

**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**☐ Infant 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](#)

fineprintLbI

**BF4 - Current Medications**[Select All](#)

☐ add item

notes

**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](#)

fineprintLbI

**BF4 - Nutrition**[Select All](#)

☐ Breast milk

notes

☐ Minutes per feeding

notes

☐ Hours between feedings

notes

☐ Feedings per 24 hours

notes

☐ Problems with breastfeeding

notes

☐ Vitamin D supplements

notes

☐ None

notes

☐ Formula: Type/brand

notes

☐ Source of water

notes

☐ Feedings per 24 hours:

notes

☐ Ounces per feeding

notes

☐ Problems with bottle-feeding

notes

☐ add item

notes

#### BF4 - Elimination

Select All

☐ Regular soft stools

notes

☐ Normal urine stream

notes

☐ Details

notes

☐ add item

notes

#### BF4 - Sleep

Select All

☐ Normal pattern

notes

☐ On back

notes

☐ Safe sleep surface

notes

☐ add item

notes

**BF4 - Behavior****Select All**

☐ No concerns

notes

☐ Details

notes

☐ add item

notes

**BF4 - Activity****Select All**

☐ Tummy time

notes

☐ Details

notes

☐ add item

notes

**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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Laughs aloud	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	VERBAL LANGUAGE	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Turns to voice	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vocalizes with simple cooing	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GROSS MOTOR	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rolls over prone to supine	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Supports on elbows and wrists in prone	<input type="text" value="notes"/>	▼
Yes No Unk					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FINE MOTOR	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Keeps hands unfisted	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plays with fingers in midline	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Grasps object	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼
				<input type="text" value="notes"/>	▼

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

<input type="checkbox"/>	Areas reviewed and updated as needed (See Initial History Questionnaire.)	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	Social History	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	Family History	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	Changes since last visit		

notes

☐ Smoking household (No)

notes

☐ Smoking household (Yes)

notes

☐ Parental support and work-family balance

notes

☐ Observation of parent-infant interaction

notes

☐ Parents working outside home

notes

☐ One parent

notes

☐ Both parents

notes

☐ Child care: Parent(s)

notes

☐ Child care: Family

notes

☐ Child care: In-home

notes

☐ Child care: Center

notes

☐ Child care: Other

notes

☐ add item

notes

#### BF4 - Review of Systems (Focus area)

Select All

☐ Eyes

notes

☐ Head, Ears, Nose and Throat

notes

☐ Respiratory

☐ Gastrointestinal☐ Genitourinary☐ Skin☐ add item**BF4 - Review of Systems****Select All**☐ Constitutional☐ Cardiovascular☐ Musculoskeletal☐ 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: No positional skull deformities☐ ☐ ☐ Eyes: Fixes and follows. Red reflex present bilaterally. No opacification.

- ☐ ☐ ☐ Heart: No murmur. Symmetrical femoral pulses.

- ☐ ☐ ☐ Musculoskeletal: No leg length discrepancy, thigh folds symmetrical, and normal hip abduction.

- ☐ ☐ ☐ Neurological: Moves all extremities symmetrically. Normal strength and tone. Decreasing infant reflexes.

- ☐ ☐ ☐ Skin: No lesions, birthmarks, or bruising.

NL ABN NE

☐ ☐ ☐


#### BF4 - Physical Examination

Make All:

NL ABN NE

- ☐ ☐ ☐ Ears, nose, and throat

- ☐ ☐ ☐ Neck

- ☐ ☐ ☐ Respiratory

- ☐ ☐ ☐ Abdomen

- ☐ ☐ ☐ Genitourinary

- ☐ ☐ ☐ Normal female external genitalia

- ☐ ☐ ☐ Normal male external genitalia

- ☐ ☐ ☐ Other comments

NL ABN NE

☐ ☐ ☐



**Diagnoses**

<input type="checkbox"/>	<input type="text" value="select diagnosis"/>	▼
	<input type="text" value="notes"/>	▼

**BF4 - Assessment**

<b>Select All</b>		
<input type="checkbox"/>	Well child	
	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	Normal interval growth (See growth chart.)	
	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	Age-appropriate development	
	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	add item	▼
	<input type="text" value="notes"/>	▼

**Lab**[Generate Requisition](#)

<b>Order</b>	<input type="text" value="select a lab"/>	▼
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**Screening**

<b>Order</b>	<input type="text" value="select a screening"/>	▼
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**Medical Test**

<b>Order</b>	<input type="text" value="select a medical test"/>	▼
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**Immunizations****Vaccines**[Print](#)

	There are no immunizations recorded for this patient
Ordered	

**Diseases**

	There are no vaccine-preventable diseases for this patient
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**Forecasting Results** Updated: NA☒ Show Informational Warnings(0)[Refresh](#)

<input type="text"/>
Immunization forecasting results and warnings provided by IMMUCAST™

**▼ Vaccines For Children**

Insurance and Race as of 01/16/21

Eligibility Status: **Immunization Orders**

<a href="#">Select Vaccine Lots</a>		
<b>Order</b>	<b>Refuse</b>	
	<input type="text" value="select an immunization"/>	▼

**BF4 - Anticipatory Guidance**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Yes= Discussed and/or handout given

notes

☐ ☐ ☐ SOCIAL DETERMINANTS OF HEALTH

notes

☐ ☐ ☐ Environmental risk: lead

notes

☐ ☐ ☐ Family relationships and support

notes

☐ ☐ ☐ Child care

notes

☐ ☐ ☐ ORAL HEALTH

notes

☐ ☐ ☐ Maternal oral health

notes

☐ ☐ ☐ Teething and drooling

notes

Yes No N/A

☐ ☐ ☐ Good oral hygiene

notes

☐ ☐ ☐ NUTRITION AND FEEDING

notes

☐ ☐ ☐ General guidance on feeding

notes

☐ ☐ ☐ Feeding choices

notes

☐ ☐ ☐ Delaying solid foods

notes

☐ ☐ ☐ Breastfeeding or formula-feeding guidance

notes

☐ ☐ ☐ Supplements and over-the-counter medications

notes

☐ ☐ ☐ INFANT BEHAVIOR AND DEVELOPMENT

Yes No N/A

☐ ☐ ☐ Infant self-calming☐ ☐ ☐ Parent-infant communication☐ ☐ ☐ Consistent daily routines☐ ☐ ☐ Media☐ ☐ ☐ Playtime☐ ☐ ☐ SAFETY☐ ☐ ☐ Car safety seats☐ ☐ ☐ Safe sleep

Yes No N/A

☐ ☐ ☐ Safe home environment☐ ☐ ☐ 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

☐ ☐ ☐ Maternal depression ▼☐ ☐ ☐ Screening tool used ▼☐ ☐ ☐ Result: Neg ▼☐ ☐ ☐ Result: Pos ▼☐ ☐ ☐ add item ▼**BF4 - Selective Screening (based on risk/previsit questionnaire)****Select All**☐ BP ▼☐ Anemia ▼☐ Hearing ▼☐ Vision ▼☐ Comments/results ▼☐ add item ▼**Followup****Order** Routine follow-up at 6 months**Order** Next visit**Order** Referral to**Order**  ▼**Visit Documents**

## Navigational Anchors in BF4 - 4 Month 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. BF4 - Current Medications
14. Allergies
15. PCC eRx Allergies
16. BF4 - Nutrition
17. BF4 - Elimination
18. BF4 - Sleep
19. BF4 - Behavior
20. BF4 - 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