PEDIATRICS

Well-child visit

Blank documentation outlines. Adapt to the encounter and your practice requirements; complete only findings and care actually documented.

ENCOUNTER

Patient name:

Date of birth:

Date and time of encounter:

Clinician:

HISTORY

Parent, caregiver or patient present

Concerns raised

Interval history since last visit

Feeding or nutrition, sleep, elimination and activity as reported

School or childcare and behavior as reported

GROWTH AND VITALS

Weight, length or height and head circumference if measured, with units and percentiles

Body mass index percentile if calculated

Other vitals measured, with units

DEVELOPMENT AND SCREENING

Developmental or behavioral screening tool and result

Other screening performed and results

Vision and hearing screening and results if performed

EXAMINATION

Examination performed and findings

IMMUNIZATIONS

Immunization record reviewed

Vaccines given today, with product, lot, site and route

Vaccines deferred or declined and reason

ASSESSMENT AND PLAN

Problems addressed today

Anticipatory guidance discussed

Referrals and orders

FOLLOW-UP

Follow-up timing and purpose

Return precautions discussed

Patient questions and understanding