



Intake

Informant/Relationship

Informant questions or concerns

Concerns

Vitals

Weight lbs oz +

Height in +

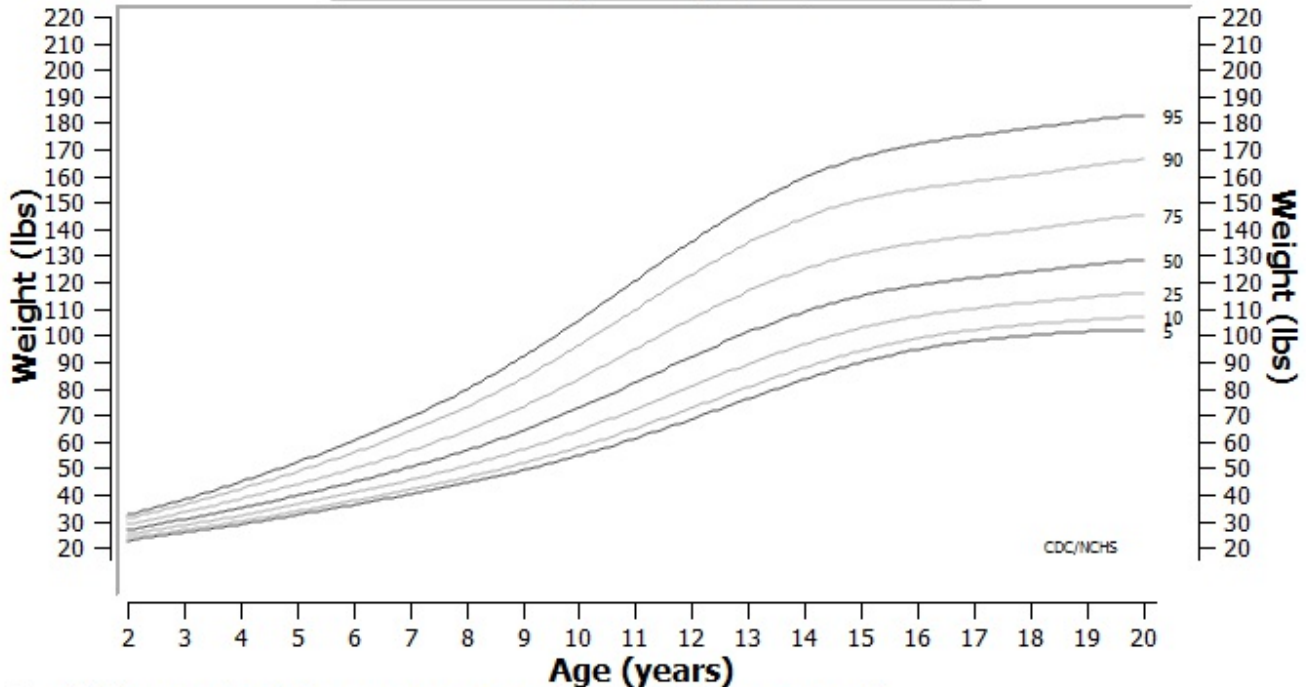
BMI kg/m²

Blood Pressure / systolic/diastolic Location Position +

[More](#)

Growth Charts

◀ 2 to 20 Years: Weight-For-Age (CDC) ▶



▶ **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

- Regular physical activity?

notes



add item

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)

Edit

Condition	Relationship	Note

Social History (Chart-wide) No Saved Notes

Edit

Development

Ages and Stages

Make All:

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
- Elimination: NL
- Agree with history/ROS as above and confirmed by provider.
- Total of 9 or more systems reviewed and noted below or negative.
- add item

Physical Exam

Make All:

ABN NL N/E

- General Appearance
- Head
- Eyes
- Ears
- Nose
- Mouth
- Teeth (caries, white spots, staining)
- Neck



notes

ABN NL N/E

Chest/Lungs

notes

Heart

notes

Abdomen

notes

Genitalia

notes

Back

notes

Extremities

notes

Skin

notes

Neurologic (coordination, language, socialization)

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

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.



Plan

Select All

-
- 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 5 Yr Well - (client v. I) Bright Futures

1. Intake
2. Growth Charts
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7. Development
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