



Intake

Informant/Relationship

Informant questions or concerns

Concerns

Vitals

Weight lbs oz



Length in



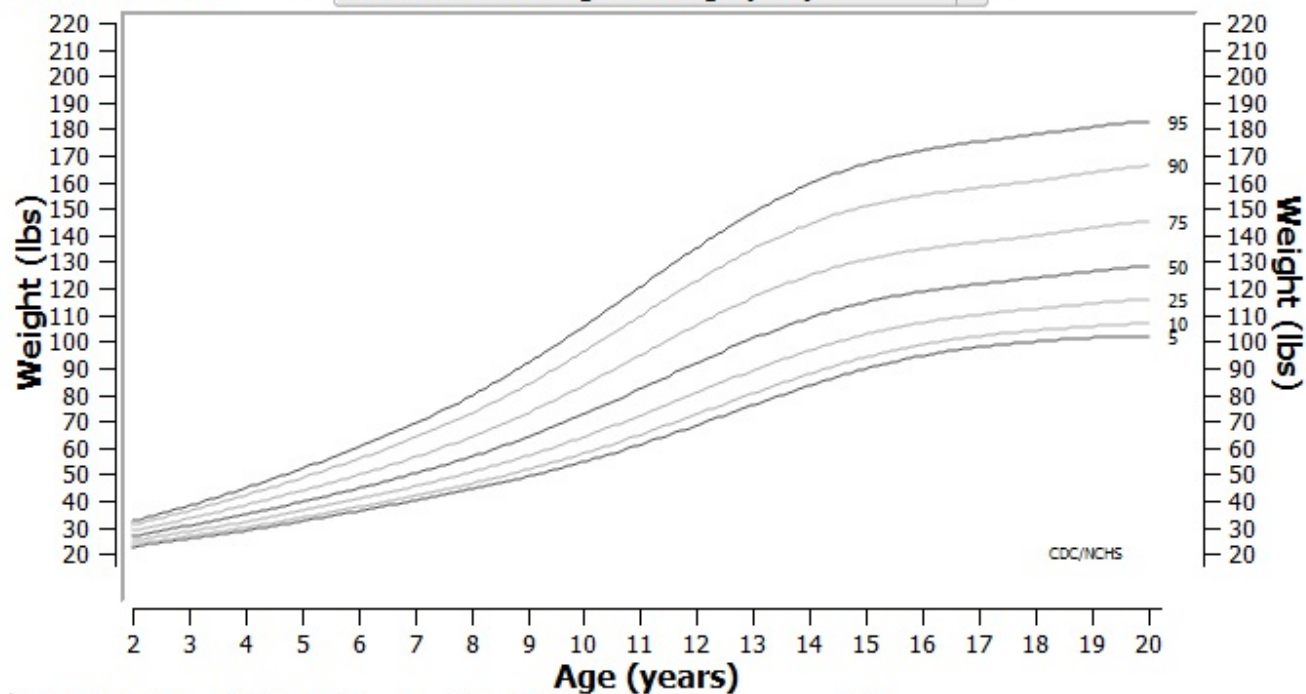
Head Circumference cm



[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
- 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

Review of Systems

Select All

General

notes

Total of 9 or more systems reviewed and noted below or negative.

notes

Agree with history/ROS as above and confirmed by provider.

notes

add item

notes

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

Physical Exam

Make All:

ABN NL N/E

General Appearance

Head (positional skull deformities)

Eyes (ocular mobility, eye alignment, red reflex)

Ears/Appears to hear

Nose

Mouth and Throat

Teeth

Neck

ABN NL N/E

Chest/Lungs

Heart

Femoral Pulses



Abdomen
notes

Genitalia
notes

Back
notes

Hips
notes

Extremities
notes

ABN NL N/E

Skin
notes

Neurologic (tone, strength, symmetry of movements, parachute reflex)
notes

add item
notes

Lab

Hemoglobin

Lead Screen

Medical Test

Radiology

Medical Procedure

Immunizations

Immunization History



There are no immunizations recorded for this patient

Ordered

Immunization Orders

Prevnar 13

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 nutrition, sleep, safety, behavior, and development.



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

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