



Intake

Informant/Relationship

Vitals

Length in +

Weight lbs oz +

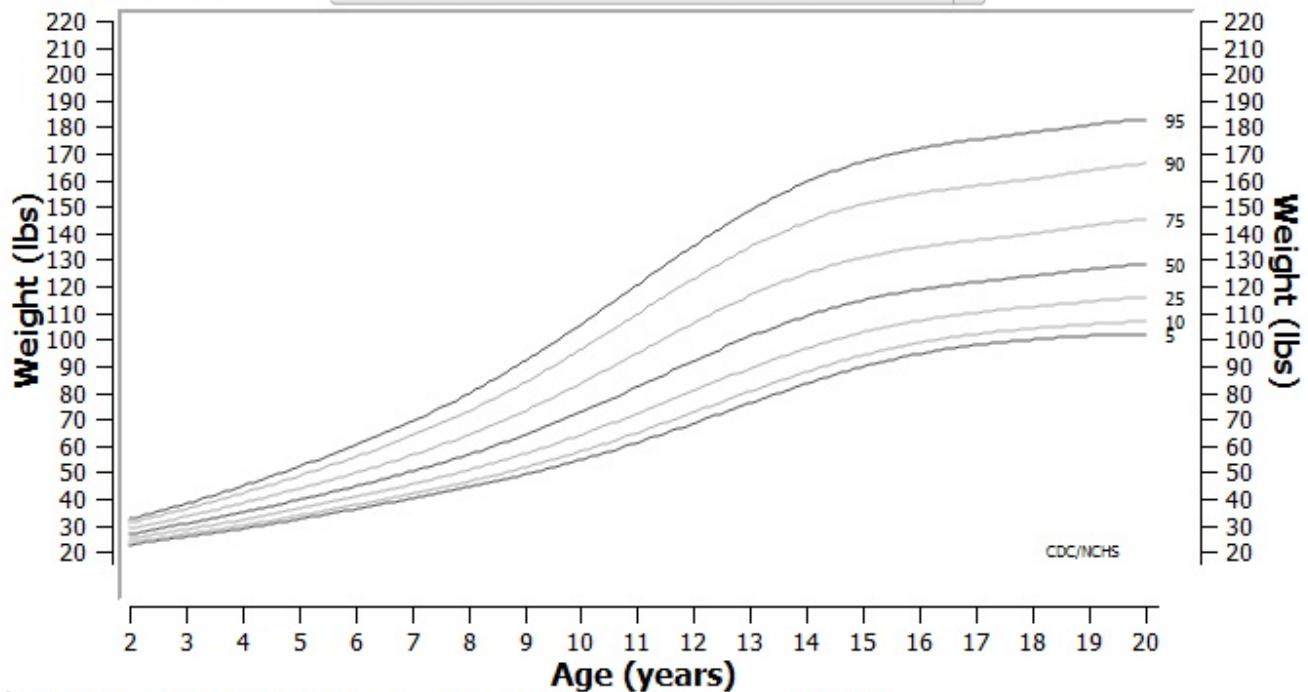
Head Circumference cm +

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)

History

Select All

Previsit Questionnaire reviewed

▼

Child has special health care needs

▼

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

- Family situation (Parental support - work/family balance)

notes

- Maternal depression

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

Sleep

Behavior

Tummy time

add item

Nutrition

Select All

Breast-feedings per day

Formula-oz per day

Vitamins

cereal/baby foods

add item

Development

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

Yes No N/A

Physical Development (Pushes chest up to elbows, Good head control, Symmetry in movements, Begins



to roll and reach for objects)

notes

- Cognitive (Responds to affection, Indicates pleasure and displeasure)

notes

- Communicative (Spontaneous expressive babbling)

notes

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

notes

- add item

notes

Anticipatory Guidance

Make All:

Y N N/A

- Discussed and/or handouts given

notes

- Family Functioning

notes

- 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)

notes

- 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



Physical Exam

Make All: **ABN** **NL** **N/E**

ABN NL N/E

General Appearance

Head

Eyes

Ears

Nose

Oropharynx

Neck

Chest

ABN NL N/E

Lungs

Cardiovascular

Abdomen

Genitourinary

Neurological



notes

Skin

notes

Extremities/Hips

notes

Back

notes

ABN NL N/E

add item

notes

Lab

Medical Test

Medical Procedure

Screening

Immunizations

Immunization History

There are no immunizations recorded for this patient	
Ordered	

Immunization Orders



Order **Refuse** Prevnar 13

Order **Refuse** select an immunization

Immunization Consent

Select All

- 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 6 month well visit



Referral

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

1. Intake
2. Growth Charts
3. History
4. Social/Family History
5. ROS
6. Nutrition
7. Development (If not reviewed in 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