

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:**☐ None
 ☐ Details
 ☐ add item
 BF4 - Interval History:☐ None
 ☐ Details
 ☐ add item
 BF4 - Medical History☐ 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

☐ Comments

notes

<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

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: h/d:

notes

☐ Source

notes

☐ Family media use plan discussed (Yes)

notes

☐ Family media use plan discussed (No)

notes

☐ add item

notes

BF4 - School**Select All**☐ Grade

notes

☐ IEP/504/behavior plan (Yes)

notes

☐ 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

- ☐ Shows the ability to get along with others and control emotions

notes

- ☐ Chooses to eat healthy foods and participates in physical activity every day

notes

- ☐ Forms caring, supportive relationships with family members, other adults, and peers

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

- ☐ Family History

notes

- ☐ Changes since last visit

notes

- ☐ No interval change

notes

- ☐ Smoking household (No)

notes

- ☐ Smoking household (Yes)

notes

- ☐ Firearms in home (No)

notes

- ☐ Firearms in home (Yes)

notes

- ☐ Observation of parent-child interaction

notes

☐ 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

☐ ☐ ☐ General☐ ☐ ☐ Normal BMI and BP for age.☐ ☐ ☐ Eyes: Extraocular eye movements intact.☐ ☐ ☐ Mouth: Without visible caries. No gingivitis. No malocclusion.☐ ☐ ☐ Sexual Maturity Rating☐ ☐ ☐ Female: Breast development SMR, pubic hair SMR☐ ☐ ☐ Male: Testicular development SMR, pubic hair SMR☐ ☐ ☐ Musculoskeletal: Full range of motion in hips, knees, and ankles.

NL ABN NE

☐ ☐ ☐ Neurological: Normal gait.☐ ☐ ☐ add item**BF4 - Physical Examination**Make All:

NL ABN NE

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Head	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ears, nose, and throat	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neck	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Heart	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Respiratory	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdomen	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Genitourinary	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Normal female external genitalia	notes	▼
NL ABN NE					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Normal male external genitalia	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Skin	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other comments	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes	▼

Diagnoses

<input type="checkbox"/>	select diagnosis	▼
	notes	▼

BF4 - Assessment**Select All**

<input type="checkbox"/>	Well child	notes	▼
<input type="checkbox"/>	Normal interval growth (See growth chart.)	notes	▼

☐ Normal BMI percentile for age

☐ Normal BP percentile for age

☐ 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 GuidanceMake All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Yes= Discussed and/or handout given

☐ ☐ ☐ SOCIAL DETERMINANTS OF HEALTH

☐ ☐ ☐ Neighborhood and family violence

notes

☐ ☐ ☐ **Food security**

notes

☐ ☐ ☐ **Family substance use**

notes

☐ ☐ ☐ **Harm from the Internet**

notes

☐ ☐ ☐ **Emotional security and self-esteem**

notes

☐ ☐ ☐ **Connectedness with family, peers, and community**

notes

Yes No N/A

☐ ☐ ☐ **DEVELOPMENT AND MENTAL HEALTH**

notes

☐ ☐ ☐ **Independence**

notes

☐ ☐ ☐ **Rules and consequences**

notes

☐ ☐ ☐ **Temper problems and conflict resolution**

notes

☐ ☐ ☐ **Puberty and pubertal development**

notes

☐ ☐ ☐ **SCHOOL**

notes

☐ ☐ ☐ **Adaption to school**

notes

☐ ☐ ☐ **School problems (behavior or learning issues)**

notes

Yes No N/A

☐ ☐ ☐ **School performance and progress; school attendance**

notes

☐ ☐ ☐ **IEP or special education services**

notes

☐ ☐ ☐ **Involvement in school activities and after-school programs**

notes

☐ ☐ ☐ **PHYSICAL GROWTH AND DEVELOPMENT**

☐ ☐ ☐ **Oral health**

☐ ☐ ☐ **Nutrition**

☐ ☐ ☐ **Physical activity**

☐ ☐ ☐ **SAFETY**

Yes No N/A

☐ ☐ ☐ **Car safety**

☐ ☐ ☐ **Safety during physical activity**

☐ ☐ ☐ **Water safety**

☐ ☐ ☐ **Sun protection**

☐ ☐ ☐ **Harm from adults**

☐ ☐ ☐ **Gun safety**

☐ ☐ ☐ **add item**

BF4 - Plan**BF4 - Immunizations****Select All**
☐ **Vaccine Administration Record reviewed**

☐ **Administered today**

☐ **Up-to-date for age**

☐ add item

notes

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

Neg Pos NE

☐ ☐ ☐ None (age 7 y)

notes

☐ ☐ ☐ Hearing (age 8 y)

notes

☐ ☐ ☐ Result: Normal hearing BL

notes

☐ ☐ ☐ Vision (age 8 y)

notes

☐ ☐ ☐ Normal vision for age

notes

☐ ☐ ☐ add item

notes

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

☐ Anemia

notes

☐ Dyslipidemia

notes

☐ Hearing (age 7 y)

notes

☐ Oral health

notes

☐ Tuberculosis

notes

☐ Vision (age 7 y)

notes

☐ Comments/results

notes

☐

add item

▼

notes

▼

Followup

Order	Routine follow-up in 1 year	
Order	Next visit	
Order	Referral to	
Order	select a followup	▼

Visit Documents