



Intake

Informant/Relationship

Vitals

Height in +

Weight lbs oz +

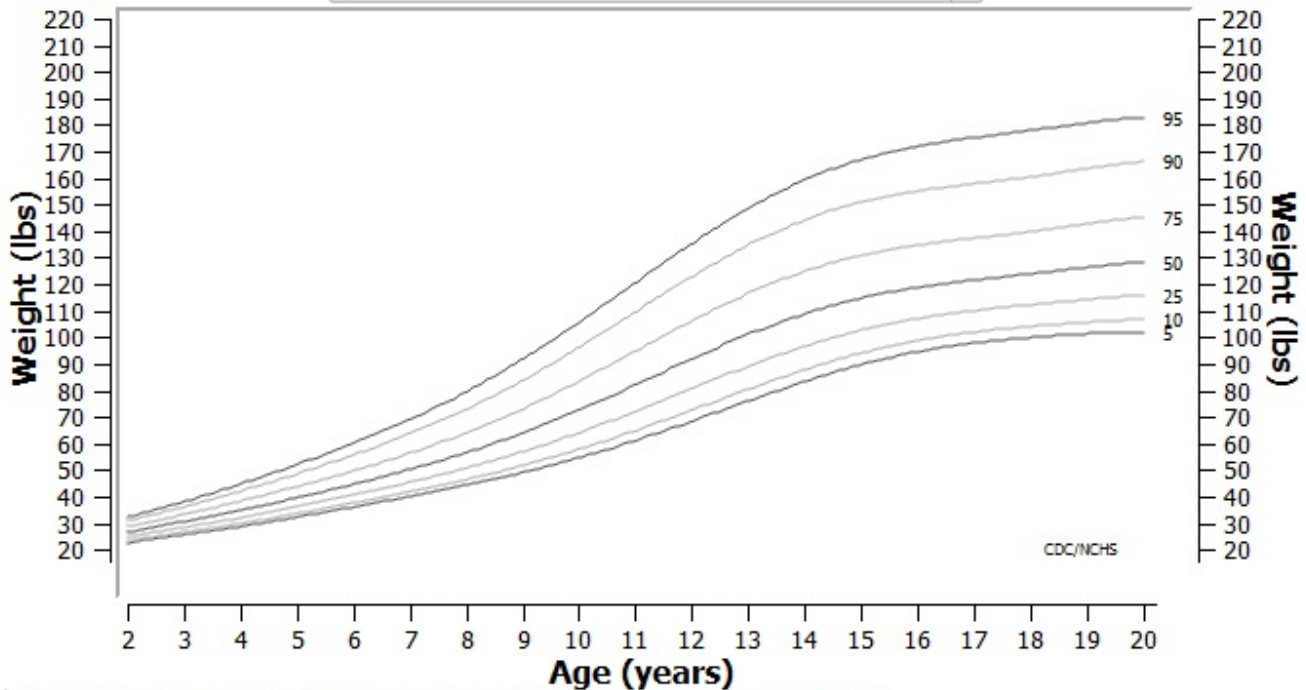
Blood Pressure / systolic/diastolic Location Unspecified + Position Unspecified +

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
- After-school care (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

- Sleep
- Physical activity (play time 60 min/d, screen time < 2 hours/day)
- School grade
- School (special education)
- School (social interaction, performance, behavior, attention, homework, parent-teacher concerns)
- Home (parent-child-sibling interaction, cooperation/oppositional behavior)
- add item

Nutrition

Select All

- Balanced diet
- Multivitamin and/or Vit D supplement discussed
- add item

Development

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



Yes No N/A

- Motor (Balances on 1 foot, Hops and skips, Able to tie a knot)
- Language (Good articulation/language skills)
- Learning (Draws person(6+ body parts), Prints some letters and numbers, Copies squares/triangles, Counts to 10, Names 4 or more colors, Follows simple directions, Listens and attends)
- add item

Anticipatory Guidance

Make All:

Y N N/A

- Discussed and/or handouts given
- School Readiness (Establish routines, After-school care/activities, Friends, Bullying, Communicate with teachers)
- Mental Health (Family time, Anger management, Discipline for teaching not punishment, Limit TV)
- Nutrition and Physical Activity (Healthy weight, Well-balanced diet including breakfast, Fruits/vegetables/whole grains, Adequate calcium, 60 minutes of exercise/day)
- Oral Health (Regular dentist visits, Brushing/flossing, Fluoride)
- Safety (Sexual safety, Pedestrian safety, Safety helmets, Swimming safety, Fire escape plan, Smoke/carbon monoxide detectors, Guns, Sun, Appropriately restrained in all vehicles)
- add item



Physical Exam

Make All:

ABN NL N/E

- General Appearance
- Head
- Eyes
- Ears
- Nose
- Oropharynx
- Neck
- Chest

ABN NL N/E

- Lungs
- Cardiovascular
- Abdomen
- Genitalia
- Musculoskeletal



notes

Back

notes

Extremities

notes

Neurologic

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"/>	<input type="text" value="select an immunization"/>

Immunization Consent

Counseled on risks, benefits, CDC VIS, contraindications and obtained consent.

Vaccine refusal form signed

add item

Radiology

Diagnoses


 Well child visit

 Add to Problem List

 Onset:

 Problem Note:
 add diagnosis

Plan

 Immunizations (See Vaccine Administration Record)

 Laboratory/Screening Results

 add item

Followup

Referral

Navigational Anchors in 5-6 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