

Name: _____ MRN: _____ DOB: _____

Reason for appt:

Major issues at last appt:

Pre-visit scrub

Referrals Pending:	HM Due:	Special Projects:	
INSURANCE:		<input type="checkbox"/> ASQ/MCHAT <input type="checkbox"/> First Tooth <input type="checkbox"/> Lead Screening <input type="checkbox"/> Reach out and Read	<input type="checkbox"/> One Key Question <input type="checkbox"/> S2BI

MA

Immunizations:	Imaging	Outside Records Needed:
<input type="checkbox"/> Up to Date <input type="checkbox"/> Need Records <input type="checkbox"/> Declines	X-Ray Ultrasound CT Other	
Dtap HIB PCV13 Rota Hep B Hep A MMR Varicella IPV Tdap HPV MCV4 Influenza	Specialty Referral	
	Spine Assessment: YES NO	

Vision Check:	Hearing:	Notes:
OD 20/_____ OD 20/_____ OD 20/_____ <input type="checkbox"/> With Correction <input type="checkbox"/> Without Correction	Right Left _____ 1,000 _____ _____ 2,000 _____ _____ 3,000 _____ _____ 4,000 _____	

Lab:

Labs Today:	Notes:
<input type="checkbox"/> PKU (2-week) <input type="checkbox"/> Hemoglobin <input type="checkbox"/> Urine <input type="checkbox"/> Blood	

Dot Phrase Cheat Sheet: <p style="text-align: center;">.xwell***</p> <p style="text-align: center;">For well child exams by age/gender</p>

Check out:

Follow up: <input type="checkbox"/> WCC <input type="checkbox"/> RN <input type="checkbox"/> PCP <input type="checkbox"/> Other _____ <input type="checkbox"/> PRN
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