

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

BMI

 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 ▾

☐ Daily fruits and vegetables

notes ▾

☐ Iron: Source

notes ▾

☐ Calcium: Source/Amount

notes ▾

☐ Comments

notes ▾

☐ add item

notes ▾

**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☐ Toilet-trained (Yes)☐ Toilet-trained (No)☐ Toilet-trained (In process)☐ Details☐ add item**BF4 - Sleep****Select All**

☐ No concerns☐ Details☐ add item**BF4 - Behavior****Select All**☐ No concerns☐ Details☐ add item**BF4 - Physical Activity****Select All**☐ Playtime (60 min/d) (Yes)☐ Playtime (60 min/d) (No)☐ Screen time: (None)☐ Screen time: h/d:☐ Source☐ Quality monitored (Yes)☐ Quality monitored (No)☐ add item**BF4 - Development (Checked box= Normal development)**

**Select All**☐ See Previsit Questionnaire

notes

☐ Caregiver concerns about development: None

notes

☐ Caregiver concerns about development: Yes

notes

☐ add item

notes

**BF4 - Development**Make All: **Yes** **No** **Unk**

Yes No Unk

☐ ☐ ☐ SOCIAL LANGUAGE AND SELF-HELP

notes

☐ ☐ ☐ Plays alongside other children

notes

☐ ☐ ☐ Takes off some clothing

notes

☐ ☐ ☐ Scoops well with spoon

notes

☐ ☐ ☐ VERBAL LANGUAGE

notes

☐ ☐ ☐ Uses 50 words

notes

☐ ☐ ☐ Combines 2 words into phrase or sentence

notes

☐ ☐ ☐ Follows 2-step command

notes

Yes No Unk

☐ ☐ ☐ Uses words that are 50% intelligible to strangers

notes

☐ ☐ ☐ GROSS MOTOR

notes

☐ ☐ ☐ Kicks ball

			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Jumps off ground with 2 feet	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Runs with coordination	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Climbs up a ladder at the playground	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FINE MOTOR	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stacks objects	
			notes	▼
Yes No Unk				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Turns book pages	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Uses hands to turn objects (eg, knobs, toys, lids)	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	
			notes	▼

**BF4 - Social and Family History**

<b>Select All</b>				
<input type="checkbox"/>	Areas reviewed and updated as needed (See Initial History Questionnaire.)			
			notes	▼
<input type="checkbox"/>	Social History			
			notes	▼
<input type="checkbox"/>	Family History			
			notes	▼
<input type="checkbox"/>	Changes since last visit			
			notes	▼
<input type="checkbox"/>	No interval change			
			notes	▼
<input type="checkbox"/>	Smoking household (No)			
			notes	▼
<input type="checkbox"/>	Smoking household (Yes)			
			notes	▼

☐ Firearms in home (No)☐ Firearms in home (Yes)☐ Observation of parent-child interaction☐ Parents working outside home☐ One parent☐ Both parents☐ Child care (No)☐ Child care (Yes)☐ Child care (Type)☐ add item**BF4 - Review of Systems (Focus area)****Select All**☐ Eyes☐ Head, Ears, Nose and Throat☐ Respiratory☐ Gastrointestinal☐ Genitourinary☐ Skin

☐ add item

notes

**BF4 - Review of Systems****Select All**

☐ Constitutional

notes

☐ Cardiovascular

notes

☐ Musculoskeletal

notes

☐ Neurological

notes

☐ Other

notes

☐ add item

notes

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

NL ABN NE

☐ ☐ ☐ General

notes

☐ ☐ ☐ Normal interval growth in height and weight. Normal weight-for-length or BMI for age.

notes

☐ ☐ ☐ Eyes: Fixes and follows. Extraocular eye movements intact. Red reflex present bilaterally. No opacification.

notes

☐ ☐ ☐ Mouth: Healthy-appearing teeth without caries, plaque, discoloration, or breakage. No gingivitis.

notes

☐ ☐ ☐ Abdomen: no palpable masses.

notes

☐ ☐ ☐ Neurological: Normal gait and running for age. Follows commands, scribbles, and is social. Communicates with words.

notes

☐ ☐ ☐ Skin: No lesions (atypical nevi, cafe-au-lait spots, or birthmarks) or bruising.

notes



☐ ☐ ☐ add item

notes

**BF4 - Physical Examination**Make All: **NL** **ABN** **NE**

NL ABN NE

☐ ☐ ☐ Head

notes

☐ ☐ ☐ Ears, nose, and throat

notes

☐ ☐ ☐ Neck

notes

☐ ☐ ☐ Heart

notes

☐ ☐ ☐ Respiratory

notes

☐ ☐ ☐ Genitourinary

notes

☐ ☐ ☐ Normal female external genitalia

notes

☐ ☐ ☐ Normal male external genitalia

notes

NL ABN NE

☐ ☐ ☐ Musculoskeletal

notes

☐ ☐ ☐ Other comments

notes

☐ ☐ ☐ add item

notes

**Diagnoses**

☐ select diagnosis

notes

**BF4 - Assessment****Select All**

☐ Well child  
notes

☐ Normal interval growth (See growth chart.)  
notes

☐ Normal weight-for-length or BMI percentile for age  
notes

☐ Age-appropriate development  
notes

☐ add item  
notes

**Lab**

Generate Requisition

Order select a lab

**Screening**

Order select a screening

**Medical Test**

Order select a 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: select an eligibility status

**Immunization Orders**

Select Vaccine Lots

Order Refuse select an immunization

**BF4 - Anticipatory Guidance**

Make All: Yes No N/A

Yes No N/A

☐ ☐ ☐ Yes= Discussed and/or handout given

☐ ☐ ☐ **SOCIAL DETERMINANTS OF HEALTH**

☐ ☐ ☐ **Intimate partner violence**

☐ ☐ ☐ **Living situation and food security**

☐ ☐ ☐ **Tobacco, alcohol, and drug use**

☐ ☐ ☐ **Parental well-being**

☐ ☐ ☐ **TOILET TRAINING**

☐ ☐ ☐ **Techniques**


Yes No N/A

☐ ☐ ☐ **Personal hygiene**

☐ ☐ ☐ **TEMPERAMENT AND BEHAVIOR**

☐ ☐ ☐ **Development**

☐ ☐ ☐ **Temperament**

☐ ☐ ☐ **Promotion of physical activity and safe play**

☐ ☐ ☐ **Limits on TV and media use**

☐ ☐ ☐ **ASSESSMENT OF LANGUAGE DEVELOPMENT**

☐ ☐ ☐ **How child communicates and expectations for language**


Yes No N/A

☐ ☐ ☐ **Promotion of reading**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SAFETY	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Car safety seats	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Outdoor safety	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gun safety	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes	▼

**BF4 - Plan****BF4 - Immunizations****Select All**

<input type="checkbox"/>	Vaccine Administration Record reviewed	notes	▼
<input type="checkbox"/>	Administered today	notes	▼
<input type="checkbox"/>	Up-to-date for age	notes	▼
<input type="checkbox"/>	add item	notes	▼

**BF4 - Universal Screening**Make All: **Neg** **Pos** **NE**

Neg Pos NE

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Autism screening	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Screening tool used:	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Results: Passed	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Results: Failed	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lead (Medicaid or high prevalence area)		

			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pending/sent to lab	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Results: Within reference range	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Elevated	
			notes	▼
Neg	Pos	NE		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Follow-up	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oral health	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fluoride varnish applied (Yes)	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fluoride varnish applied (No)	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oral fluoride supplementation (Yes)	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oral fluoride supplementation (No)	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oral fluoride supplementation (NA)	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	
			notes	▼

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

**Select All**

☐ Anemia

notes ▼

☐ BP

notes ▼

☐ Dyslipidemia

notes ▼

☐ Hearing

notes ▼

☐ Lead (non-Medicaid or low prevalence area)

notes

☐ Oral health

notes

☐ Tuberculosis

notes

☐ Vision

notes

☐ Comments/results

notes

☐ add item

notes

### Followup

Order

Routine follow-up at 2 1/2 years

Order

Next visit

Order

Referral to

Order

select a followup

### Visit Documents

## Navigational Anchors in BF4 - 2 Year Visit

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 - Dental Home
17. BF4 - Elimination
18. BF4 - Sleep
19. BF4 - Behavior
20. BF4 - Physical Activity
21. BF4 - Development (Checked box= Normal development)
22. BF4 - Development
23. BF4 - Social and Family History
24. BF4 - Review of Systems (Focus area)
25. BF4 - Review of Systems
26. BF4 - Physical Examination (Focus area)
27. BF4 - Physical Examination
28. Diagnoses
29. BF4 - Assessment
30. Lab Orders
31. Screening Orders
32. Medical Test Orders
33. Immunizations
34. BF4 - Anticipatory Guidance
35. BF4 - Plan
36. BF4 - Immunizations
37. BF4 - Universal Screening
38. BF4 - Selective Screening (based on risk/previsit questionnaire)
39. Followup Orders
40. Visit Documents
41. Prescriptions