



### Intake

Next Visit (Chart-wide) No Saved Notes

Edit

### 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

Hearing Screen

Vision Screen

Nutrition Counseling

Recommendation to Exercise

### Vision/Hearing 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

Mark as Reviewed

fineprintLbl

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop

Mark as Reviewed

fineprintLbl

**Confidential Notes (Chart-wide)** No Saved Notes

Edit

**ROS**

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

Abn NL NA

Activity

notes

Sleep

notes

Screen Time

notes

add item

notes

**Nutrition**



**Select All**

- Eating-eats regular meals including adequate fruits and vegetables

notes ▼

- Eating-calcium source

notes ▼

- Eating-has concern about body or appearance

notes ▼

- Multivitamin and/or Vit D supplement discussed

notes ▼

- add item ▼

notes ▼

**Risk Assessment**

**Select All**

- Home (eats meals with family, adults to turn to for help, is permitted and able to make independent decisions)

notes ▼

- School grade

notes ▼

- Education (performance n'l, behavior/attention n'l, homework n'l)

notes ▼

- Activities [has friends, at least 1 hour or physical activity, screen time (except homework) < 2 hours/day, has interests/participates in community activities/volunteers]

notes ▼

- Drugs (discussed tobacco/alcohol/drugs)

notes ▼

- Safety (home is free of violence, uses safety belts/equipment, has relationships free of violence)

notes ▼

- Sex (discussed sexual activity)

notes ▼

- Suicidality/mental health (has ways to cope with stress, displays self-confidence, no problems with sleep, no problems with depression/anxiety/mood swings, denies thought of hurting self/suicide)

notes ▼



### Anticipatory Guidance

Make All:  Y  N  N/A

Y N N/A

Discussed and/or handouts given

Physical Growth and Development (Brush/Floss teeth, Regular dentist visits, Body image, Balanced diet, Limit TV, Physical activity)

Social and Academic Competence (Help with homework when needed, Encourage reading/school, Community involvement, Family time, Age-appropriate limits, Friends)

Emotional Well-Being (Decision-making, Dealing with stress, Mental health concerns, Sexuality/Puberty)

Risk Reduction (Tobacco/alcohol/drugs, Prescription drugs, Know friends and activities, Sex)

Violence and Injury Prevention (Seat belts/No ATV, Guns, Safe dating, Conflict resolution, Bullying, Sports helmets, Protective gear)

### Physical Exam

Make All:  ABN  NL  N/E

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**

Print Labels

Generate Requisition

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

Forecast results are not intended to replace clinical decision making

▼ **Vaccines For Children**

Insurance and Race as of 12/23/24

Eligibility Status:

**Immunization Orders**

Select Vaccine Lots

Order

Refuse

**Immunization Consent**

Select All

- I personally provided parent education about immunizations and the appropriate CDC VIS was provided for each vaccine. Parent was counseled about the risks and benefits of each antigen administered. Verbal consent was obtained for each of the vaccines given.

- Vaccine refusal form signed

- add item

**Radiology**

Generate Requisition



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

add item

notes

**Plan Notes**

[Empty text area for plan notes]

**Forms**

select a form

**Followup**

Order Annual well visit

Order select a followup

**Referral**

Order select a referral

**Care Plan (Chart-wide)**

No Interventions

Print    Display: All Statuses    Edit

**Visit Documents**



## Navigational Anchors in 11-14 Yr Well

1. Intake
2. Informant/Relationship
3. Vitals
4. Growth Charts
5. Screening
6. ROS
7. Nutrition
8. RISK ASSESSMENT
9. Anticipatory Guidance Discussed
10. Physical Exam
11. Lab
12. Medical Procedures
13. Immunizations
14. Immunization Consent
15. Radiology
16. Diagnoses
17. Plan
18. Follow Up
19. Referrals
20. Prescriptions
21. Visit Documents