

**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:****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

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](#)

☐ Good appetite

notes

☐ Good variety

notes

☐ Daily fruits and vegetables

notes

☐ Iron: Source

notes

☐ Calcium: Source/Amount

notes

☐ Juice (No)

notes

☐ Juice (Yes)

☐ Comments☐ add item**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☐ Caregiver concerns about development: None☐ Caregiver concerns about development: Yes☐ add item**BF4 - Development**Make All: **Yes** **No** **Unk**

Yes No Unk

☐ ☐ ☐ SOCIAL LANGUAGE AND SELF-HELP☐ ☐ ☐ Goes to the bathroom and urinates by self☐ ☐ ☐ Plays and shares with others☐ ☐ ☐ Puts on coat, jacket, or shirt by self☐ ☐ ☐ Begins to play make-believe☐ ☐ ☐ Eats independently☐ ☐ ☐ VERBAL LANGUAGE☐ ☐ ☐ Uses 3-word sentences

notes

Yes No Unk

- ☐ ☐ ☐ Uses words that are 75% intelligible to strangers

notes

- ☐ ☐ ☐ Understands simple prepositions (eg, on, under)

notes

- ☐ ☐ ☐ Tells a story from a book or TV

notes

- ☐ ☐ ☐ Compares things using words such as bigger or shorter

notes

- ☐ ☐ ☐ GROSS MOTOR

notes

- ☐ ☐ ☐ Pedals tricycle

notes

- ☐ ☐ ☐ Climbs on and off couch or chair

notes

- ☐ ☐ ☐ Jumps forward

notes

Yes No Unk

- ☐ ☐ ☐ FINE MOTOR

notes

- ☐ ☐ ☐ Draws a single circle

notes

- ☐ ☐ ☐ Draws a person with a head and one other body part

notes

- ☐ ☐ ☐ Cuts with child scissors

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

<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
<input type="checkbox"/> Firearms in home (No)	notes
<input type="checkbox"/> Firearms in home (Yes)	notes
<input type="checkbox"/> Parent-child interaction: Communication: NL	notes
<input type="checkbox"/> Cooperation: NL	notes
<input type="checkbox"/> Choices: NL	notes
<input type="checkbox"/> Appropriate responses to behavior: NL	notes
<input type="checkbox"/> Parents working outside home	notes
<input type="checkbox"/> One parent	notes
<input type="checkbox"/> Both parents	notes
<input type="checkbox"/> Child care (No)	notes
<input type="checkbox"/> Child care (Yes)	notes
<input type="checkbox"/> Child care (Type)	notes

<input type="checkbox"/>	Preschool (No)	notes	▼
<input type="checkbox"/>	Preschool (Yes)	notes	▼
<input type="checkbox"/>	Preschool (Type)	notes	▼
<input type="checkbox"/>	add item	notes	▼

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

<b>Select All</b>			
<input type="checkbox"/>	Eyes	notes	▼
<input type="checkbox"/>	Head, Ears, Nose and Throat	notes	▼
<input type="checkbox"/>	Respiratory	notes	▼
<input type="checkbox"/>	Gastrointestinal	notes	▼
<input type="checkbox"/>	Genitourinary	notes	▼
<input type="checkbox"/>	Skin	notes	▼
<input type="checkbox"/>	add item	notes	▼

**BF4 - Review of Systems**

<b>Select All</b>			
<input type="checkbox"/>	Constitutional	notes	▼
<input type="checkbox"/>	Cardiovascular	notes	▼
<input type="checkbox"/>	Musculoskeletal	notes	▼
<input type="checkbox"/>	Neurological	notes	▼



☐ Other☐ add item**BF4 - Physical Examination (Focus area)**Make All: **NL** **ABN** **NE**

NL ABN NE

☐ ☐ ☐ General☐ ☐ ☐ Normal BMI and BP for age.☐ ☐ ☐ Eyes: Fixes and follows. Extraocular eye movements intact. Red reflex present bilaterally. No opacification.☐ ☐ ☐ Mouth: Healthy-appearing teeth without caries, plaque, discoloration, or breakage. No gingivitis.☐ ☐ ☐ Abdomen: no palpable masses.☐ ☐ ☐ Neurological: Speech clear and appropriate language for age.☐ ☐ ☐ Skin: No lesions (atypical nevi, cafe-au-lait spots, or birthmarks) or bruising.☐ ☐ ☐ add item**BF4 - Physical Examination**Make All: **NL** **ABN** **NE**

NL ABN NE

☐ ☐ ☐ Head☐ ☐ ☐ Ears, nose, and throat☐ ☐ ☐ Neck☐ ☐ ☐ Heart

☐ ☐ ☐ Respiratory

☐ ☐ ☐ Genitourinary

☐ ☐ ☐ Normal female external genitalia

☐ ☐ ☐ Normal male external genitalia

NL ABN NE

☐ ☐ ☐ Musculoskeletal

☐ ☐ ☐ Other comments

☐ ☐ ☐ add item

**Diagnoses**
☐ select diagnosis

**BF4 - Assessment****Select All**
☐ Well child

☐ Normal interval growth (See growth chart.)

☐ Normal BMI percentile for age

☐ Normal BP percentile for age

☐ Age-appropriate development

☐ add item

## 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

notes

☐ ☐ ☐ SOCIAL DETERMINANTS OF HEALTH

notes

☐ ☐ ☐ Living situation and food security

notes

☐ ☐ ☐ Tobacco, alcohol, and drug use

notes

☐ ☐ ☐ Positive family interactions

notes

☐ ☐ ☐ Engagement in the community

☐ ☐ ☐ **PLAYING WITH SIBLINGS AND PEERS**

☐ ☐ ☐ **Play opportunities and interactive games**

Yes No N/A

☐ ☐ ☐ **Sibling relationships**

☐ ☐ ☐ **ENCOURAGING LITERACY ACTIVITIES**

☐ ☐ ☐ **Reading, talking, and singing together**

☐ ☐ ☐ **Language development**

☐ ☐ ☐ **PROMOTING HEALTHY NUTRITION AND PHYSICAL ACTIVITY**

☐ ☐ ☐ **Water, milk, and juice**

☐ ☐ ☐ **Nutritious foods**

☐ ☐ ☐ **Competence in motor skills and limits on inactivity**

Yes No N/A

☐ ☐ ☐ **SAFETY**

☐ ☐ ☐ **Car safety seats**

☐ ☐ ☐ **Choking prevention**

☐ ☐ ☐ **Pedestrian safety and falls from windows**

☐ ☐ ☐ **Water safety**

☐ ☐ ☐ **Pets**

☐ ☐ ☐ 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

notes

☐ add item

notes

##### BF4 - Universal Screening

Make All: **Neg** **Pos** **NE**

Neg Pos NE

☐ ☐ ☐ Oral health

notes

☐ ☐ ☐ Fluoride varnish applied (Yes)

notes

☐ ☐ ☐ Fluoride varnish applied (No)

notes

☐ ☐ ☐ Oral fluoride supplementation (Yes)

notes

☐ ☐ ☐ Oral fluoride supplementation (No)

notes

☐ ☐ ☐ Oral fluoride supplementation (NA)

notes

☐ ☐ ☐ add item

notes

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

**Select All**☐ Anemia

notes

☐ Hearing

notes

☐ Lead

notes

☐ Oral health

notes

☐ Tuberculosis

notes

☐ Comments/results

notes

☐ add item

notes

**Followup****Order**

Routine follow-up at 4 years

**Order**

Next visit

**Order**

Referral to

**Order**

select a followup

**Visit Documents**

## Navigational Anchors in BF4 - 3 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