



**Intake**

**Informant/Relationship**

**Vitals**

Length  in +

Weight  lbs  oz +

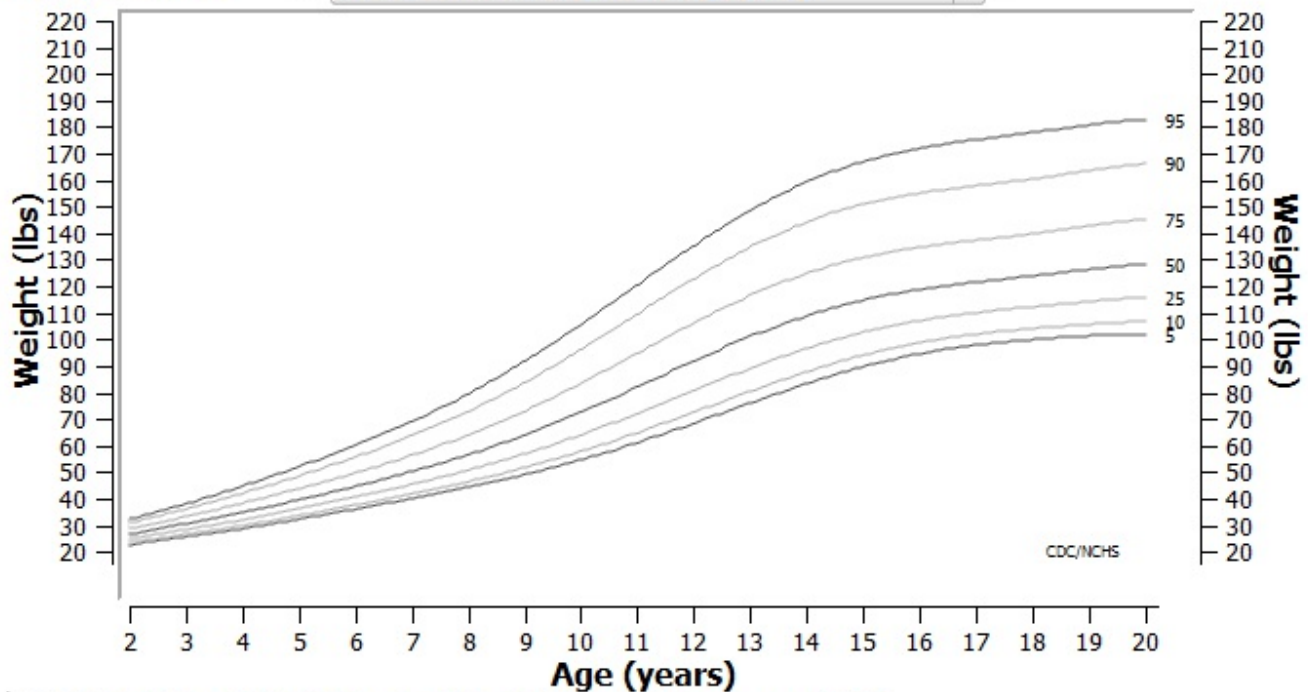
Head Circumference  cm +

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

➔ More

**Growth Charts**

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



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

**History**

Select All

Previsit Questionnaire reviewed  

▼

Child has special health care needs  

▼

Concerns and questions (notes below)



notes

- Follow-up on previous concerns (notes below)

notes

- Interval history

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

- Family situation (Parental support - work/family balance)

notes

- Maternal depression

notes

- Parents working outside of home: Mother / Father

notes

- Child Care (Yes / No and Type)

notes

- Changes since last visit (note below)

notes

- add item

notes

### ROS



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

Abn NL NA

- Elimination
- Sleep
- Behavior
- Activity (tummy time, no TV)
- add item

### Nutrition

**Select All**

- Breast-feedings per day
- Formula-oz per day
- cereal/baby foods
- Source of water
- Vitamins
- add item

### Development

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



Yes No N/A

- Physical Development (Sits with help, rolls prone to supine and supine to prone, reaches/grasps, transfers across midline)
- Cognitive (Uses visual exploration, Beginning to use oral exploration)
- Communicative (Uses a string of vowels (ah, eh,oh), Beginning to recognize own name, Enjoys vocal turn taking)
- Social-Emotional (Shows pleasure from interactions with parents or others)
- add item

### Anticipatory Guidance

Make All:   

Y N N/A

- Discussed and/or handouts given
- Family Functioning
- Nutrition and feeding (breastfeeding with vitamin D/fluoride supplement, iron fortified formula, solid foods (types and amounts/begin cup), elimination)
- Infant Development (Social development, communication skills, sleep, stranger/separation anxiety)
- Oral Health (Don't share utensils/pacifier, Avoid bottle in bed)
- Safety (car seat, poisons, burns, falls, infant walkers, drowning, choking, finger foods, kitchen safety, & baby proof house.



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



- Genitourinary
- Neurological
- Musculoskeletal
- Skin
- Back
- ABN NL N/E
- Extremities/Hips
- add item

**Lab**

**Medical Test**

**Medical Procedure**

**Immunizations**

Immunization History



There are no immunizations recorded for this patient

Ordered

**Immunization Orders**

Prevnar 13

▼

**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:



add diagnosis  
notes

## Plan

Select All

Immunizations (See Vaccine Administration Record)  
notes

Laboratory/Screening Results  
notes

add item  
notes

## Followup

Order

9 month well visit

## Referral

### Navigational Anchors in 6 Mo Well - (client v. II) Bright Futures

1. Intake
2. Growth Charts
3. History
4. Social/Family History
5. ROS
6. Nutrition
7. Development (If not reviewed in Previsit Questionnaire)
8. Anticipatory Guidance Discussed
9. Physical Exam
10. Lab
11. Medical Procedures
12. Immunizations
13. Immunization Consent
14. Diagnoses
15. Plan