

Well Infant Visit

WT: HT: H.CIRC: TEMP: Years: Months:

WT%: HT%:

{ \$title }

{ else }

{ \$title }

{ /if }

{ \$row_title }

{ html_checkboxes
name="checks" options=\$row
selected=\$well_infant->checks
separator=" " } { else }

{ foreach item=row key=row_title from=\$headings }

{ html_checkboxes
name="checks" options=\$row
selected=\$well_infant->checks
separator=" " } { if \$title eq
"Head" } Open CM
Closed { elseif \$title eq
"Feeding" }
 oz/Feeding,
 Feedings/24h { /if }

{ /if }

{ /foreach } { /foreach }

History:

Formula Type:

Additional or Abnormal Findings

Assesment/Diagnosis


```
{foreach
name=loops
item=headings
key=title
from=$checks2}

{ $row_title}      {html_checkboxes
name="checks2" options=$row
selected=$well_infant->checks2
separator=" " } {else}      {html_checkboxes
name="checks2" options=$row
selected=$well_infant->checks2
separator=" " } {/if} {/foreach}

{/foreach}
```

PPD: HCT: LEAD:

Feeding

Advice/Referrals

RTC

{foreach
name=loops
item=headings
key=title
from=\$checks3}

	{ \$row_title }	{html_checkboxes name="checks3" options=\$row selected=\$well_infant->checks3 separator=" " } {else}	{html_checkboxes name="checks3" options=\$row selected=\$well_infant->checks3 separator=" " } {/if} {/foreach}
{ \$title }			
	{/foreach}		

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