

Editing Well Visit Templates

Last Modified on 09/24/2021 1:34 pm EDT



OP sets **all defaults to share all information**. Any individual decisions by Practice-users to restrict information sharing (access, use, or exchange) are the responsibility of the Practice in the implementation of its 21st Century Cures Act Information Blocking policies and procedures for its Practice and patients.

Version 20.3

Path: Clinical tab > Well Visit Templates

Overview

All of the Office Practicum Well Visit Templates were created by our Medical Director, Susan Kressly, M.D., F.A.A.P. These templates are based off of the Bright Futures Guidelines and contain Bright Futures Anticipatory Guidance, Developmental Milestones, Pre-Visit Surveys, Developmental Surveys, Patient/Parent Educational Handouts, and other items following Bright Futures recommendations.

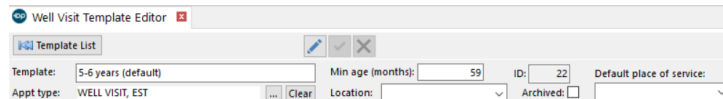


Note: While these templates provide you with a great starting place, we suggest that each practice review the information included in each template, as well as the orders and workflow, prior to beginning any real patient documentation.

1. Follow the path above to access the Well Visit Template Editor window.
2. Select a **Template** and click the **Edit** button.

Template Properties

- Review the template properties.



Property	Description
Template	Name given to a template.
Appt Type	Selection of a default appointment type when scheduling. Not a requirement to save the template.
Min Age (Months)	The minimum age a child must be to receive a prompt for use. This only occurs if the template was not selected at the time of making an appointment.
Location	Assignment can be made to view templates by location.
Archived	Selection if template is no longer used.
Default place of service	A place of service can be selected in this field and will populate the Place of service on the Visit Info window when charting. This is not a required field.

Well Visit Notes

- Click the **Well Visit Notes** tab if it is not already selected. Review and edit the fields.

Field	Description

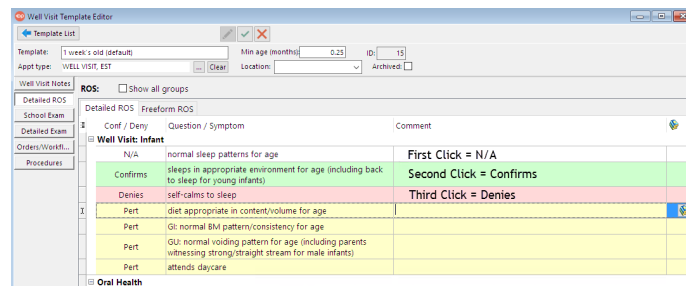
Field	Description
Interval History	Information age appropriate for what has happened since last well visit.
Developmental Assessment	Developmental Milestones are charted during a visit. Information entered in this field can be used in place or with the milestones charted.
Anticipatory Guidance	Age appropriate questions and discussion points.
Counseling	Information entered includes counseling that is commonly done during the visit.
Assessment/Plan	This describes what will be done to treat the patient – ordering labs, referrals, procedures performed, medications prescribed, etc. This should address what was discussed or advised with the patient as well as timings for further review or follow-up are generally included.
Patient Instruct	Instructions entered will be visible on the Patient Portal when the template is selected. Instructions are typically a summary of the visit written for understanding by the reader.

Add a Diagnosis Code

- Click the **Add** button.
- Select the **Prim?** checkbox if the code is the primary diagnosis.
- Click the **ICD10 Description** field.
- Click the **Search** button. The ICD10 Search window is displayed.
- Enter a **Description** or **Code** in the ICD10 Code/Description field.
- Select the **Diagnosis Code**.
- Repeat this process for any additional Diagnosis Code to be associated to the well visit (i.e. Counseling for Physical Activity and Nutrition).

Detailed ROS

- Click the **Detailed ROS** tab. Set the **ROS Questions/Symptoms**.



Setting	Description
Pert	Relevant symptom/question to display when template is opened. Is not on the finalized note.
Confirms	Confirmation of the symptom/question. Is on the finalized note.
Denies	Denies the symptom/question. Is on the finalized note.
N/A	Not applicable for the template. Removes from the group list.



Note: To see other Review of Systems groups, select the **Show all groups** checkbox.

School Exam

- Click the **School Exam** tab. Set the **School Exam** questions. Review or change the default School Exam settings.

Well Visit Notes	Objective:	Alert, active, well appearing		
Detailed ROS	Eyes:	RR+ +	Pulses:	NORMAL
School Exam	Hearing:	NORMAL	Back:	NORMAL
Detailed Exam	HEENT:	NORMAL	[M] Genitalia:	NORMAL
Orders/Workfl...	Ears:	NORMAL	[F] Genitalia:	NORMAL
Procedures	Throat:	NORMAL	Hernia:	NONE
	Neck:	NORMAL	Extremity:	FROM-Anomalies
	Lymph:	NORMAL	Skin:	NORMAL
	Heart:	NORMAL	Dental:	N/A
	Chest:	NORMAL	Neurological:	
	Lungs:	NORMAL	Jaundice:	NONE
	Abdomen:	NORMAL	PKU:	PENDING
	Hips:	OBGwvl	Menstrual Hx:	N/A

- Review or change the default **Developmental** questions.

Gross Motor:	NORMAL
Fine Motor:	NORMAL
Neurological development:	NORMAL
Behavioral development:	NORMAL
Language development:	NORMAL

Detailed Exam

- Click the **Detailed Exam** tab. Set the **Detailed Exam** questions.

Setting	Description
NL	Normal for the the symptom/question. Outputs on the finalized note.
ABNL	Abnormal for the symptom/question. Ouputs on the finalized note.
Pert	Relevant symptom/question to display when template is opened. Does not output on the finalized note.
N/A	Not applicable for the template. Removes from the group list.



Note: To expand an exam group, click the **Heading**. To see additional Exam groups, select the **Show all groups** checkbox.

- Click to review the [Orders/Workflow](#) tab.
- Click to review the [Procedures](#) tab.
- Click the **Save Changes to template** button.

Version 20.2

Path: Clinical tab > Well Visit Templates button

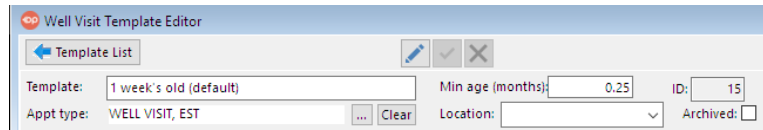
Overview

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Note: While these templates provide you with a great starting place, we suggest that each practice review the information included in each template, as well as the orders and workflow, prior to beginning any real patient documentation.

1. Follow the path above to access the Well Visit Template Editor window.
2. Select a **Template** and click the **Edit** button.
3. Review the template properties.



Property	Description
Template	Name given to a template.
Appt Type	Selection of a default appointment type when scheduling. Not a requirement to save the template. If your practice is recognized as PCMH or working toward recognition for PCMH, be sure to use the Originating and Distant Appointment Types for Telehealth templates so that the visits are accurately calculated for AC06.
Min Age (Months)	The minimum age a child must be to receive a prompt for use. This only occurs if the template was not selected at the time of making an appointment.
Location	Assignment can be made to view templates by location.
Archived	Selection if template is no longer used.

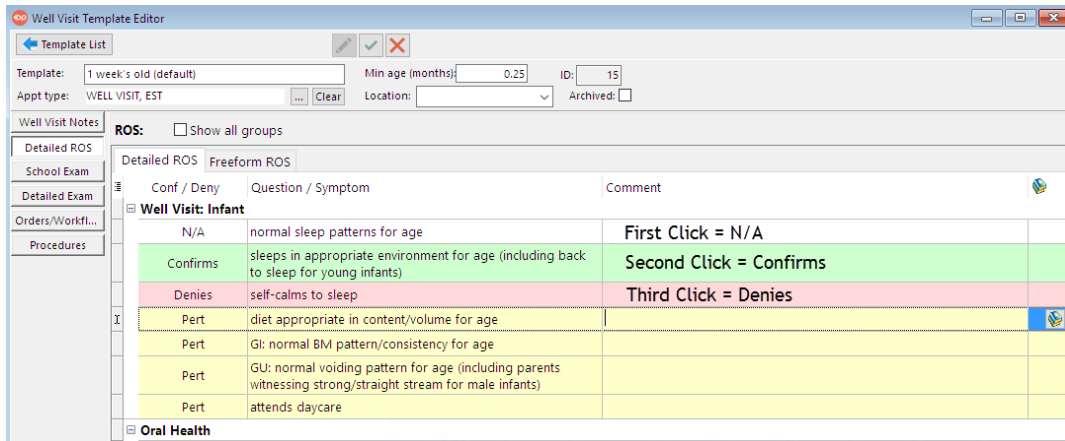
4. Click the **Well Visit Notes** tab if it is not already selected. Review and edit the fields.

Field	Description
Sex	Gender specific templates can be noted. If a contradiction in patient gender is found, you are prompted to confirm the use of template.
Interval History	Information age appropriate for what has happened since last well visit.
Developmental Assessment	Developmental Milestones are charted during a visit. Information entered in this field can be used in place or with the milestones charted.
Anticipatory Guidance	Age appropriate questions and discussion points.
Counseling	Information entered includes counseling that is commonly done during the visit.
Assessment/Plan	This describes what will be done to treat the patient – ordering labs, referrals, procedures performed, medications prescribed, etc. This should address what was discussed or advised with the patient as well as timings for further review or follow-up are generally included.
Patient Instruct	Instructions entered will be visible on the Patient Portal when the template is selected. Instructions are typically a summary of the visit written for understanding by the reader.

5. Add a **Diagnosis Code**.

- Click the **Add** button.
- Select the **Prim?** checkbox if the code is the primary diagnosis.
- Click the **ICD10 Description** field.
- Click the **Search** button. The ICD10 Search window is displayed.
- Enter a **Description** or **Code** in the ICD10 Code/Description field.
- Select the **Diagnosis Code**.
 - Repeat this process for any additional Diagnosis Code to be associated to the well visit (i.e. Counselling for Physical Activity and Nutrition).

6. Click the **Detailed ROS** tab. Set the **ROS Questions/Symptoms**.



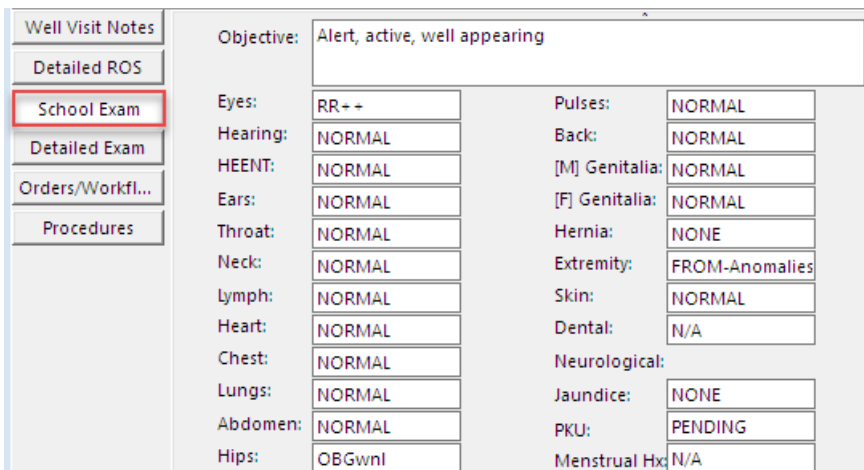
The screenshot shows the 'Well Visit Template Editor' window. The 'Template List' tab is active, showing a template for '1 week's old (default)'. The 'Well Visit Notes' section is expanded to show 'Detailed ROS'. Under 'Well Visit: Infant', there are several rows with 'Conf / Deny' status, 'Question / Symptom', and 'Comment'. The rows are: 'N/A' (normal sleep patterns for age, Comment: First Click = N/A), 'Confirms' (sleeps in appropriate environment for age (including back to sleep for young infants), Comment: Second Click = Confirms), 'Denies' (self-calms to sleep, Comment: Third Click = Denies), 'Pert' (diet appropriate in content/volume for age), 'Pert' (GI: normal BM pattern/consistency for age), 'Pert' (GU: normal voiding pattern for age (including parents witnessing strong/straight stream for male infants)), and 'Pert' (attends daycare). There is also an 'Oral Health' section below.

Setting	Description
Pert	Relevant symptom/question to display when template is opened. Is not on the finalized note.
Confirms	Confirmation of the symptom/question. Is on the finalized note.
Denies	Denies the symptom/question. Is on the finalized note.
N/A	Not applicable for the template. Removes from the group list.

Note: To see other Review of Systems groups, select the **Show all groups** checkbox.

7. Click the **School Exam** tab. Set the **School Exam** questions.

- Review or change the default exam settings.



The screenshot shows the 'Well Visit Notes' window with the 'School Exam' tab selected. The 'Objective' is 'Alert, active, well appearing'. The 'Eyes' field is set to 'RR++'. The 'Pulses' field is set to 'NORMAL'. The 'Hearing' field is set to 'NORMAL'. The 'Back' field is set to 'NORMAL'. The 'HEENT' field is set to 'NORMAL'. The '[M] Genitalia' field is set to 'NORMAL'. The 'Ears' field is set to 'NORMAL'. The '[F] Genitalia' field is set to 'NORMAL'. The 'Throat' field is set to 'NORMAL'. The 'Hernia' field is set to 'NONE'. The 'Neck' field is set to 'NORMAL'. The 'Extremity' field is set to 'FROM-Anomalies'. The 'Lymph' field is set to 'NORMAL'. The 'Skin' field is set to 'NORMAL'. The 'Heart' field is set to 'NORMAL'. The 'Dental' field is set to 'N/A'. The 'Chest' field is set to 'NORMAL'. The 'Neurological' field is set to 'NONE'. The 'Lungs' field is set to 'NORMAL'. The 'Jaundice' field is set to 'NONE'. The 'Abdomen' field is set to 'NORMAL'. The 'PKU' field is set to 'PENDING'. The 'Hips' field is set to 'OBGwnl'. The 'Menstrual Hx' field is set to 'N/A'.

- Review or change the default **Developmental** questions.



The screenshot shows the 'Developmental' settings window. The 'Gross Motor' field is set to 'NORMAL'. The 'Fine Motor' field is set to 'NORMAL'. The 'Neurological development' field is set to 'NORMAL'. The 'Behavioral development' field is set to 'NORMAL'. The 'Language development' field is set to 'NORMAL'.

8. Click the **Detailed Exam** tab. Set the **Detailed Exam** questions.

Setting	Description
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Setting	Description
Normal	Normal for the the symptom/question. Outputs on the finalized note.
ABNL	Abnormal for the symptom/question. Ouputs on the finalized note.
Pert	Relevant symptom/question to display when template is opened. Does not output on the finalized note.
N/A	Not applicable for the template. Removes from the group list.



Note: To expand an exam group, click the **Heading**. To see additional Exam groups, select the **Show all groups** checkbox.

9. Click to review the [Orders/Workflow](#) tab.
10. Click to review the [Procedures](#) tab.
11. Click the **Save Changes to template** button .