



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 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 (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

Has a caring/supportive family

notes

Is doing well in school

notes

Is getting chances to make own decisions

notes

Feels good about self

notes

Interests/hobbies

notes

Yes No N/A add item



Anticipatory Guidance

 Make All: Y N N/A

Y N N/A

 Discussed and/or handouts given

 School (Show interest in school, Quiet space for homework, Address bullying)

 Development and Mental Health (Encouraging independence and self-responsibility, Be a positive role model/discuss respect, anger, Know child's friends and importance of peers, Expect preadolescent behaviors, Answer questions and discuss puberty, Safety rules with adults)

 Nutrition and Physical Activity (Encourage proper nutrition, 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 (car safety, teach to swim/water safety, sunscreen, avoid tobacco/alcohol/drugs)

 add item

Physical Exam

 Make All: ABN NL N/E

ABN NL N/E

 General Appearance

 Head

 Eyes

 Ears



notes

Nose

notes

Oropharynx

notes

Neck

notes

Chest

notes

ABN NL N/E

Lungs

notes

Cardiovascular

notes

Abdomen

notes

Genitalia

notes

Back

notes

Extremities

notes

Musculoskeletal

notes

Neurologic

notes

ABN NL N/E

Skin

notes

add item

notes



Lab

Hemoglobin (in office)

Total Cholesterol

▼

Medical Test

▼

Medical Procedure

▼

Immunizations

Vaccines

Diseases

Forecasting Results Updated: NA

Show Informational Warnings(0)

Immunization forecasting results and warnings provided by IMMUCAST™

▼ **Vaccines For Children**

Insurance and Race as of 06/27/18

Eligibility Status: ▼

Immunization Orders

Tdap

▼

Immunization Consent

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

▼

Vaccine refusal form signed

▼

▼

▼

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: mm/dd/yy Problem Note: problem note

select diagnosis

notes

Plan

Select All

Medication as e-prescribed
notes

Immunizations (See Vaccine Administration Record)
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 9-10 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. Diagnoses
14. Plan
15. Follow Up
16. Prescriptions
17. Visit Documents