



Intake

Informant/Relationship

Vitals

Length in +

Weight lbs oz +

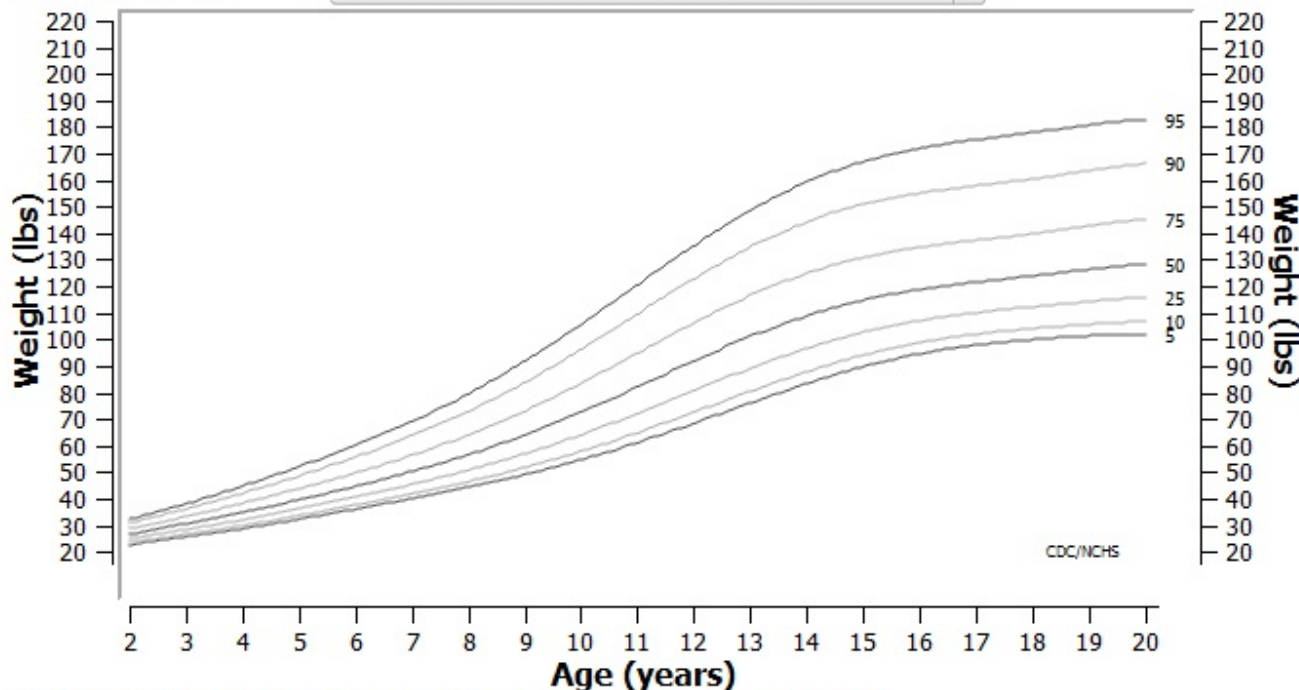
Head Circumference cm +

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)**

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

- 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

notes



- Sleep
- Behavior
- Activity (playtime, no TV)
- add item

Nutrition

Select All

- Breast-feedings per day
- Formula-oz per day
- Source of water
- Vitamins
- Solids (type, frequency)
- add item

Development

Make All:

Yes No N/A

- Physical Development (Sits well, Crawls, Pulls to feet with support)
- Cognitive (Peekaboo, Object permanence, Looks at books)



notes

- Communicative (Imitates sounds, points out objects, consonants with babbling)

notes

- Social-Emotional (Stranger anxiety, Seeks parent for comfort)

notes

- add item

notes

Anticipatory Guidance

Make All:

Y N N/A

- Discussed and/or handouts given

notes

- Family Support (Time for self/partner, Community activities, Age-appropriate discipline)

notes

- Establishing Routines (Family traditions, Nap and bedtime)

notes

- Feeding and Appetite Changes (Self-feeding, Consistent meals/snacks, Variety of nutritious foods, Iron-fortified formula)

notes

- Establishing a dental home (oral hygiene, brush teeth twice a day, no bottle in bed, work on cup)

notes

- Safety (car seat rear facing until 2 y/o, poisons, water safety, no supervision by young children, sharp objects, guns, home safety, falls, sun screen)

notes

- add item

notes

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



notes

Skin

notes

Extremities/Hips

notes

ABN NL N/E

Back/Spine

notes

add item

notes

Lab

Medical Test

Medical Procedure

Immunizations

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders



Immunization Consent

Select All

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

Radiology

Diagnoses

- Well child visit
notes
 Add to Problem List Onset: mm/dd/yy Problem Note: problem note
- add diagnosis
notes

Followup

Order 12 month well visit

Plan

Select All

- Immunizations (See Vaccine Administration Record)
notes
- Laboratory/Screening Results
notes
- add item
notes

Referral



Navigational Anchors in 9 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. Radiology
15. Diagnoses
16. Followup
17. Plan