



**Intake**

**Informant/Relationship**

Empty dropdown menu for Informant/Relationship.

**Concerns**

Empty dropdown menu for Concerns.

**Vitals**

Height input field with unit 'in' and a '+' button.

Weight input fields with units 'lbs' and 'oz' and a '+' button.

Blood Pressure input fields with units 's' and 'd', a location dropdown menu (Unspecified Location), and a sitting position dropdown menu (Sitting). Includes a '+' button.

**BMI**

**More**

**Vital Notes**

Empty dropdown menu for Vital Notes.

**Growth Charts**

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

**Screening**

Screening section with three items: 'Order' button for Vision Screen, 'Order' button for Hearing Screen, and 'Order' button for a dropdown menu labeled 'select a screening'.

**Vision/Hearing notes**

Empty dropdown menu for Vision/Hearing notes.

**Transition of Care (ARRA)**

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

**ROS**

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

Abn NL NA  
   Sleep



notes

Physical activity (play time 60 min/d, screen time < 2 hours/day)

notes

School grade

notes

School (special education)

notes

School (social interaction, performance, behavior, attention, homework, parent/teacher concerns)

notes

Home (cooperation, parent-child interaction, sibling interaction, oppositional behavior)

notes

add item

notes

**Past, Social, Family History**

**Medical History (Chart-wide)** No Saved Notes

Edit

**Social History (Chart-wide)** No Saved Notes

Edit

**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

**Nutrition**

Select All

Balanced diet

notes ▾

Multivitamin and/or Vit D supplement discussed

notes ▾

add item

notes ▾

**Development**

Make All: **Yes** **No** **N/A**

Yes No N/A

Participates in after-school activity

notes ▾

Has friends

notes ▾

Is vigorously active for 1 hour a day

notes ▾

Is doing well in school

notes ▾

Does chores when asked

notes ▾

Gets along with family

notes ▾

add item

notes ▾

**Anticipatory Guidance**



Make All:

Y N N/A

- Discussed and/or handouts given
- School Readiness (Establish routines, After-school care/activities, Friends, Bullying, Communicate with teachers)
- School (Show interest in school, Communicate with teachers)
- Development and Mental Health (Encourage independence, Praise strengths, Be a positive role model, Discuss expected body changes)
- Nutrition and Physical Activity (Encourage proper nutrition, Eat meals as a family, 60 minutes of physical activity daily, Limit TV and screen time)
- Oral Health (Dental visits twice a year, Brush teeth twice a day, Floss teeth daily, Wear mouth guard during sports)
- Safety (Know child's friends, Home emergency plan, Safety rules with adults, Appropriate vehicle restraint, Helmets and pads, Supervise around water, Smoke-free environment, Guns, Monitor computer use)
- 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**  
 ▼

**Genitalia**  
 ▼

**Back**  
 ▼

**Extremities**  
 ▼

**Musculoskeletal**  
 ▼

**Neurologic**  
 ▼

**ABN NL N/E**

**Skin**  
 ▼

**add item**  
 ▼



**Lab**

Order

**Medical Test**

Order

**Medical Procedure**

Order

**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**

Order Refuse

**Immunization Consent**

Select All

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

notes

Vaccine refusal form signed

notes

add item

notes

**Radiology**

Order

**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

Laboratory/Screening Results

notes

add item

notes

**Plan Notes**

**Forms**

**Generate** School Excuse - Appointment

select a form

**Followup**

**Order** select a followup

**Referral**

**Order** select a referral

**Care Plan (Chart-wide)**

**Print**    Display: **All Statuses**    **Edit**

No Interventions

**Prescriptions**

**Visit Documents**



## **Navigational Anchors in 7-8 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. Followup
17. Referral
18. Prescriptions
19. Visit Documents