



Intake

Informant/Relationship

Vitals

Height in +

Weight lbs oz +

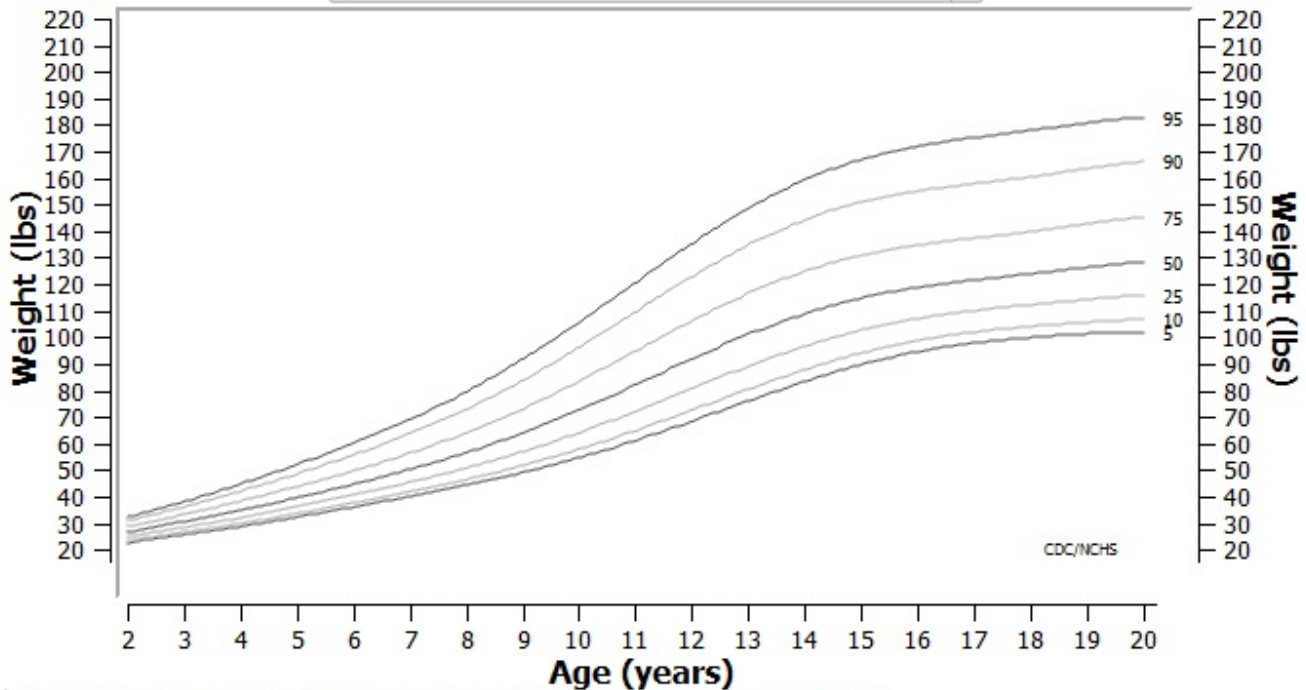
Blood Pressure / systolic/diastolic Location Unspecified + Position Unspecified +

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 (cooperation, parent-child interaction, sibling interaction, 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

- Participates in after-school activity

- Has friends

- Is vigorously active for 1 hour a day

- Is doing well in school

- Does chores when asked

- Gets along with family

- 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)

- School (Show interest in school, Communicate with teachers)

- Development and Mental Health (Encourage independence, Praise strengths, Be a positive role model, Discuss expected body changes)

- Nutrition and Physical Activity (Encourage proper nutrition, Eat meals as a family, 60 minutes of physical activity daily, Limit TV and screen time)



notes

- Oral Health (Dental visits twice a year, Brush teeth twice a day, Floss teeth daily, Wear mouth guard during sports)

notes

- Safety (Know child's friends, Home emergency plan, Safety rules with adults, Appropriate vehicle restraint, Helmets and pads, Supervise around water, Smoke-free environment, Guns, Monitor computer use)

notes

- add item

notes

Physical Exam

Make All:

ABN NL N/E

- General Appearance

notes

- Head

notes

- Eyes

notes

- Ears

notes

- Nose

notes

- Oropharynx

notes

- Neck

notes

- Chest

notes



ABN NL N/E

- Lungs
- Cardiovascular
- Abdomen
- Genitalia
- Back
- Extremities
- Musculoskeletal
- Neurologic

ABN NL N/E

- Skin
- add item

Lab

Medical Test

Medical Procedure

Immunizations

Immunization History



There are no immunizations recorded for this patient

Immunization Orders

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

- add item

Followup

Referral

Navigational Anchors in 7-8 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
18. Followup
19. Referral