



**Intake**

**Informant/Relationship**

**Informant questions or concerns**

**Concerns**

**Vitals**

Weight  lbs  oz +

Height  in +

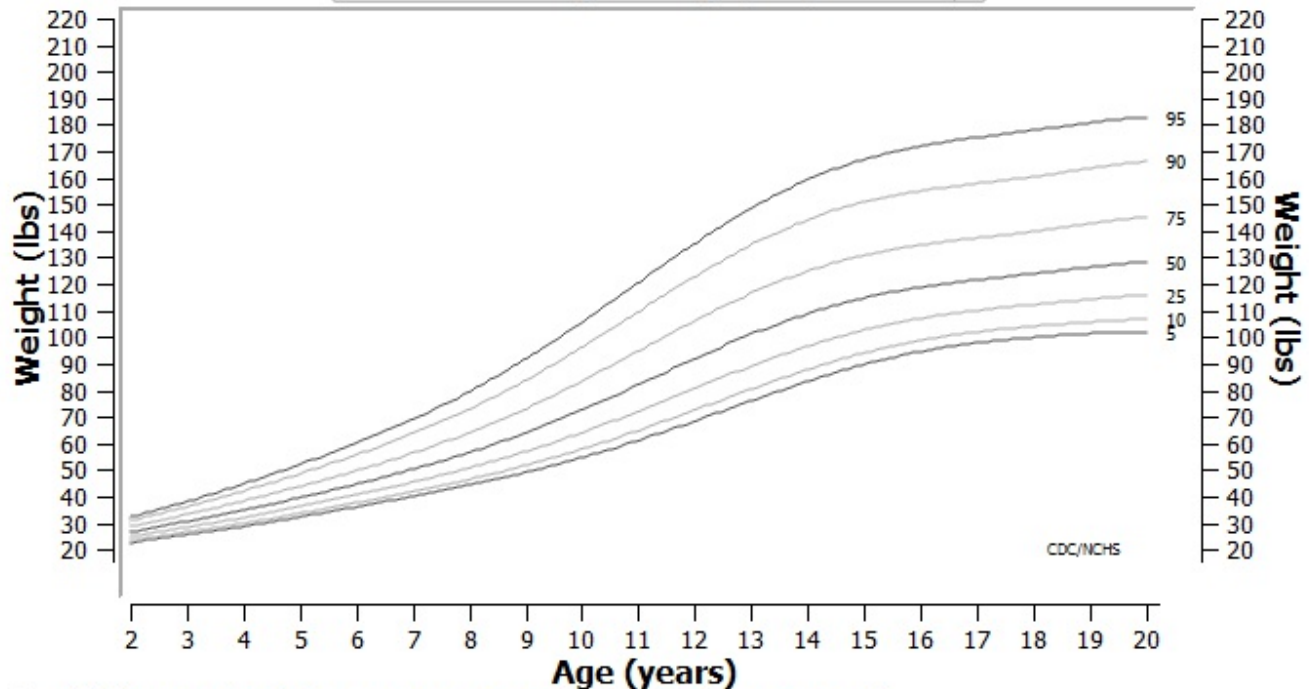
BMI  kg/m<sup>2</sup>

Blood Pressure  /  systolic/diastolic Location  Position  +

[More](#)

**Growth Charts**

◀  ▶



▶ **Tabular Data (Weight-For-Age 2 to 20 Years: Girls Source: CDC)**



### Screening

**Order** Hearing Screen

**Order** Vision Screen

**Order** ASQ

### 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**

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

notes

- Child has a dental home

notes

- What school/grade level:

notes

- add item

notes



**Nutrition**

Select All

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

**Problem List (Chart-wide)**

Display:

Status	Problem	Problem Note	Onset	Resolved

**Past, Social, Family History**

**Medical History (Chart-wide)** No Saved Notes

**Family Medical History (Chart-wide)**



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

Elimination: 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

notes

Ears

notes

Nose

notes

Mouth and Throat

notes

Teeth (caries, white spots, staining)

notes

Neck

notes

ABN NL N/E

Chest/Lungs



notes

Heart

notes

Abdomen

notes

Genitalia

notes

Back

notes

Extremities

notes

Skin

notes

Neurologic (tone, strength, symmetry)

notes

ABN NL N/E

add item

notes

**Lab**

Cholesterol

**Medical Test**

**Medical Procedure**

**Radiology**

**Immunizations**

Immunization History



There are no immunizations recorded for this patient

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Ordered

**Immunization Orders**

<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	DTaP
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	IPV
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	MMR
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	Varicella
<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.



notes



add item

notes

**Plan**

Select All

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

notes

- Immunizations discussed and vaccine information presented.

notes

- add item

notes

**Referral**

**Followup**

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

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