



**Intake**

**Informant/Relationship**

**Vitals**

Height  in +

Weight  lbs  oz +

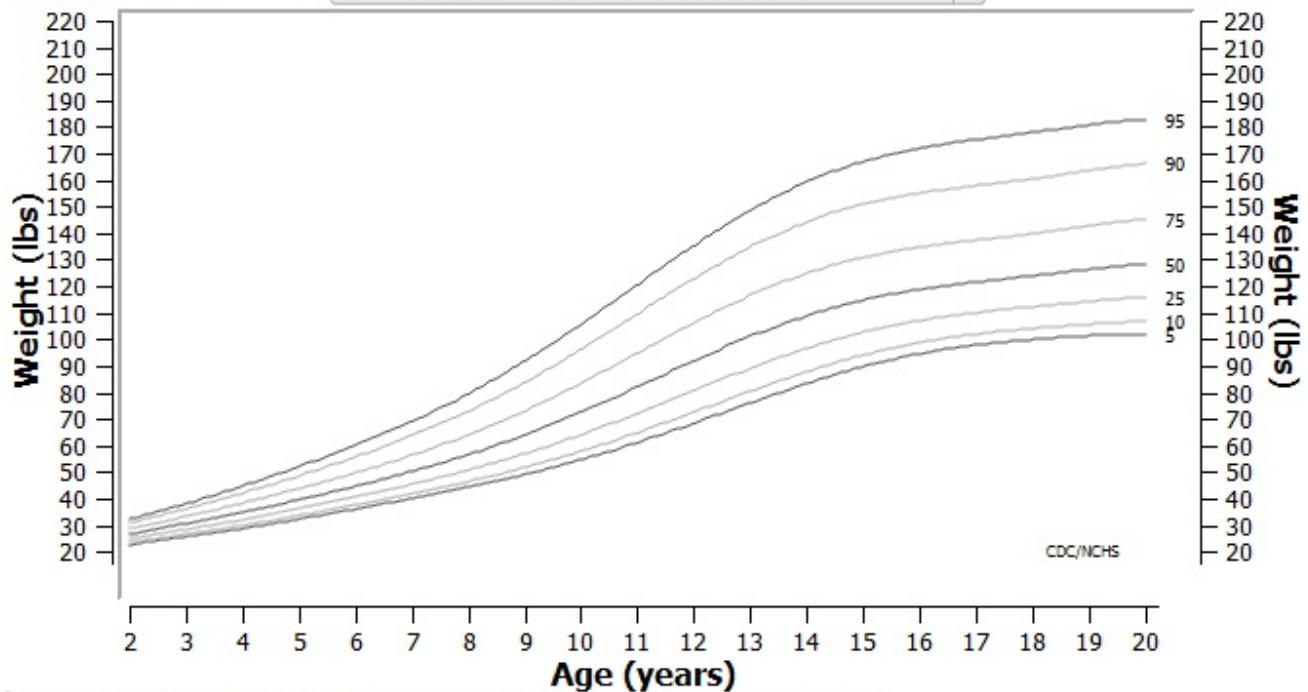
Blood Pressure  /  systolic/diastolic Location  Position  +

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)

**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 (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



notes

Has friends

notes

Is vigorously active for 1 hour a day

notes

Has a caring/supportive family

notes

Is doing well in school

notes

Is getting chances to make own decisions

notes

Feels good about self

notes

Interests/hobbies

notes

Yes No N/A

add item

notes

### Anticipatory Guidance

Make All:

Y N N/A

Discussed and/or handouts given

notes

School (Show interest in school, Quiet space for homework, Address bullying)

notes

Development and Mental Health (Encouraging independence and self-responsibility, Be a positive role model/discuss respect, anger, Know child's friends and importance of peers, Expect preadolescent behaviors, Answer questions and discuss puberty, Safety rules with adults)

notes



- Nutrition and Physical Activity (Encourage proper nutrition, 60 minutes of physical activity daily, Limit TV and screen time)
- Oral Health (Dental visits twice a year, Brush teeth twice a day, Floss teeth daily, Wear mouth guard during sports)
- Safety (car safety, teach to swim/water safety, sunscreen, avoid tobacco/alcohol/drugs)
- 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
- 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

Ordered

Immunization Orders

Order Refuse select an immunization

Immunization Consent

Select All

- Counseled on risks, benefits, CDC VIS, contraindications and obtained consent.
Vaccine refusal form signed
add item

Radiology

Diagnoses

- Well child visit
add diagnosis



## Plan

 Prescription(s) Immunizations (See Vaccine Administration Record) Laboratory/Screening Results add item

## Followup

### Referral

#### **Navigational Anchors in 9-10 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. Diagnoses
16. Plan
17. Follow Up