

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☐ Child has special health care needs

☐

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
☐ Good variety
☐ Daily fruits and vegetables
☐ Iron: Source
☐ Calcium: Source/Amount
☐ Comments

| | | |
|--------------------------|----------|---|
| <input type="checkbox"/> | add item | ▼ |
| | notes | ▼ |

BF4 - Girls**Select All**

| | | |
|--------------------------|----------------|---|
| <input type="checkbox"/> | Menarche (No) | |
| | notes | ▼ |
| <input type="checkbox"/> | Menarche (Yes) | |
| | notes | ▼ |
| <input type="checkbox"/> | add item | ▼ |
| | notes | ▼ |

BF4 - Dental Home**Select All**

| | | |
|--------------------------|--------------------------------|---|
| <input type="checkbox"/> | Dental Home (No) | |
| | notes | ▼ |
| <input type="checkbox"/> | Dental Home (Yes) | |
| | notes | ▼ |
| <input type="checkbox"/> | Brushing twice daily (Yes) | |
| | notes | ▼ |
| <input type="checkbox"/> | Brushing twice daily (No) | |
| | notes | ▼ |
| <input type="checkbox"/> | Fluoride: in water source | |
| | notes | ▼ |
| <input type="checkbox"/> | Fluoride: Oral supplement | |
| | notes | ▼ |
| <input type="checkbox"/> | Fluoride: Other | |
| | notes | ▼ |
| <input type="checkbox"/> | Sugar-sweetened beverages: No | |
| | notes | ▼ |
| <input type="checkbox"/> | Sugar-sweetened beverages: Yes | |
| | notes | ▼ |
| <input type="checkbox"/> | add item | ▼ |
| | notes | ▼ |

BF4 - Elimination

Select All☐ Regular soft stools

notes

☐ Details

notes

☐ 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

☐ Source

notes

☐ Family media use plan discussed (Yes)

notes

☐ Family media use plan discussed (No)

notes

☐ 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 |
| <input type="checkbox"/> Performance | notes |
| <input type="checkbox"/> Normal | notes |
| <input type="checkbox"/> Parent/teacher concerns | notes |
| <input type="checkbox"/> None | notes |
| <input type="checkbox"/> add item | notes |

BF4 - Behavior**Select All**

| | |
|---|-------|
| <input type="checkbox"/> No concerns | notes |
| <input type="checkbox"/> Details | notes |
| <input type="checkbox"/> Parent-child-sibling interaction | notes |
| <input type="checkbox"/> NL | notes |
| <input type="checkbox"/> Cooperation: Yes | notes |
| <input type="checkbox"/> Cooperation: No | notes |
| <input type="checkbox"/> Oppositional behavior: Yes | notes |

☐ Oppositional behavior: No

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

☐ Shows the ability to get along with others and control emotions

notes

☐ Chooses to eat healthy foods and participates in physical activity every day

notes

☐ Forms caring, supportive relationships with family members, other adults, and peers

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

☐ Neurological

☐ add item

BF4 - Review of Systems

☐ Constitutional

☐ Genitourinary

☐ Other

☐ add item

BF4 - Physical Examination (Focus area)

 Make All:

NL ABN NE

☐ ☐ ☐ General

☐ ☐ ☐ Normal BMI and BP for age.

☐ ☐ ☐ Mouth

☐ ☐ ☐ Sexual Maturity Rating

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

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

☐ ☐ ☐ Skin: No signs of cutting or other self-injury

☐ ☐ ☐ add item

BF4 - Physical ExaminationMake All: **NL** **ABN** **NE**

NL ABN NE

| | | | | | |
|-----------------------|-----------------------|-----------------------|------------------------|------------------------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Head | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Eyes | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ears, nose, and throat | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Neck | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Heart | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Respiratory | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Abdomen | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Genitourinary | <input type="text" value="notes"/> | ▼ |

NL ABN NE

| | | | | | |
|-----------------------|-----------------------|-----------------------|----------------------------------|------------------------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Normal female external genitalia | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Normal male external genitalia | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Musculoskeletal | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Neurological | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Other comments | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | add item | <input type="text" value="notes"/> | ▼ |

Diagnoses

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

BF4 - Assessment**Select All**☐ Well child☐ Normal interval growth (See growth chart.)☐ Normal BMI percentile for age☐ Normal BP percentile 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)**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 GuidanceMake All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Yes= Discussed and/or handout given

notes

☐ ☐ ☐ SOCIAL DETERMINANTS OF HEALTH

notes

☐ ☐ ☐ Neighborhood and family violence

notes

☐ ☐ ☐ Food security

notes

☐ ☐ ☐ Family substance use

notes

☐ ☐ ☐ Harm from the Internet

notes

☐ ☐ ☐ Emotional security and self-esteem

notes

☐ ☐ ☐ Connectedness with family, peers, and community

notes

Yes No N/A

☐ ☐ ☐ DEVELOPMENT AND MENTAL HEALTH

notes

☐ ☐ ☐ Temper problems, setting reasonable limits, and friends

notes

☐ ☐ ☐ Sexuality

notes

☐ ☐ ☐ SCHOOL

notes

☐ ☐ ☐ School attendance

notes

☐ ☐ ☐ School problems

notes

☐ ☐ ☐ School performance and progress

notes

☐ ☐ ☐ Co-occurrence of middle school and pubertal transitions

notes

Yes No N/A

☐ ☐ ☐ **PHYSICAL GROWTH AND DEVELOPMENT**

notes

☐ ☐ ☐ **Oral health**

notes

☐ ☐ ☐ **Nutrition**

notes

☐ ☐ ☐ **Physical activity**

notes

☐ ☐ ☐ **SAFETY**

notes

☐ ☐ ☐ **Car safety**

notes

☐ ☐ ☐ **Safety during physical activity**

notes

☐ ☐ ☐ **Water safety**

notes

Yes No N/A

☐ ☐ ☐ **Sun protection**

notes

☐ ☐ ☐ **Knowing child's friends and their families**

notes

☐ ☐ ☐ **Gun safety**

notes

☐ ☐ ☐ **add item**

notes

BF4 - Plan

BF4 - Immunizations

Select All

☐ Vaccine Administration Record reviewed

notes

☐ Administered today

notes

☐ Up-to-date for age

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

Neg Pos NE

☐ ☐ ☐ Dyslipidemia (once between 9 and 11) (completed age)☐ ☐ ☐ Result: Within reference range☐ ☐ ☐ Hearing (age 10 y)☐ ☐ ☐ Result: Normal hearing BL☐ ☐ ☐ Vision (age 10 y)☐ ☐ ☐ Normal vision for age☐ ☐ ☐ **BF4 - Selective Screening (based on risk/previsit questionnaire)****Select All**☐ Anemia☐ Hearing (age 9 y)☐ Oral health☐ Tuberculosis☐ Vision (age 9 y)☐ Comments/results

☐ **Followup** Routine follow-up in 1 year Next visit Referral to **Visit Documents**