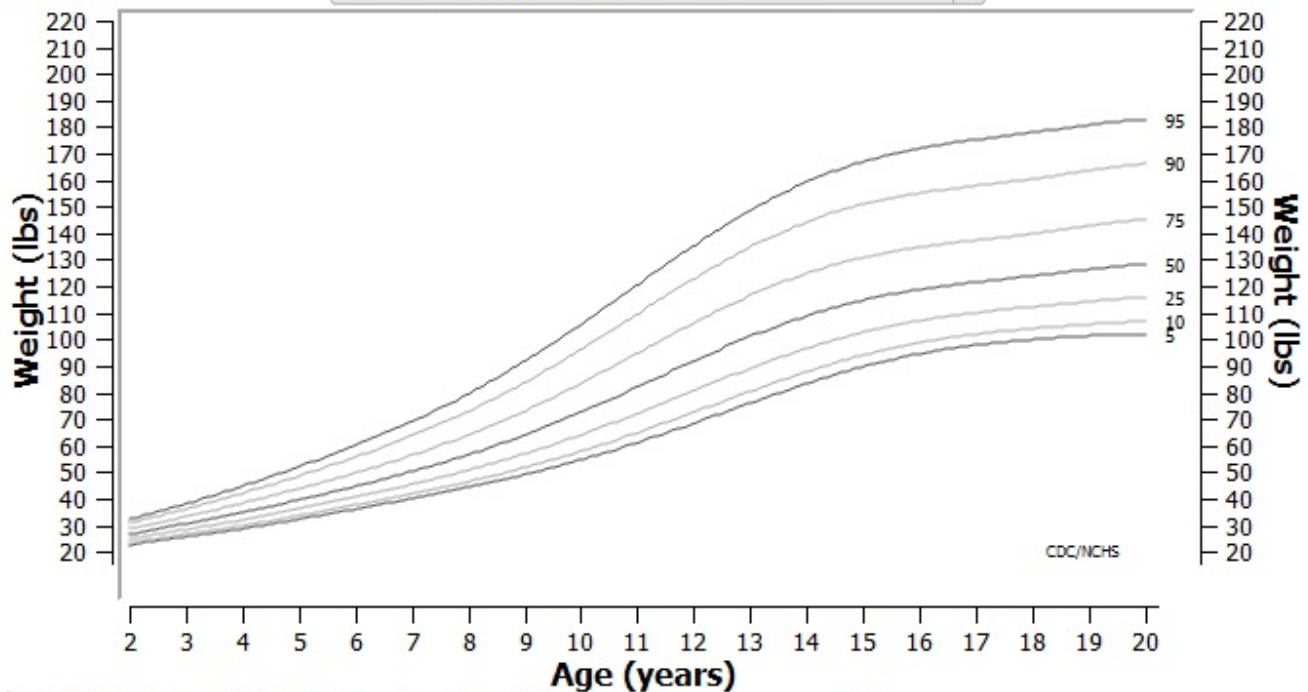
Head Circumference cm



 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

History/Review

Select All

- Bowel Movements per day (number and consistency)

notes
- Number of wet diapers a day

notes
- Sleep (wakenings or sleeps through night)

notes
- Child Care (Yes / No and Type)

notes
- Passive smoke exposure

notes
- Maternal depression

notes
- add item

notes



Nutrition

Select All

Breast milk or formula

notes

Solid foods

notes

Source of water (well or city)

notes

Vitamins/Fluoride

notes

add item

notes

Development

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

Yes No N/A

Social-Emotional (Social smile, Elicits social interactions, Can calm down on own)

notes

Physical Development (Pushes chest up to elbows, Good head control, Symmetry in movements, Begins to roll and reach for objects)

notes

add item

notes

Problem List (Chart-wide)

Display: All Statuses

Edit



Status	Problem	Problem Note	Onset	Resolved

Past, Social, Family History

Medical History (Chart-wide) No Saved Notes

Edit

Family Medical History (Chart-wide)

Edit

Condition	Relationship	Note

Social History (Chart-wide) No Saved Notes

Edit

Review of Systems

Select All

- General
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/Fontanelle (Positional skull deformities)

notes

Eyes (red reflex/appears to see)

notes

Ears/Appears to hear

notes

Nose

notes

Mouth and Throat

notes

Teeth

notes

Neck

notes

ABN NL N/E

Chest/Lungs

notes

Heart

notes

Femoral Pulses

notes

Abdomen

notes

Genitalia

notes

Back

notes

Hips



notes

Extremities

notes

ABN NL N/E

Skin (rashes, bruising)

notes

Neurologic (tone, strength, symmetry)

notes

add item

notes

Lab

Medical Test

Radiology

Medical Procedure

Immunizations

Immunization History

There are no immunizations recorded for this patient	
Ordered	

Immunization Orders



<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	Prevnar 13
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	Rotavirus
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	<input type="text" value="select an immunization"/>

Diagnoses

Well child visit

Add to Problem List Onset: Problem Note:

Anticipatory Guidance

Make All:

Y N N/A

TIPP sheet given covering age-appropriate nutrition, sleep, safety, behavior, and development.

Plan

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

Immunizations discussed and vaccine information presented.

Referral

Followup



Navigational Anchors in 4 Mo Well - (client v. I) Bright Futures

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