



Intake

Informant/Relationship

Vitals

Height in +

Weight lbs oz +

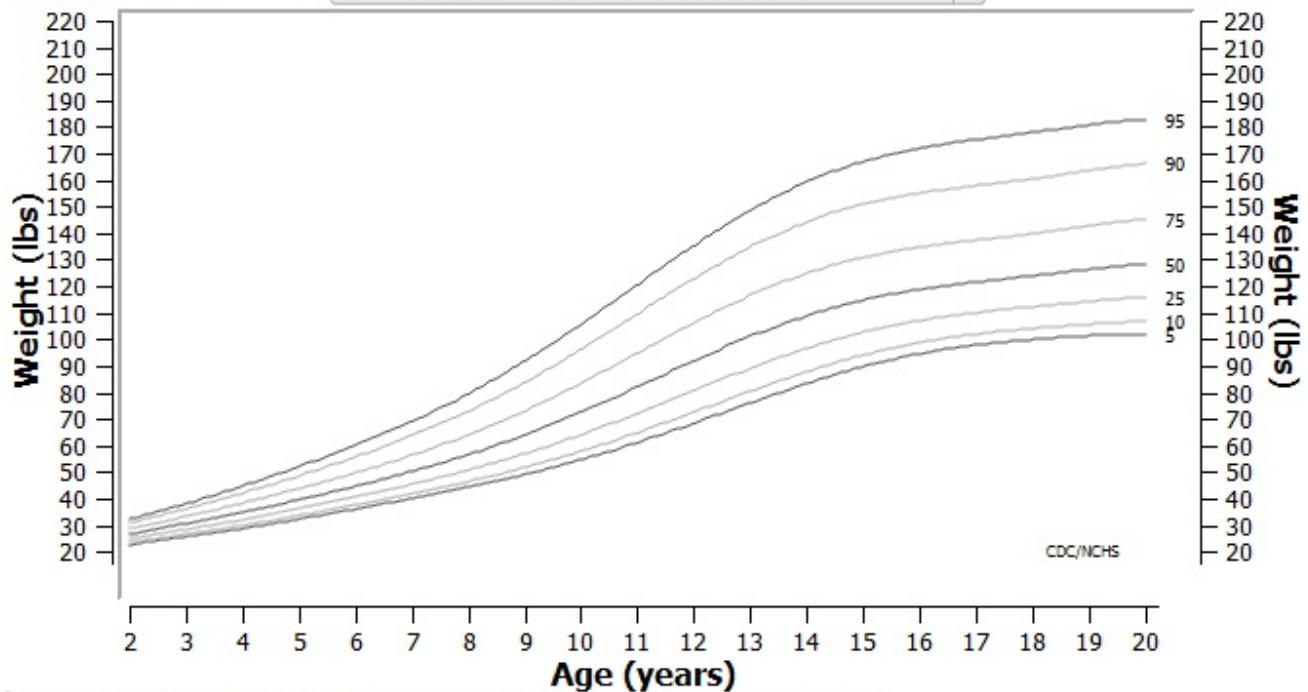
Blood Pressure / systolic/diastolic Location Unspecified + Position Unspecified +

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 Screen

Hearing Screen

Vision/Hearing notes

History



Select All

- Previsit Questionnaire reviewed
notes
- Concerns and questions (notes below)
notes
- Interval history
notes
- Child has a dental home
notes
- Child has special health care needs
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
- Parents working outside of home: Mother / Father
notes
- Child Care (Yes / No and Type)
notes
- Preschool (Yes / No)
notes
- Changes since last visit (note below)
notes



No family history of sudden/unexplained cardiac deaths in children

notes

add item

notes

ROS

Make All: **Abn** **NL** **NA**

Abn NL NA

Elimination

notes

Sleep

notes

Behavior/Temperament

notes

Physical activity (play time 60 min/d, screen time < 2 hours/day)

notes

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

notes

add item

notes

Nutrition

Select All

Balanced diet

notes

Multivitamin and/or Vit D supplement discussed

notes

add item

notes



Development

Make All:

Yes No N/A

- Social-Emotional (Interactions with peers, Fantasy play)
- Communicative (Usually understandable, Knows name/age/gender)
- Cognitive (Names 4 colors, Draws person (3 body parts), Plays board/card games)
- Physical development [hops on 1 foot, balances on 1 foot for 2 seconds, builds tower (8 blocks), copies a cross, brushes own teeth, dresses self, walks down steps alternating feet, uses scissors]
- add item

Anticipatory Guidance

Make All:

Y N N/A

- Discussed and/or handouts given
- Healthy Personal Habits (Calm bedtime routine, Brush teeth twice daily, Daily physical activity)
- TV/Media (Limit TV/video to 1-2 hours/day, No TV in bedroom)
- Safety (Appropriately restrained in all vehicles, Supervise all outdoor play, Guns)
- add item

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

Genitalia

Musculoskeletal



Neurologic
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



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

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:

Plan

Immunizations (See Vaccine Administration Record)

Laboratory/Screening Results



notes

Followup

Referral

Navigational Anchors in 4 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