



Intake

Informant/Relationship

Concerns

Vitals

Length in

Weight lbs oz

Head Circumference cm

BMI

More

Vital Notes

Growth Charts

Growth Charts are not available when patient's sex is unknown.

Screening

Vision Screen

select a screening

Transition of Care (ARRA)

- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed

Past, Social, Family History

Medical History (Chart-wide) No Saved Notes

Social History (Chart-wide) No Saved Notes

Family Medical History (Chart-wide)

Condition	Relationship	Note

Problem List (Chart-wide) Display:



Status	Problem	Problem Note	Onset	Resolved

Allergies (Chart-wide)

Display: All Statuses

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

Medication History (Chart-wide) Last Modified N/A

Display: All Statuses

Status	Medication	Instructions	Start	Stop

► Confidential Notes (Chart-wide) No Saved Notes

ROS

Make All: Abn NL NA

Abn NL NA

- Activity

notes
- Screen Time

notes
- Sleep

notes
- Behavior

notes
- Elimination

notes
- add item

notes

Nutrition

Breast-feedings per day



 Formula-oz per day

 Milk

 Solids (type, frequency)

 Source of water

 Vitamins

 add item

Development

Make All:

Yes No N/A

Social-Emotional (Waves bye-bye, Tries to do what you do, Cries when you leave, Plays peekaboo, Hands you a book to read)

Communicative (Speaks 1-2 words, Babbles, Tries to make the same sounds you do, Looks at things you are looking at)

Cognitive (Follows simple directions)

Physical Development (Bangs toys together, cruising, stands alone, drinks from a cup)

add item

Anticipatory Guidance

Make All:



Y N N/A

 Discussed and/or handouts given

 Family Support (Time for self/partner, Community activities, Age-appropriate discipline)

 Establishing Routines (Family traditions, Nap and bedtime)

 Feeding and appetite changes (self-feeding, consistent meals/snacks, variety of nutritious foods, whole milk)

 Oral health (brush teeth twice daily, stop bottle)

 Safety (car seat rear facing until 2 y/o, poisons, water safety, sharp objects, guns, home safety, falls)

 add item

Physical Exam

 Make All:

ABN NL N/E

 General Appearance

 Head

 Eyes

 Ears

 Nose

 Oropharynx



Neck

Chest

ABN NL N/E

Lungs

Cardiovascular

Abdomen

Genitourinary

Neurological

Musculoskeletal

Skin

Back

ABN NL N/E

Extremities

add item

Lab

Hemoglobin (in office)

Lead Screen (In Office)

Medical Test



Order select a medical test

Medical Procedure

Order select a medical procedure

Immunizations

Vaccines

Print

There are no immunizations recorded for this patient

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 06/27/18

Eligibility Status: select an eligibility status

Immunization Orders

Order Refuse Varicella
Order Refuse HepA Peds
Order Refuse MMR
Order Refuse select an immunization

Immunization Consent

Select All

Counseled on risks, benefits, CDC VIS, contraindications and obtained consent.
Negative lead risk questionnaire
Vaccine refusal form signed
add item

Radiology

Order select a radiology



Diagnoses

Well child visit

Refine the diagnosis of Well child visit

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

select diagnosis

notes

Plan

Select All

Immunizations (See Vaccine Administration Record)

notes

Medication as e-prescribed

notes

Medication

notes

add item

notes

Plan Notes

Followup

Order 15 month well visit

Order select a followup

Referral

Order select a referral

Care Plan (Chart-wide)

No Interventions

Print Display: All Statuses Edit

Prescriptions

Visit Documents



Navigational Anchors in 12 Mo Well

1. Intake
2. Growth Charts
3. Past, Social, Family History
4. ROS
5. Nutrition
6. Development (If not reviewed in Previsit Questionnaire)
7. Anticipatory Guidance Discussed
8. Physical Exam
9. Lab
10. Medical Procedures
11. Immunizations
12. Immunization Consent
13. Radiology
14. Diagnoses
15. Plan
16. Follow Up
17. Prescriptions
18. Visit Documents