

BF4 - Accompanied By:**Vitals**Weight lbs oz Length in Head Circumference cm  More**BF4 - Vital Notes****BF4 - HISTORY****BF4 - Concerns and Questions:****Select All**☐ None ☐ Details ☐ add item **BF4 - Interval History:****Select All**☐ None ☐ Details ☐ add item **BF4 - Medical History****Select All**☐ Child has special health care needs ☐ add item **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](#)☐ Good appetite

notes

☐ Good variety

notes

☐ Solids

notes

☐ Breastfeeding

notes

☐ Formula

notes

☐ Ounces per 24 hours:

notes

☐ Milk: Source

notes

☐ Ounces per 24 hours

notes

☐ Drinks from: Cup☐ Drinks from: Bottle☐ Both☐ add item**BF4 - Dental Home****Select All**☐ Dental Home (No)☐ Dental Home (Yes)☐ Brushing twice daily (Yes)☐ Brushing twice daily (No)☐ Fluoride: in water source☐ Fluoride: Oral supplement☐ Fluoride: Other☐ add item**BF4 - Elimination****Select All**☐ Regular soft stools☐ Details☐ add item

notes

BF4 - Sleep

Select All

☐ No concerns

notes

☐ Details

notes

☐ add item

notes

BF4 - Behavior

Select All

☐ No concerns

notes

☐ Details

notes

☐ add item

notes

BF4 - Physical Activity

Select All

☐ Playtime (60 min/d) (Yes)

notes

☐ Playtime (60 min/d) (No)

notes

☐ Screen time: (None)

notes

☐ Screen time: h/d:

notes

☐ Source

notes

☐ add item

notes

BF4 - Development (Checked box= Normal development)

Select All

☐ See Previsit Questionnaire☐ Caregiver concerns about development: None☐ Caregiver concerns about development: Yes☐ add item**BF4 - Development**Make All: **Yes** **No** **Unk**

Yes No Unk

☐ ☐ ☐ SOCIAL LANGUAGE AND SELF-HELP☐ ☐ ☐ Looks for hidden objects☐ ☐ ☐ Imitates new gestures☐ ☐ ☐ VERBAL LANGUAGE☐ ☐ ☐ Says, "Dad" or "Mom" with meaning☐ ☐ ☐ Uses one word other than Mom or Dad, or personal names☐ ☐ ☐ Follows a verbal command that includes a gesture☐ ☐ ☐ GROSS MOTOR

Yes No Unk

☐ ☐ ☐ Takes first independent steps☐ ☐ ☐ Stands without support☐ ☐ ☐ FINE MOTOR

- ☐ ☐ ☐ Drops object in a cup
notes
- ☐ ☐ ☐ Picks up small object with 2-finger pincer grasp
notes
- ☐ ☐ ☐ Picks up food and eats it
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
- ☐ Observation of parent-child interaction
notes
- ☐ Parents working outside home
notes
- ☐ One parent
notes

<input type="checkbox"/> Both parents	notes
<input type="checkbox"/> Child care (No)	notes
<input type="checkbox"/> Child care (Yes)	notes
<input type="checkbox"/> Child care (Type)	notes
<input type="checkbox"/> add item	notes

BF4 - Review of Systems (Focus area)**Select All**

<input type="checkbox"/> Eyes	notes
<input type="checkbox"/> Head, Ears, Nose and Throat	notes
<input type="checkbox"/> Respiratory	notes
<input type="checkbox"/> Gastrointestinal	notes
<input type="checkbox"/> Genitourinary	notes
<input type="checkbox"/> Skin	notes
<input type="checkbox"/> add item	notes

BF4 - Review of Systems**Select All**

<input type="checkbox"/> Constitutional	notes
<input type="checkbox"/> Cardiovascular	notes
<input type="checkbox"/> Musculoskeletal	notes

☐ Neurological☐ Other☐ add item**BF4 - Physical Examination (Focus area)**Make All: **NL** **ABN** **NE**

NL ABN NE

☐ ☐ ☐ General☐ ☐ ☐ Normal interval growth in height, weight, and head circumference. Normal weight-for-length for age.☐ ☐ ☐ Head☐ ☐ ☐ Eyes: Fixes and follows. Extraocular eye movements intact. No strabismus. Red reflex present bilaterally. No opacification.☐ ☐ ☐ Mouth: Healthy-appearing teeth without caries, plaque, discoloration.☐ ☐ ☐ Abdomen: no palpable masses.☐ ☐ ☐ Genitourinary☐ ☐ ☐ Normal female external genitalia. Labia open.

NL ABN NE

☐ ☐ ☐ Normal male external genitalia, with testes descended bilaterally.☐ ☐ ☐ Neurological: Moves all extremities equally. Normal hand grasp and strength. Age-appropriate gait.☐ ☐ ☐ Skin: No lesions (atypical nevi, cafe-au-lait spots, or birthmarks) or bruising.☐ ☐ ☐ add item

BF4 - Physical ExaminationMake All:

NL ABN NE

☐ ☐ ☐ Ears, nose, and throat☐ ☐ ☐ Neck☐ ☐ ☐ Heart☐ ☐ ☐ Respiratory☐ ☐ ☐ Musculoskeletal☐ ☐ ☐ Other comments☐ ☐ ☐ add item**Diagnoses**☐ select diagnosis**BF4 - Assessment**☐ Well child☐ Normal interval growth (See growth chart.)☐ Normal weight-for-length percentile for age☐ Age-appropriate development☐ add item

Lab[Generate Requisition](#)[Order](#)**Screening**[Order](#)**Medical Test**[Order](#)**Immunizations****Vaccines**[Print](#)[Ordered](#)**Diseases****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 01/16/21Eligibility Status: **Immunization Orders**[Select Vaccine Lots](#)[Order](#)[Refuse](#)**BF4 - Anticipatory Guidance**Make All: [Yes](#) [No](#) [N/A](#)

Yes No N/A

☐ ☐ ☐ Yes= Discussed and/or handout given☐ ☐ ☐ SOCIAL DETERMINANTS OF HEALTH☐ ☐ ☐ Living situation and food security☐ ☐ ☐ Tobacco, alcohol, and drug use☐ ☐ ☐ Social connections with family and others

☐ ☐ ☐ ESTABLISHING A DENTAL HOME☐ ☐ ☐ First dental checkup and dental hygiene☐ ☐ ☐ ESTABLISHING ROUTINES

Yes No N/A

☐ ☐ ☐ Adjustment to development changes and behavior☐ ☐ ☐ Family time☐ ☐ ☐ Bedtime, nap time, and teeth brushing☐ ☐ ☐ Media☐ ☐ ☐ FEEDING AND APPETITE CHANGES☐ ☐ ☐ Self-feeding☐ ☐ ☐ Continued breastfeeding; transition to family meals☐ ☐ ☐ Nutritious foods

Yes No N/A

☐ ☐ ☐ SAFETY☐ ☐ ☐ Car safety seats☐ ☐ ☐ Falls☐ ☐ ☐ Drowning prevention and water safety☐ ☐ ☐ Sun protection☐ ☐ ☐ Pets

☐ ☐ ☐ Poisoning☐ ☐ ☐ add item**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

☐ ☐ ☐ Anemia☐ ☐ ☐ Results: Within reference range:☐ ☐ ☐ Low☐ ☐ ☐ Follow-up:☐ ☐ ☐ Lead (Medicaid or high prevalence area)☐ ☐ ☐ Pending/sent to lab☐ ☐ ☐ Results: Within reference range

☐ ☐ ☐ Elevated

Neg Pos NE

☐ ☐ ☐ Follow-up

☐ ☐ ☐ Oral health

☐ ☐ ☐ Fluoride varnish applied (Yes)

☐ ☐ ☐ Fluoride varnish applied (No)

☐ ☐ ☐ Oral fluoride supplementation (Yes)

☐ ☐ ☐ Oral fluoride supplementation (No)

☐ ☐ ☐ Oral fluoride supplementation (NA)

☐ ☐ ☐ add item

BF4 - Selective Screening (based on risk/previsit questionnaire)**Select All**☐ BP
☐ Hearing
☐ Oral health
☐ Lead (non-Medicaid or low prevalence area)
☐ Tuberculosis
☐ Vision
☐ Comments/results

☐

add item

▼

notes

▼

Followup

Order

Routine follow-up at 15 months

Order

Next visit

Order

Referral to

Order

select a followup

▼

Visit Documents