

BF4 - Accompanied By:**Vitals**Weight lbs oz Height in

BMI

Blood Pressure s / d Unspecified Location Unspecified Position  More**BF4 - Vital Notes****BF4 - HISTORY****BF4 - Concerns and Questions:**☐ None ☐ Details ☐ add item **BF4 - Interval History:**☐ None ☐ Details ☐ add item **BF4 - Medical History**☐ Adolescent has special health care needs

☐ add item

notes

BF4 - Areas reviewed and updated as needed**BF4 - Past Medical History (Chart-wide)** No Saved Notes[Edit](#)**BF4 - Surgical History (Chart-wide)** No Saved Notes[Edit](#)**Problem List (Chart-wide)**

Display: All Statuses

[Edit](#)

Status	Problem	Problem Note	Onset	Resolved

Medication History (Chart-wide) Last Modified N/A

Display: All Statuses

Status	Medication	Instructions	Start	Stop

[Mark as Reviewed](#)

fineprintLbl

Allergies (Chart-wide)

Display: All Statuses

[Edit](#)

Status	Allergy	Reaction	Onset	Resolved

PCC eRx Allergies (Chart-wide) Last Modified N/A

Display: All Statuses

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

[Mark as Reviewed](#)

fineprintLbl

BF4 - Nutrition[Select All](#)☐ Daily fruits and vegetables

notes

☐ Iron: Source

notes

☐ Calcium source

notes

☐ Comments

notes

☐ Body image

notes

☐ No concerns

notes

☐ Attempting to gain or lose weight

☐ No☐ Yes☐ add item**BF4 - Females****Select All**☐ Menarche age:☐ Regular (Yes)☐ Regular (No)☐ Menstrual problems (No)☐ Menstrual problems (Yes)☐ add item**BF4 - Dental Home****Select All**☐ Dental Home (No)☐ Dental Home (Yes)☐ Regular visits☐ Brushing twice daily (Yes)☐ Brushing twice daily (No)

<input type="checkbox"/>	add item	▼
	notes	▼

BF4 - Sleep**Select All**

<input type="checkbox"/>	No concerns	
	notes	▼
<input type="checkbox"/>	Details	
	notes	▼
<input type="checkbox"/>	add item	▼
	notes	▼

BF4 - Physical Activity**Select All**

<input type="checkbox"/>	Exercise (60 min/d) (Yes)	
	notes	▼
<input type="checkbox"/>	Exercise (60 min/d) (No)	
	notes	▼
<input type="checkbox"/>	Screen time: h/d:	
	notes	▼
<input type="checkbox"/>	Family media use plan discussed (Yes)	
	notes	▼
<input type="checkbox"/>	Family media use plan discussed (No)	
	notes	▼
<input type="checkbox"/>	add item	▼
	notes	▼

BF4 - School**Select All**

<input type="checkbox"/>	Grade	
	notes	▼
<input type="checkbox"/>	IEP/504/behavior plan (Yes)	
	notes	▼
<input type="checkbox"/>	IEP/504/behavior plan (No)	
	notes	▼
<input type="checkbox"/>	IEP/504/behavior plan (NA)	

notes

☐ Performance

notes

☐ Normal

notes

☐ Parent/teacher concerns

notes

☐ None

notes

☐ add item

notes

BF4 - Activities

BF4 - Tobacco, alcohol, and drug use

Select All

☐ None

notes

☐ Details

notes

☐ add item

notes

BF4 - Sexual Orientation/Gender Identity

BF4 - Sexual Activity

Select All

☐ Denies

notes

☐ Details

notes

☐ add item

notes

BF4 - Mood**Select All**

- ☐
- No Concerns

notes

- ☐
- Details

notes

- ☐
- add item

notes

BF4 - Development (Checked box= Normal development)**Select All**

- ☐
- See Previsit Questionnaire

notes

- ☐
- Forms caring, supportive relationships with family members, other adults, and peers

notes

- ☐
- Engages in a positive way with the life of the community

notes

- ☐
- Engages in behaviors that optimize wellness and contribute to a healthy lifestyle /Engages in healthy nutrition and physical activity behaviors/ /Chooses safety/

notes

- ☐
- Demonstrates physical, cognitive, emotional, social, and moral competencies

notes

- ☐
- Exhibits compassion and empathy

notes

- ☐
- Exhibits resilience when confronted with life stressors

notes

- ☐
- Uses independent decision-making skills

notes

- ☐
- Displays a sense of self-confidence, hopefulness, and well-being

notes

- ☐
- add item

notes

BF4 - Social and Family History**Select All**

- ☐
- Areas reviewed and updated as needed (See Initial History Questionnaire.)

notes

☐ Social History

notes

☐ Family History

notes

☐ Changes since last visit

notes

☐ No interval change

notes

☐ Smoking household (No)

notes

☐ Smoking household (Yes)

notes

☐ Firearms in home (No)

notes

☐ Firearms in home (Yes)

notes

☐ Adolescent lives with

notes

☐ Relationships with parents/siblings

notes

☐ add item

notes

BF4 - Review of Systems (Focus area)

Select All

☐ Eyes

notes

☐ Ears, Nose and Throat

notes

☐ Cardiovascular

notes

☐ Respiratory

notes

☐ Gastrointestinal

☐ Genitourinary☐ Musculoskeletal☐ Skin☐ Neurological☐ add item**BF4 - Review of Systems****Select All**☐ Constitutional☐ Head☐ Other☐ add item**BF4 - Physical Examination (Focus area)**Make All: **NL** **ABN** **NE**

NL ABN NE

☐ ☐ ☐ General☐ ☐ ☐ Normal BMI and BP for age.☐ ☐ ☐ Normal male external genitalia. No hydrocele, hernia, varicocele, or masses. No gynecomastia☐ ☐ ☐ Sexual Maturity Rating☐ ☐ ☐ Female: Breast development SMR, pubic hair SMR

- ☐ ☐ ☐ **Male: Testicular development SMR, pubic hair SMR**

- ☐ ☐ ☐ **Musculoskeletal: Spine straight without deformities. No significant scoliosis.**

- ☐ ☐ ☐ **Skin: No acanthosis nigricans. No atypical nevi. No signs of self-injury or abuse. No hirsutism.**

NL ABN NE

☐ ☐ ☐

BF4 - Physical Examination

Make All:

NL ABN NE

☐ ☐ ☐ **Eyes**

☐ ☐ ☐ **Ears, nose, mouth, and throat**

☐ ☐ ☐ **Neck**

☐ ☐ ☐ **Heart**

☐ ☐ ☐ **Respiratory**

☐ ☐ ☐ **Abdomen**

☐ ☐ ☐ **Genitourinary**

☐ ☐ ☐ **Normal female external genitalia**

NL ABN NE

☐ ☐ ☐ **Normal male external genitalia**

☐ ☐ ☐ **Neurological**

☐ ☐ ☐

Diagnoses

☐

BF4 - Assessment**Select All**

☐ Well adolescent

☐ Normal BMI percentile for age

☐ Normal BP for age

☐ add item

Lab[Generate Requisition](#)**Screening****Medical Test****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](#)

Immunization forecasting results and warnings provided by IMMUCAST™

▼ Vaccines For Children

Insurance and Race as of 01/16/21

Eligibility Status: **Immunization Orders**

Select Vaccine Lots

Order Refuse

select an immunization

BF4 - Anticipatory GuidanceMake All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Yes= Discussed and/or handout given

notes

☐ ☐ ☐ SOCIAL DETERMINANTS OF HEALTH

notes

☐ ☐ ☐ Interpersonal violence

notes

☐ ☐ ☐ Living situation and food security

notes

☐ ☐ ☐ Family substance use

notes

☐ ☐ ☐ Connectedness with family, peers, and community

notes

☐ ☐ ☐ School performance

notes

☐ ☐ ☐ Coping with stress and decision-making

notes

Yes No N/A

☐ ☐ ☐ DEVELOPMENT AND MENTAL HEALTH

notes

☐ ☐ ☐ Family rules and routines, concern for others, and respect for others

notes

☐ ☐ ☐ Patience and control over anger

notes

☐ ☐ ☐ PHYSICAL GROWTH AND DEVELOPMENT

notes

☐ ☐ ☐ Oral health

notes

☐ ☐ ☐ Body image

notes

☐ ☐ ☐ **Healthy eating**
notes

☐ ☐ ☐ **Physical activity and sleep**
notes

Yes No N/A

☐ ☐ ☐ **EMOTIONAL WELL-BEING**
notes

☐ ☐ ☐ **Mood regulation and mental health**
notes

☐ ☐ ☐ **Sexuality**
notes

☐ ☐ ☐ **RISK REDUCTION**
notes

☐ ☐ ☐ **Pregnancy and sexually transmitted infections**
notes

☐ ☐ ☐ **Tobacco, e-cigarettes, alcohol, and prescription or street drugs**
notes

☐ ☐ ☐ **Acoustic trauma**
notes

☐ ☐ ☐ **SAFETY**
notes

Yes No N/A

☐ ☐ ☐ **Seat belt and helmet use**
notes

☐ ☐ ☐ **Sun protection**
notes

☐ ☐ ☐ **Substance use and riding in a vehicle**
notes

☐ ☐ ☐ **Firearm safety**
notes

☐ ☐ ☐ **add item**
notes

BF4 - Plan

BF4 - Immunizations

Select All

☐ Vaccine Administration Record reviewed☐ Administered today☐ Up-to-date for age☐ add item**BF4 - Universal Screening**Make All: **Neg** **Pos** **NE**

Neg Pos NE

☐ ☐ ☐ Depression screening (annual ages 12-14)☐ ☐ ☐ Screening tool used☐ ☐ ☐ Tobacco, alcohol, and drug use (annual ages 12-14)☐ ☐ ☐ Screening tool used:☐ ☐ ☐ Dyslipidemia (once between 9 and 11) (completed age)☐ ☐ ☐ Result: Within reference range☐ ☐ ☐ Hearing (once between 11 and 14) (completed age)☐ ☐ ☐ Result: Normal hearing BL

Neg Pos NE

☐ ☐ ☐ Vision (once age 12)☐ ☐ ☐ Normal vision for age☐ ☐ ☐ Abnormal

☐ ☐ ☐ Follow-up

notes

☐ ☐ ☐ add item

notes

BF4 - Selective Screening (based on risk/previsit questionnaire)

Select All

☐ Anemia

notes

☐ Dyslipidemia

notes

☐ Hearing

notes

☐ HIV

notes

☐ Sexually transmitted infections

notes

☐ Tuberculosis

notes

☐ Vision

notes

☐ Comments/results

notes

☐ add item

notes

Followup

Order Routine follow-up in 1 year

Order Next visit

Order Referral to

Order select a followup

Visit Documents

Navigational Anchors in BF4 - 11 Through 14 Year Visits

1. Accompanied By:
2. Vitals
3. Vital Notes
4. BF4 - HISTORY
5. BF4 - Concerns and Questions:
6. BF4 - Interval History:
7. BF4 - Medical History
8. BF4 - Areas reviewed and updated as needed
9. BF4 - Past Medical History
10. BF4 - Surgical History
11. Problem List
12. Medication History
13. Allergies
14. PCC eRx Allergies
15. BF4 - Nutrition
16. BF4 - Females
17. BF4 - Dental Home
18. BF4 - Sleep
19. BF4 - Physical Activity
20. BF4 - School
21. BF4 - Activities
22. BF4 - Tobacco, alcohol, and drug use
23. BF4 - Sexual Orientation/Gender Identity
24. BF4 - Sexual Activity
25. BF4 - Mood
26. BF4 - Development (Checked box= Normal development)
27. BF4 - Social and Family History
28. BF4 - Review of Systems (Focus area)
29. BF4 - Review of Systems
30. BF4 - Physical Examination (Focus area)
31. BF4 - Physical Examination
32. Diagnoses
33. BF4 - Assessment
34. Lab Orders
35. Screening Orders
36. Medical Test Orders
37. Immunizations
38. BF4 - Anticipatory Guidance
39. BF4 - Plan
40. BF4 - Immunizations
41. BF4 - Universal Screening
42. BF4 - Selective Screening (based on risk/previsit questionnaire)
43. Followup Orders
44. Visit Documents
45. Prescriptions