



Intake

Informant/Relationship

Informant questions or concerns

Concerns

Vitals

Weight lbs oz +

Height in +

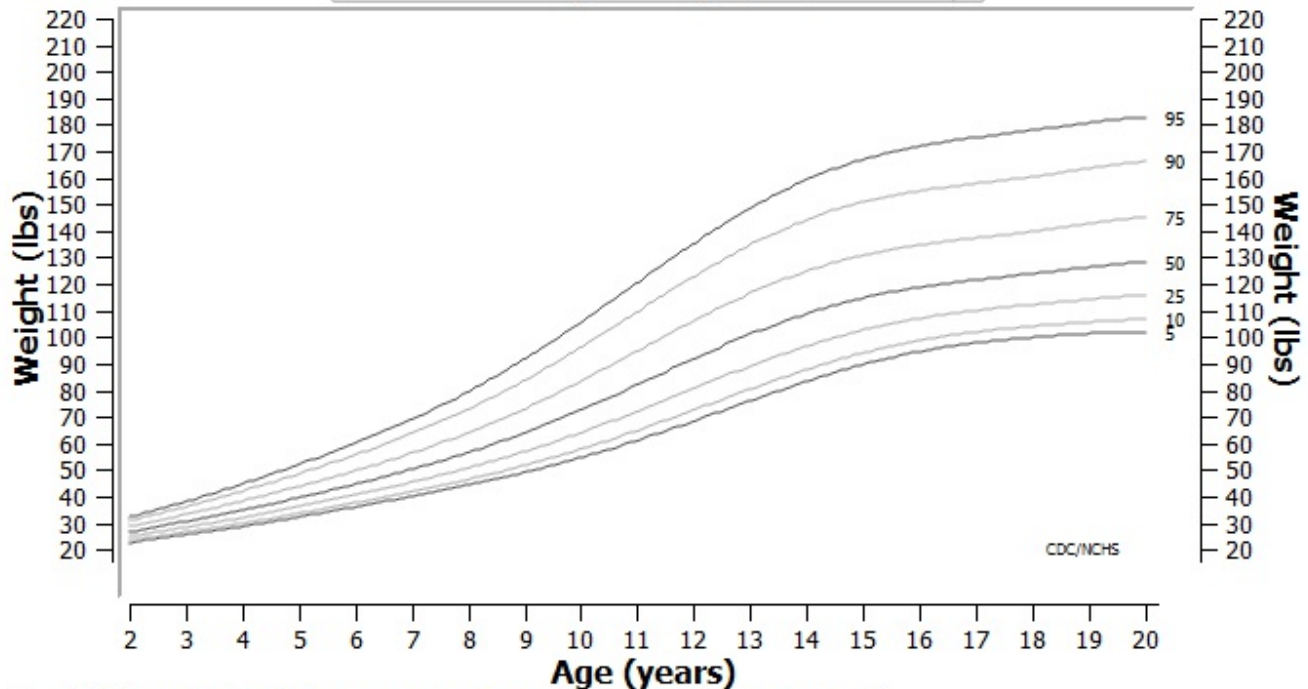
BMI kg/m²

Blood Pressure / systolic/diastolic Location Position +

[More](#)

Growth Charts

◀ ▶



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



Screening

Hearing Screen

Vision Screen

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:

Active	Drug	Formula	Details

History/Review

- Wears glasses or has seen eye doctor within the year.
notes
- Child has a dental home
notes
- What school/grade level:
notes
- Physical Activity (Play time 60 min/d Yes or No, Screen time <2h/d Yes or No)
notes
- add item



notes

Nutrition

Select All

- Balanced diet (wide variety, fruits/veggies, limit junk food)

notes

- Milk (oz/type)

notes

- Juice or other sugary drinks? (the less the better)

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

Review of Systems

Select All

- General
notes
- Sleep: NL
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
notes
- Eyes
notes
- Ears
notes
- Nose



notes

Mouth and Throat

notes

Teeth

notes

Neck

notes

ABN NL N/E

Chest/Lungs

notes

Heart

notes

Abdomen

notes

Breasts

notes

Genitalia

notes

Back (Scoliosis)

notes

Extremities

notes

Skin

notes

ABN NL N/E

Neurologic

notes

add item

notes



Lab

Medical Test

Medical Procedure

Radiology

Immunizations

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

Order	Refuse	HPV
Order	Refuse	Tdap
Order	Refuse	Varicella
Order	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

Bright Futures age appropriate handout given on safety, nutrition, development, and self care.

add item

Plan

Annual well exam (or periodic well exam under age 2) / follow-up as noted

Immunizations discussed and vaccine information presented.

add item

Referral

Followup