



Intake

Informant/Relationship

Vitals

Length in

Weight lbs oz

Head Circumference cm

BMI

More

Vital Notes

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



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
- Parental Well-Being
- Family Adjustment
- 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))
- Infant adjustment (tummy time, encourage daily routines, back to sleep, sleep location, calming techniques).
- Safety (car seat, falls, no shaking, smoke free environment, water temperature, & smoke alarm).
- add item

Radiology

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

Skin

Back

Hips

ABN NL N/E

Extremities

add item

Lab



Order select a lab

Medical Procedure

Order select a medical procedure

Screening

Order select a screening

Immunizations

Vaccines

Print

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

Forecasting results area

Immunization forecasting results and warnings provided by IMMUCAST™

Vaccines For Children

Insurance and Race as of 06/27/18

Eligibility Status: select an 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

Include on Patient Reports



notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

select diagnosis

notes

Plan

Select All

Immunizations (See Vaccine Administration Record)

notes

Laboratory/Screening Results

notes

add item

notes

Followup

Order 2 month well visit

Order select a followup

Referral

Order Lactation

Order select a referral

Prescriptions

Visit Documents



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
18. Prescriptions
19. Visit Documents