



Intake

Informant/Relationship

Vitals

Length in

Weight lbs oz

Head Circumference cm

BMI

[➔ More](#)

Growth Charts

Growth Charts are not available when patient's sex is unknown.

History

Select All

Previsit Questionnaire reviewed

Prenatal history and hospital course reviewed

Newborn screen normal

Audio normal

Child has special health care needs

Concerns and questions (notes below)

Follow-up on previous concerns (notes below)

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

Family situation (Parental support - work/family balance)

notes

Maternal depression

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
notes
- Behavior
notes
- Tummy time
notes
- add item
notes

Nutrition

Select All

- Breast
notes
- Formula
notes
- Bottle
notes
- Vitamins
notes
- add item
notes

Development

Make All: **Yes** **No** **N/A**

Yes No N/A

- Communicative (seems to hear and see)
notes
- Physical Development (lifts head briefly)
notes



- Physical Development (Can suck, swallow and breathe easily)
notes
- add item
notes

Anticipatory Guidance

Make All:

Y N N/A

- Discussed and/or handouts given
notes
- Parental Well-Being
notes
- Family Adjustment
notes
- Feeding Routines (Breastfeeding (400 IU vitamin D supplement), Iron-fortified formula, Solid foods (wait until 4-6 months), Elimination (5-8 wet diapers, 3-4 stools))
notes
- Infant adjustment (tummy time, encourage daily routines, back to sleep, sleep location, calming techniques).
notes
- Safety (car seat, falls, no shaking, smoke free environment, water temperature, & smoke alarm).
notes
- add item
notes

Radiology

select a radiology

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

notes

Cardiovascular

notes

Abdomen

notes

Genitourinary

notes

Neurological

notes

Skin



notes

Back

notes

Hips

notes

ABN NL N/E

Extremities

notes

add item

notes

Lab

Order

select a lab

Medical Procedure

Order

select a medical procedure

Screening

Order

select a screening

Immunizations

Vaccines

There are no immunizations recorded for this patient

Ordered

Diseases

There are no vaccine-preventable diseases for this patient

Forecasting Results Updated: NA

Show Informational Warnings(0)

Refresh

Immunization forecasting results and warnings provided by IMMUCAST™

▼ Vaccines For Children

Insurance and Race as of 08/22/16

Eligibility Status: select a VFC eligibility status

Immunization Orders



Order

Refuse

select an immunization

Immunization Consent

Select All

- Counseled on risks, benefits, CDC VIS, contraindications and obtained consent.

notes

- Advised parents to get Tdap and flu vaccines.

notes

- Vaccine refusal form signed

notes

- add item

notes

Diagnoses

- Well child visit, 2 week

notes

Add to Problem List Onset: mm/dd/yy Problem Note: problem note

- add diagnosis

notes

Plan

Select All

- Immunizations (See Vaccine Administration Record)

notes

- Laboratory/Screening Results

 **Followup****Order**

2 month well visit

Order

select a followup

Referral**Order**

Lactation

Order

select a referral

Navigational Anchors in 2 Wk Well

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. Radiology
10. Physical Exam
11. Lab
12. Medical Procedures
13. Immunizations
14. Immunization Consent
15. Diagnoses
16. Plan
17. Referrals