

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

☐

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/ADisplay: **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/ADisplay: **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 - 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**

<input type="checkbox"/>	Regular soft stools	
	notes	▼
<input type="checkbox"/>	Details	
	notes	▼
<input type="checkbox"/>	add item	▼
	notes	▼

BF4 - Sleep

Select All☐ No concerns☐ Details☐ add item**BF4 - Physical Activity****Select All**☐ Playtime (60 min/d) (Yes)☐ Playtime (60 min/d) (No)☐ Screen time: h/d:☐ Source☐ Quality monitored (Yes)☐ Quality monitored (No)☐ Family media use plan discussed (Yes)☐ Family media use plan discussed (No)☐ add item**BF4 - School****Select All**☐ Grade☐ IEP/504/behavior plan (Yes)☐ IEP/504/behavior plan (No)

notes

☐ IEP/504/behavior plan (NA)

notes

☐ Performance

notes

☐ Normal

notes

☐ Parent/teacher concerns

notes

☐ None

notes

☐ add item

notes

BF4 - Behavior

Select All

☐ No concerns

notes

☐ Details

notes

☐ Parent-child-sibling interaction

notes

☐ NL

notes

☐ Cooperation: Yes

notes

☐ Cooperation: No

notes

☐ 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

☐ add item

notes

BF4 - DevelopmentMake All: **Yes** **No** **Unk**

Yes No Unk

☐ ☐ ☐ SOCIAL LANGUAGE AND SELF-HELP

notes

☐ ☐ ☐ Cuts most foods with a knife

notes

☐ ☐ ☐ Ties shoes

notes

☐ ☐ ☐ Is dry day and night

notes

☐ ☐ ☐ Chooses preferred foods

notes

☐ ☐ ☐ Starts/continues conversations with peers

notes

☐ ☐ ☐ Plays and interacts with at least one "best friend"

notes

☐ ☐ ☐ VERBAL LANGUAGE

notes

Yes No Unk

☐ ☐ ☐ Tells a story with a beginning, a middle, and an end

notes

☐ ☐ ☐ Masters all consonant sounds and combinations, such as "d" or "ch"

notes

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Counts 10 objects	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Can do simple addition and subtraction with objects	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GROSS MOTOR	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rides a standard bike	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hops on one foot 3 to 4 times	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Catches small ball with 2 hands	<input type="text" value="notes"/>	▼
Yes No Unk					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FINE MOTOR	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Draws a 12-part person	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prints 3 or more simple words without copying	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Writes first and last names in uppercase or lowercase letters	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼

BF4 - Social and Family History**Select All**

<input type="checkbox"/>	Areas reviewed and updated as needed (See Initial History Questionnaire.)	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	Social History	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	Family History	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	Changes since last visit	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	No interval change	<input type="text" value="notes"/>	▼

☐ Smoking household (No)☐ 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****Select All**☐ Constitutional☐ Genitourinary☐ 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.☐ ☐ ☐ Mouth: Without visible caries. No gingivitis. No malocclusion.☐ ☐ ☐ Neurological: Normal gait.☐ ☐ ☐ add item**BF4 - Physical Examination**

Make 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"/>	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"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Normal female external genitalia	<input type="text" value="notes"/>	▼

NL ABN NE

<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"/>	Skin	<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"/>	▼
	<input type="text" value="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

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= Discussed and/or handout given

notes

- ☐ ☐ ☐ SOCIAL DETERMINANTS OF HEALTH

notes

- ☐ ☐ ☐ Neighborhood and family violence

notes

- ☐ ☐ ☐ Food security

notes

- ☐ ☐ ☐ Family substance use

notes

- ☐ ☐ ☐ Emotional security and self-esteem

notes

- ☐ ☐ ☐ Connectedness with family

notes

- ☐ ☐ ☐ DEVELOPMENT AND MENTAL HEALTH

notes

Yes No N/A

- ☐ ☐ ☐ Family rules and routines, concern for others, and respect for others

notes

- ☐ ☐ ☐ Patience and control over anger

notes

- ☐ ☐ ☐ SCHOOL

notes

- ☐ ☐ ☐ Readiness, established routines, school attendance, and friends

notes

- ☐ ☐ ☐ After-school care and activities; parent-teacher communication

notes

- ☐ ☐ ☐ PHYSICAL GROWTH AND DEVELOPMENT

notes

- ☐ ☐ ☐ Oral health

notes

- ☐ ☐ ☐ Nutrition

notes

Yes No N/A

☐ ☐ ☐ Physical activity

☐ ☐ ☐ SAFETY

☐ ☐ ☐ Car safety

☐ ☐ ☐ Outdoor safety

☐ ☐ ☐ Water safety

☐ ☐ ☐ Sun protection

☐ ☐ ☐ Harm from adults

☐ ☐ ☐ Home fire safety

Yes No N/A

☐ ☐ ☐ 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

notes

☐ ☐ ☐ Unable to complete

notes

☐ ☐ ☐ Result: Normal hearing BL

notes

☐ ☐ ☐ Vision

notes

☐ ☐ ☐ Unable to Complete

notes

☐ ☐ ☐ Normal vision for age

notes

☐ ☐ ☐ add item

notes

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

notes

☐ Dyslipidemia

notes

☐ Lead

notes

☐ Oral health

notes

☐ Tuberculosis

notes

☐ Comments/results

notes

☐ add item

notes

Followup**Order**

Routine follow-up at 7 years

Order Next visit

Order Referral to

Order select a followup

Visit Documents

Navigational Anchors in BF4 - 6 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 - Physical Activity
20. BF4 - School
21. BF4 - Behavior
22. BF4 - Development (Checked box= Normal development)
23. BF4 - Development
24. BF4 - Social and Family History
25. BF4 - Review of Systems (Focus area)
26. BF4 - Review of Systems
27. BF4 - Physical Examination (Focus area)
28. BF4 - Physical Examination
29. Diagnoses
30. BF4 - Assessment
31. Lab Orders
32. Screening Orders
33. Medical Test Orders
34. Immunizations
35. BF4 - Anticipatory Guidance
36. BF4 - Plan
37. BF4 - Immunizations
38. BF4 - Universal Screening
39. BF4 - Selective Screening (based on risk/previsit questionnaire)
40. Followup Orders
41. Visit Documents
42. Prescriptions