

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)

☐ add item

notes

BF4 - Sleep**Select All**

☐ No concerns

notes

☐ Details

notes

☐ add item

notes

BF4 - Physical Activity**Select All**

☐ Exercise (60 min/d) (Yes)

notes

☐ Exercise (60 min/d) (No)

notes

☐ Screen time: h/d:

notes

☐ Family media use plan discussed (Yes)

notes

☐ Family media use plan discussed (No)

notes

☐ add item

notes

BF4 - School**Select All**

☐ Grade

notes

☐ IEP/504/behavior plan (Yes)

notes

☐ IEP/504/behavior plan (No)

notes

☐ IEP/504/behavior plan (NA)

notes

☐ Performance

notes

☐ Normal

notes

☐ Parent/teacher concerns

notes

☐ None

notes

☐ add item

notes

BF4 - Activities

BF4 - Employment

Select All

☐ None

notes

☐ Currently Working

notes

☐ add item

notes

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

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

- ☐
- add item

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

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

- ☐
- Social History

- ☐
- Family History

- ☐
- Changes since last visit

- ☐
- No interval change

- ☐
- Smoking household (No)

- ☐
- Smoking household (Yes)

- ☐
- Firearms in home (No)

- ☐
- Firearms in home (Yes)

- ☐
- Adolescent lives with

- ☐
- Relationships with parents/siblings

- ☐
- add item

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

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

BF4 - Review of Systems**Select All**

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

BF4 - Physical Examination (Focus area)Make All: **NL** **ABN** **NE**

NL ABN NE

☐ ☐ ☐ General

notes ▼

- ☐ ☐ ☐ Normal BMI and BP for age.

notes ▼

- ☐ ☐ ☐ Normal male external genitalia. No hydrocele, hernia, varicocele, or masses. No gynecomastia

notes ▼

- ☐ ☐ ☐ Sexual Maturity Rating

notes ▼

- ☐ ☐ ☐ Female: Breast development SMR, pubic hair SMR

notes ▼

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

notes ▼

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

notes ▼

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

notes ▼

NL ABN NE

add item ▼

- ☐ ☐ ☐

notes ▼

BF4 - Physical Examination

Make All: **NL** **ABN** **NE**

NL ABN NE

- ☐ ☐ ☐ Eyes

notes ▼

- ☐ ☐ ☐ Ears, nose, mouth, and throat

notes ▼

- ☐ ☐ ☐ Neck

notes ▼

- ☐ ☐ ☐ Heart

notes ▼

- ☐ ☐ ☐ Respiratory

notes ▼

- ☐ ☐ ☐ Abdomen

notes ▼

- ☐ ☐ ☐ Genitourinary

☐ ☐ ☐ Normal female external genitalia

NL ABN NE

☐ ☐ ☐ Normal male external genitalia

☐ ☐ ☐ Neurological

☐ ☐ ☐ add item

Diagnoses
☐ select diagnosis

BF4 - Assessment**Select All**
☐ Well adolescent

☐ Normal BMI percentile for age

☐ Normal BP for age

☐ add item

Lab**Generate Requisition****Order**

Screening**Order**

Medical Test**Order**

Immunizations**Vaccines****Print**

	There are no immunizations recorded for this patient
Ordered	

Diseases**Forecasting Results** Updated: NA☒ Show Informational Warnings(0)

Immunization forecasting results and warnings provided by IMMUCAST™

▼ Vaccines For Children

Insurance and Race as of 01/16/21

Eligibility Status: **Immunization Orders****BF4 - Anticipatory Guidance**Make All:

Yes No N/A

☐ ☐ ☐ Yes= Discussed and/or handout given☐ ☐ ☐ SOCIAL DETERMINANTS OF HEALTH☐ ☐ ☐ Interpersonal violence☐ ☐ ☐ Living situation and food security☐ ☐ ☐ Family substance use☐ ☐ ☐ Connectedness with family, peers, and community☐ ☐ ☐ School performance☐ ☐ ☐ Coping with stress and decision-making

Yes No N/A

☐ ☐ ☐ DEVELOPMENT AND MENTAL HEALTH☐ ☐ ☐ Family rules and routines, concern for others, and respect for others☐ ☐ ☐ 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

☐ ☐ ☐ **Firearm safety**

notes

- ☐ ☐ ☐ Substance use and riding in a vehicle

notes

- ☐ ☐ ☐ add item

notes

BF4 - Plan

BF4 - Immunizations

Select All

- ☐ Vaccine Administration Record reviewed

notes

- ☐ Administered today

notes

- ☐ Up-to-date for age

notes

- ☐ add item

notes

BF4 - Universal Screening

Make All: **Neg** **Pos** **NE**

Neg Pos NE

- ☐ ☐ ☐ Depression screening (annually)

notes

- ☐ ☐ ☐ Screening tool used

notes

- ☐ ☐ ☐ Tobacco, alcohol, and drug use (annually)

notes

- ☐ ☐ ☐ Screening tool used:

notes

- ☐ ☐ ☐ Dyslipidemia (once between 17 and 21) (completed age)

notes

- ☐ ☐ ☐ Result: Within reference range

notes

- ☐ ☐ ☐ Hearing (once between 15 and 17) (completed age)

notes

- ☐ ☐ ☐ Result: Normal hearing BL

Neg Pos NE

- ☐ ☐ ☐ HIV (once between 15 and 18) (completed age)

- ☐ ☐ ☐ Vision (once age 15)

- ☐ ☐ ☐ Normal vision for age

- ☐ ☐ ☐ Abnormal

- ☐ ☐ ☐ Follow-up

- ☐ ☐ ☐ add item

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

- ☐ Anemia

- ☐ Dyslipidemia

- ☐ Hearing

- ☐ HIV

- ☐ Sexually transmitted infections

- ☐ Tuberculosis

- ☐ Vision

- ☐ Comments/results

- ☐ add item

Followup

Order	Routine follow-up in 1 year
Order	Next visit
Order	Referral to
Order	select a followup

Visit Documents**Navigational Anchors in BF4 - 15 Through 17 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 - Employment
23. BF4 - Tobacco, alcohol, and drug use
24. BF4 - Sexual Orientation/Gender Identity
25. BF4 - Sexual Activity
26. BF4 - Mood
27. BF4 - Development (Checked box= Normal development)
28. BF4 - Social and Family History
29. BF4 - Review of Systems (Focus area)
30. BF4 - Review of Systems
31. BF4 - Physical Examination (Focus area)
32. BF4 - Physical Examination
33. Diagnoses
34. BF4 - Assessment
35. Lab Orders
36. Screening Orders
37. Medical Test Orders
38. Immunizations
39. BF4 - Anticipatory Guidance
40. BF4 - Plan
41. BF4 - Immunizations
42. BF4 - Universal Screening
43. BF4 - Selective Screening (based on risk/previsit questionnaire)
44. Followup Orders
45. Visit Documents