



Intake

Informant/Relationship

Informant questions or concerns

Concerns

Vitals

Weight lbs oz



Length in



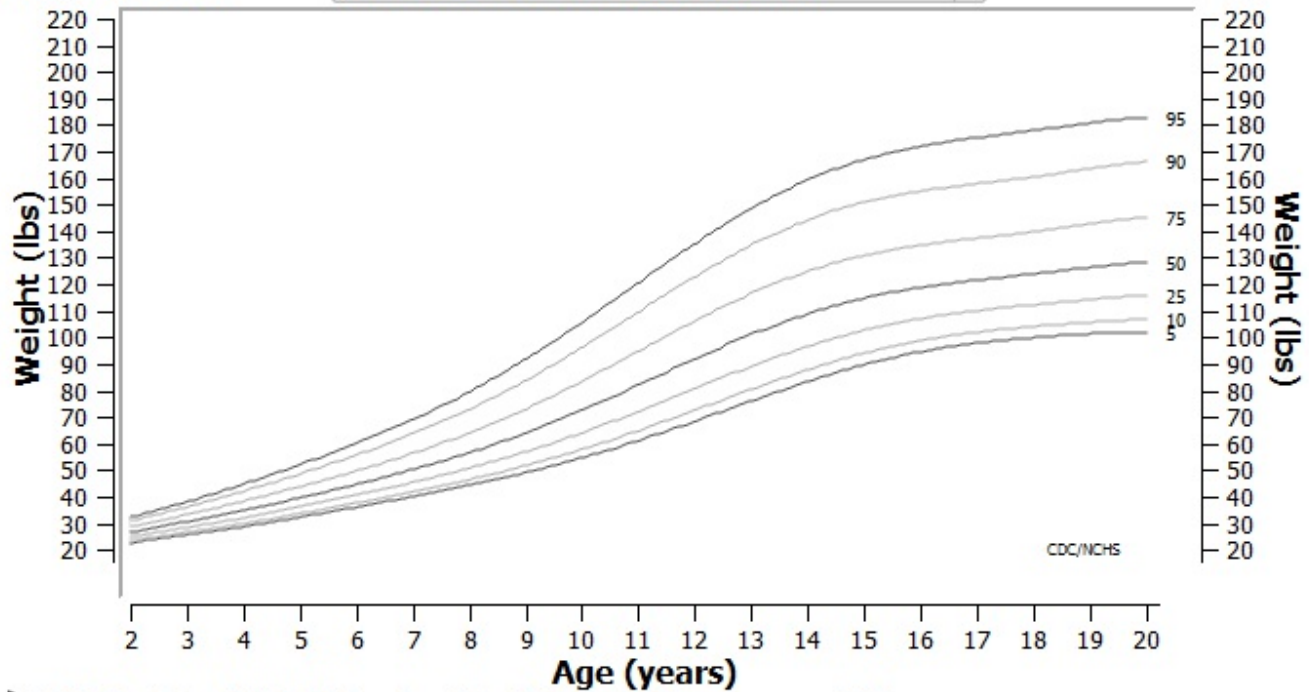
Head Circumference cm



[More](#)

Growth Charts

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



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

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

- Bowel Movements per day (number and consistency)

notes
- Number of wet diapers a day

notes
- Sleep (wakenings or sleeps through night)

notes
- Child Care (Yes / No and Type)

notes
- Passive smoke exposure

notes
- Maternal depression

notes
- add item

notes



Nutrition

Select All

Breast milk or formula

notes

Solid foods

notes

Source of water (well or city)

notes

Vitamins/Fluoride

notes

add item

notes

Problem List (Chart-wide)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

Past, Social, Family History

Medical History (Chart-wide) No Saved Notes

Edit

Family Medical History (Chart-wide)

Edit



Condition	Relationship	Note

Social History (Chart-wide)

No Saved Notes

Edit

Development

Screening

Order ASQ

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

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/Fontanelle (Positional skull deformities)

notes

Eyes (red reflex/appears to see)

notes

Ears/Appears to hear

notes

Nose

notes

Mouth and Throat

notes

Teeth

notes

Neck

notes

ABN NL N/E

Chest/Lungs

notes

Heart

notes



- Femoral Pulses
- Abdomen
- Genitalia
- Back
- Hips
- Extremities

ABN NL N/E

- Skin (rashes, bruising)
- Neurologic (tone, strength, symmetry)
- add item

Lab

Hemoglobin

Medical Test

Radiology

Medical Procedure

Immunizations

Immunization History



There are no immunizations recorded for this patient

Ordered

Immunization Orders

Pevnar 13

Rotavirus

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 nutrtn, sleep, safety, behavior, and development.



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 6 Mo Well - (client v. I) Bright Futures

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