

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

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 ▾☐ Feedings per 24 hours ▾☐ Problems with breastfeeding ▾☐ Vitamin D supplements ▾☐ None ▾☐ Formula: Type/brand ▾☐ Source of water ▾☐ Feedings per 24 hours: ▾

☐ Ounces per feeding

notes

☐ Problems with bottle-feeding

notes

☐ Solids: Not yet started

notes

☐ Solids: Giving

notes

☐ add item

notes

BF4 - Elimination**Select All**☐ Regular soft stools

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

☐ **BF4 - Activity****Select All**☐ Tummy time☐ No concerns☐ **BF4 - Development (Checked box= Normal development)****Select All**☐ See Previsit Questionnaire☐ Caregiver concerns about development: None☐ Caregiver concerns about development: Yes☐ **BF4 - Development**Make All: **Yes** **No** **Unk**

Yes No Unk

☐ ☐ ☐ SOCIAL LANGUAGE AND SELF-HELP☐ ☐ ☐ Pats or smiles at reflection☐ ☐ ☐ Begins to turn when name called☐ ☐ ☐ VERBAL LANGUAGE☐ ☐ ☐ Babbles

☐ ☐ ☐ GROSS MOTOR

☐ ☐ ☐ Rolls over supine to prone

☐ ☐ ☐ Sits briefly without support

Yes No Unk

☐ ☐ ☐ FINE MOTOR

☐ ☐ ☐ Reaches for object and transfers

☐ ☐ ☐ Rakes small object with 4 fingers

☐ ☐ ☐ Bangs small object on surface

☐ ☐ ☐ 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

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

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

notes

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

notes

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

notes

NL ABN NE

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

- ☐ ☐ ☐ Other comments

notes

NL ABN NE

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

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 GuidanceMake All: ☐ Yes ☐ No ☐ N/A

Yes No N/A

☐ ☐ ☐ Yes= Discussed and/or handout given

notes

☐ ☐ ☐ SOCIAL DETERMINANTS OF HEALTH

			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Living situation and food security	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tobacco, alcohol, and drug use	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parental depression	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family relationships and support	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child care	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ORAL HEALTH	
			notes	▼
Yes No N/A				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fluoride	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oral hygiene/soft toothbrush	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Avoidance of bottle in bed	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	NUTRITION AND FEEDING	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	General guidance on feeding	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Solid foods	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pesticides in vegetables and fruits	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fluids and juice	
			notes	▼
Yes No N/A				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Breast or formula-feeding guidance	
			notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	INFANT BEHAVIOR AND DEVELOPMENT	
			notes	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parents as teachers	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Communication and early literacy	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Media	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Emerging infant independence	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Putting self to sleep	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Self-calming	notes	▼
Yes No N/A					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SAFETY	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Car safety seats	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Safe sleep	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Safe home environment: burns, sun exposure, choking, poisoning, drowning, and falls	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes	▼

BF4 - Plan**BF4 - Immunizations****Select All**

<input type="checkbox"/>	Vaccine Administration Record reviewed	notes	▼
<input type="checkbox"/>	Administered today	notes	▼
<input type="checkbox"/>	Up-to-date for age	notes	▼
<input type="checkbox"/>	add item	notes	▼

BF4 - Universal ScreeningMake All: **Neg** **Pos** **NE**

Neg Pos NE

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Maternal depression	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Screening tool used	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Result: Neg	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Result: Pos	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"/>	Tuberculosis	notes	▼
<input type="checkbox"/>	Hearing	notes	▼
<input type="checkbox"/>	Oral fluoride supplementation	notes	▼
<input type="checkbox"/>	Lead	notes	▼
<input type="checkbox"/>	Vision	notes	▼
<input type="checkbox"/>	Comments/results		

**Followup****Order**

Routine follow-up at 9 months

Order

Next visit

Order

Referral to

Order**Visit Documents**