

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 has bowel movement by self☐ ☐ ☐ Dresses and undresses without help☐ ☐ ☐ Plays make-believe☐ ☐ ☐ VERBAL LANGUAGE☐ ☐ ☐ Uses 4-word sentences☐ ☐ ☐ Uses words that are 100% intelligible to strangers☐ ☐ ☐ Answers questions

Yes No Unk

☐ ☐ ☐ Tells a story from a book

☐ ☐ ☐ GROSS MOTOR

☐ ☐ ☐ Climbs stairs, alternating feet without support

☐ ☐ ☐ Skips on one foot

☐ ☐ ☐ FINE MOTOR

☐ ☐ ☐ Draws a person with at least 3 body parts

☐ ☐ ☐ Draws a simple cross

☐ ☐ ☐ Unbuttons and buttons medium-sized buttons

Yes No Unk

☐ ☐ ☐ Grasps a pencil with thumb and fingers instead of fist

☐ ☐ ☐ Draws recognizable pictures

☐ ☐ ☐ 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)☐ Firearms in home (No)☐ Firearms in home (Yes)☐ Parent-child interaction: Communication: NL☐ Cooperation: NL☐ Choices: NL☐ Appropriate responses to behavior: NL☐ Parents working outside home☐ One parent☐ Both parents☐ Child care (No)☐ Child care (Yes)☐ Child care (Type)☐ Preschool (No)☐ Preschool (Yes)

☐ **Preschool (Type)**☐ **add item****BF4 - Review of Systems (Focus area)****Select All**☐ **Eyes**☐ **Head, Ears, Nose and Throat**☐ **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 BMI and BP for age.☐ ☐ ☐ Eyes: Extraocular eye movements intact. Red reflex present bilaterally. No opacification.☐ ☐ ☐ Mouth: Healthy-appearing teeth without visible decay or white spots. No gingivitis.☐ ☐ ☐ Abdomen: no palpable masses.☐ ☐ ☐ Neurological: Normal gait. Speech clear and fluent without articulation difficulties. Fine motor skills appropriate for age.☐ ☐ ☐ Skin: No rashes or bruising.☐ ☐ ☐ add item**BF4 - Physical Examination**Make All: **NL** **ABN** **NE**

NL ABN NE

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

☐ ☐ ☐ 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 BMI percentile for age
notes

☐ Normal BP percentile for age
notes

☐ Age-appropriate development
notes

☐ add item
notes

Lab**Generate Requisition**

Order select a lab

Screening

Order	select a screening	▼
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Medical Test

Order	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](#)

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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	▼
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Immunization Orders[Select Vaccine Lots](#)

Order	Refuse	select an immunization	▼
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BF4 - Anticipatory GuidanceMake All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes= Discussed and/or handout given	<table border="1"><tr><td>notes</td><td>▼</td></tr></table>	notes	▼
notes	▼					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SOCIAL DETERMINANTS OF HEALTH	<table border="1"><tr><td>notes</td><td>▼</td></tr></table>	notes	▼
notes	▼					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Living situation and food security	<table border="1"><tr><td>notes</td><td>▼</td></tr></table>	notes	▼
notes	▼					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tobacco, alcohol, and drug use	<table border="1"><tr><td>notes</td><td>▼</td></tr></table>	notes	▼
notes	▼					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Intimate partner violence	<table border="1"><tr><td>notes</td><td>▼</td></tr></table>	notes	▼
notes	▼					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Safety in the community	<table border="1"><tr><td>notes</td><td>▼</td></tr></table>	notes	▼
notes	▼					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Engagement in the community	<table border="1"><tr><td>notes</td><td>▼</td></tr></table>	notes	▼
notes	▼					

☐ ☐ ☐ **DEVELOPING HEALTHY NUTRITION AND PERSONAL HABITS**

Yes No N/A

☐ ☐ ☐ **Water, milk, and juice**☐ ☐ ☐ **Nutritious foods**☐ ☐ ☐ **Daily routines that promote health**☐ ☐ ☐ **SCHOOL READINESS**☐ ☐ ☐ **Language understanding and fluency**☐ ☐ ☐ **Feelings**☐ ☐ ☐ **Opportunities to socialize with other children**☐ ☐ ☐ **Readiness for structured learning experiences**

Yes No N/A

☐ ☐ ☐ **Early childhood programs and preschool**☐ ☐ ☐ **MEDIA USE**☐ ☐ ☐ **Limits on use**☐ ☐ ☐ **Promoting physical activity and safe play**☐ ☐ ☐ **SAFETY**☐ ☐ ☐ **Belt-positioning car booster seat**☐ ☐ ☐ **Outdoor safety**☐ ☐ ☐ **Water safety**

Yes No N/A

☐ ☐ ☐ Sun protection☐ ☐ ☐ Pets☐ ☐ ☐ Gun safety☐ ☐ ☐ 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

☐ ☐ ☐ Hearing☐ ☐ ☐ Unable to complete☐ ☐ ☐ Result: Normal hearing BL☐ ☐ ☐ Vision☐ ☐ ☐ Unable to Complete

☐ ☐ ☐ Normal vision for age

☐ ☐ ☐ Oral health

☐ ☐ ☐ Fluoride varnish applied (Yes)

Neg Pos NE

☐ ☐ ☐ Fluoride varnish applied (No)

☐ ☐ ☐ Oral fluoride supplementation (Yes)

☐ ☐ ☐ Oral fluoride supplementation (No)

☐ ☐ ☐ Oral fluoride supplementation (NA)

☐ ☐ ☐ add item

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

☐ Anemia

☐ Dyslipidemia

☐ Lead

☐ Oral health

☐ Tuberculosis

☐ Comments/results

☐ add item

Followup

Order Routine follow-up at 5 years

Order Next visit

Order Referral to

Order

Visit Documents

Navigational Anchors in BF4 - 4 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