

**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**☐ Young adult 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

notes

☐ No

notes

☐ Yes

notes

☐ add item

notes

#### BF4 - Females

Select All

☐ Menarche age:

notes

☐ Regular (Yes)

notes

☐ Regular (No)

notes

☐ Menstrual problems (No)

notes

☐ Menstrual problems (Yes)

notes

☐ add item

notes

#### BF4 - Dental Home

Select All

☐ Dental Home (No)

notes

☐ Dental Home (Yes)

notes

☐ Regular visits

notes

☐ Brushing twice daily (Yes)

notes

☐ Brushing twice daily (No)

notes

<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 - 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)

- ☐
- Young adult 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 young adult

☐ 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**
 There are no vaccine-preventable diseases for this patient
**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:  select an eligibility status**Immunization Orders** select an immunization**BF4 - Anticipatory Guidance**Make All:   

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

☐ ☐ ☐ **Transition to adult care**

notes

☐ ☐ ☐ **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

Yes No N/A

☐ ☐ ☐ **SAFETY**

notes

☐ ☐ ☐ **Seat belt and helmet use**

notes

☐ ☐ ☐ **Sun protection**

notes

- ☐ ☐ ☐ Driving and substance use

notes

- ☐ ☐ ☐ Firearm safety

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

- ☐ ☐ ☐ Cervical dysplasia (women age 21)

notes

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

notes

- ☐ ☐ ☐ 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** **Visit Documents**

## Navigational Anchors in BF4 - 18 Through 21 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
46. Prescriptions