

**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](#)

fineprintLbl

**BF4 - Current Medications**[Select All](#)☐ None

notes

☐ Details

notes

☐ 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](#)

fineprintLbl

**BF4 - Nutrition**[Select All](#)☐ Breast milk

notes

☐ Feedings per 24 hours

notes

☐ Formula

notes

☐ Feedings per 24 hours:

notes

☐ Ounces per feeding

notes

☐ Type/brand

notes

☐ Source of water

notes

☐ Solids

notes

☐ add item

notes

#### BF4 - Elimination

Select All

☐ Regular soft stools

notes

☐ Details

notes

☐ add item

notes

#### BF4 - Sleep

Select All

☐ Normal pattern

notes

☐ Safe sleep surface

notes

☐ add item

notes

#### BF4 - Behavior

Select All

☐ No concerns

notes

☐ Details

notes

☐ add item

notes

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

☐ Playtime (60 min/d) (Yes)

notes

☐ Playtime (60 min/d) (No)

notes

☐ Screen time (No)

notes

☐ Screen time (Yes)

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

☐ ☐ ☐ Uses basic gestures (eg, holds arms out to be picked up, waves "bye-bye")

notes

☐ ☐ ☐ Looks for dropped objects

notes

☐ ☐ ☐ Picks up food with fingers and eats it

☐ ☐ ☐ Turns when name called

☐ ☐ ☐ VERBAL LANGUAGE

☐ ☐ ☐ Says "Dada" or "Mama" nonspecifically

☐ ☐ ☐ GROSS MOTOR

Yes No Unk

☐ ☐ ☐ Sits well without support

☐ ☐ ☐ Pulls to stand

☐ ☐ ☐ Transitions between sitting and lying

☐ ☐ ☐ Balances on hands and knees

☐ ☐ ☐ Crawls

☐ ☐ ☐ FINE MOTOR

☐ ☐ ☐ Picks up small object with 3 fingers and thumb

☐ ☐ ☐ Releases objects intentionally

Yes No Unk

☐ ☐ ☐ Bangs objects together

☐ ☐ ☐ 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)☐ Parental support and work-family balance☐ Observation of parent-infant interaction☐ Parents working outside home☐ One parent☐ Both parents☐ Child care: Parent(s)☐ Child care: Family☐ Child care: In-home☐ Child care: Center☐ Child care: Other☐ add item

notes

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

notes

☐ Head, Ears, Nose and Throat

notes

☐ Respiratory

notes

☐ Gastrointestinal

notes

☐ Genitourinary

notes

☐ Skin

notes

☐ 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, weight, and head circumference. Normal weight-for-length for age.

notes

☐ ☐ ☐ Head: No positional skull deformities

notes

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

notes

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

notes

☐ ☐ ☐ Musculoskeletal: Normal hip abduction

notes

☐ ☐ ☐ Neurological: Moves all extremities symmetrically. Normal strength and tone. Parachute reflex present.

notes

☐ ☐ ☐ add item

notes

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

NL ABN NE

☐ ☐ ☐ Ears, nose, and throat

notes

☐ ☐ ☐ Neck

notes

☐ ☐ ☐ Respiratory

notes

☐ ☐ ☐ Abdomen

notes

☐ ☐ ☐ Genitourinary

notes

☐ ☐ ☐ Normal female external genitalia

notes

☐ ☐ ☐ Normal male external genitalia

notes



☐ ☐ ☐ Skin

notes

NL ABN NE

☐ ☐ ☐ Other comments

notes

☐ ☐ ☐ add item

notes

**Diagnoses**

☐ select diagnosis

notes

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

☐ Well child

notes

☐ Normal interval growth (See growth chart.)

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**

## ▼ 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☐ ☐ ☐ Intimate partner violence☐ ☐ ☐ Family relationships and support☐ ☐ ☐ DISCIPLINE☐ ☐ ☐ Parent expectation of infant's behavior☐ ☐ ☐ NUTRITION AND FEEDING☐ ☐ ☐ Self-feeding

Yes No N/A

☐ ☐ ☐ Mealtime routines☐ ☐ ☐ Transition to solid foods☐ ☐ ☐ Cup drinking☐ ☐ ☐ Plans for weaning

☐ ☐ ☐ **INFANT BEHAVIOR AND DEVELOPMENT**☐ ☐ ☐ **Changing sleep patterns**☐ ☐ ☐ **Developmental mobility and cognitive development**☐ ☐ ☐ **Interactive learning and communication**

Yes No N/A

☐ ☐ ☐ **Media**☐ ☐ ☐ **SAFETY**☐ ☐ ☐ **Car safety seats**☐ ☐ ☐ **Heatstroke prevention**☐ ☐ ☐ **Firearm safety**☐ ☐ ☐ **Safe home environment: burns, poisoning, drowning, and falls**☐ ☐ ☐ **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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Developmental screening	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Screening tool used	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Result: Passed in all areas	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Result: Failed in the following areas	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oral health risk assessment	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"/>	add item	notes	▼

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

<input type="checkbox"/>	BP	notes	▼
<input type="checkbox"/>	Hearing	notes	▼
<input type="checkbox"/>	Lead	notes	▼
<input type="checkbox"/>	Oral fluoride supplementation	notes	▼
<input type="checkbox"/>	Vision	notes	▼
<input type="checkbox"/>	Comments/results	notes	▼

☐ add item

notes

**Followup**

Order	Routine follow-up at 12 months
Order	Next visit
Order	Referral to
Order	select a followup

**Visit Documents**