



### Intake

### Informant/Relationship

### Concerns

### Vitals

Height  in

Weight  lbs  oz

Blood Pressure  s /  d   
Unspecified Location   
Sitting

BMI

More

### Vital Notes

### Growth Charts

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

### Screening

Vision Screen

Hearing Screen

### Vision/Hearing notes

### 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)**

Edit

Condition	Relationship	Note

**Problem List (Chart-wide)**

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

**Allergies (Chart-wide)**

Display: All Statuses

Edit

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

Edit

**ROS**

Make All: **Abn** **NL** **NA**

Abn NL NA

- Elimination
- Sleep
- Behavior/Temperament
- Physical activity (play time 60 min/d, screen time < 2 hours/day)
- Parent child interaction (communication, choices, cooperation, appropriate responses to behavior)
- add item



notes

## Nutrition

### Select All

Balanced diet

notes

Multivitamin and/or Vit D supplement discussed

notes

add item

notes

## Development

Make All:

Yes No N/A

Social-Emotional (Interactions with peers, Fantasy play)

notes

Communicative (Usually understandable, Knows name/age/gender)

notes

Cognitive (Names 4 colors, Draws person (3 body parts), Plays board/card games)

notes

Physical development [hops on 1 foot, balances on 1 foot for 2 seconds, builds tower (8 blocks), copies a cross, brushes own teeth, dresses self, walks down steps alternating feet, uses scissors]

notes

add item

notes

## Anticipatory Guidance

Make All:

Y N N/A

Discussed and/or handouts given

notes

Healthy Personal Habits (Calm bedtime routine, Brush teeth twice daily, Daily physical activity)

notes



TV/Media (Limit TV/video to 1-2 hours/day, No TV in bedroom)

notes

Safety (Appropriately restrained in all vehicles, Supervise all outdoor play, Guns)

notes

add item

notes

### Physical Exam

Make All:  ABN  NL  N/E

ABN NL N/E

General Appearance

notes

Head

notes

Eyes

notes

Ears

notes

Nose

notes

Oropharynx

notes

Neck

notes

Chest

notes

ABN NL N/E

Lungs

notes

Cardiovascular

notes

Abdomen



notes

Genitalia

notes

Musculoskeletal

notes

Neurologic

notes

Back

notes

Extremities

notes

ABN NL N/E

Skin

notes

add item

notes

**Lab**

Order select a lab

**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

Ordered

**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:

### Immunization Orders



MMRV



### Immunization Consent

- Counseled on risks, benefits, CDC VIS, contraindications and obtained consent.

- Vaccine refusal form signed

- add item

### Radiology

### Diagnoses

- Well child visit

Include on Patient Reports

Add to Problem List

Onset:

Problem Note:

- select diagnosis

### Plan

- Immunizations (See Vaccine Administration Record)

- Medication as e-prescribed

- Laboratory/Screening Results

 

## Plan Notes

## Followup

 

## Referral

 

## Care Plan (Chart-wide)

Display: 

No Interventions

## Prescriptions

## Visit Documents

### Navigational Anchors in 4 Yr Well

1. Intake
2. Growth Charts
3. Screening
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. Prescriptions
17. Visit Documents