Intake

Next Visit (Chart-wide) No Saved Notes

Edit

٠

Informant/Relationship

| 0 | | |
|--------------------|-----|----|
| Concerns | | |
| Vitals | | |
| Length | | in |
| Weight | lbs | oz |
| Head Circumference | | cm |
| BMI | | |
| O More | | |
| Vital Notes | | |

Growth Charts

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

Screening

| Order | Nutrition Counseling | |
|-------|----------------------|---|
| Order | select a screening | • |

Transition of Care (ARRA)

Patient transitioned to my care from another clinical setting

Medication Reconciliation performed

ROS

| Make A | dl: | Abn | NL | NA |
|--------|-----|------|-------|----|
| Abn NL | NA | | | |
| 00 | 0 | Slee | р | |
| | | note | es | |
| 0 0 | 0 | Beha | avior | |

| | | | 0 | | |
|-----|-----|-----|---|---|-----|
| 1.1 | - | n | ÷ | - | ~ · |
| | - 1 | C 2 | | ~ | 256 |
| | | ~ | | ~ | ~ |
| | | | | | |

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| notes | | | | | | | |
|----------------------------------|------------------|-------------|--------------|-------------|------------|---------|--------|
|) O O add item | | | | | | | • |
| | | | | | | | • |
| notes | | | | | | | * |
| ast, Social, Family History | | | | | | | |
| | Saved Notes | | | | | | Edit |
| icultar history (onart muc) he | ourcantoico | | | | | | con |
| ocial History (Chart-wide) No S | aved Notes | | | | | | Edit |
| amily Medical History (Chart-wid | le) | | | | | | Edit |
| Condition | | elationship | | No | te | _ | |
| | | | | - | | | |
| roblem List (Chart-wide) | | | | All Statuse | | 1 - | Edit |
| Status Problem | - | | Problem Note | | Onset | Resol | ved |
| llergies (Chart-wide) | | | Display: | All Statuse | s * |] [] | Edit |
| Status Allergy | | | Reaction | | Onset | Resol | lved |
| CC eRx Allergies (Chart-wide) | ast Modified N/A | | | Display: | All Status | es | * |
| Status Allergen | | eaction | Severity Sen | | | | |
| | | | | | | | |
| Mark as Reviewed | | | | | | finepr | intLb |
| Medication History (Chart-wide) | 9 | | | Display: | | | • |
| Status Medicatio | on | | Instructions | | S | Start S | Stop |
| Mark as Reviewed | | | | | | finepr | rintLb |
| Confidential Notes (Chart-wide |) No Saved Note: | s | | | | | Edit |
| lutrition | | | | | | | |
| Select All | | | | | | | |
| Off bottle | | | | | | | |
| notes | | | | | | | * |
| | | | | | | | |



| notes | * |
|----------|---|
| add item | |
| notes | - |

Development

| M | ake / | All: | Yes No N/A | |
|-----|-------|------|---|---|
| Yes | No | N/A | | |
| 0 | 0 | 0 | Social-emotional (tries to do what you do, listens to a story) | |
| | | | notes | - |
| 0 | 0 | 0 | Communicative (Says 2 to 3 words, Brings toys over to show you) | |
| | | | notes | • |
| 0 | 0 | 0 | Cognitive (scribbles, follows simple commands, points to 2 body parts) | |
| | | | notes | • |
| 0 | 0 | 0 | Physical Development (Bends down without falling, Walks well, Puts block in a cup, Drinks from a cup with very little spilling) | |
| | | | notes | • |
| 0 | 0 | 0 | add item | • |
| | | | notes | • |

Anticipatory Guidance

| Make All | I: Y N N/A | |
|----------|--|-----------------|
| Y N N/A | | |
| 000 | Discussed and/or handouts given notes | • |
| 000 | Communication and Social Development (Give limited choices, Stranger anxiety, Read and t | alk with child) |
| | notes | • |
| 000 | Sleep Routines and Issues (Consistent routines, Night waking) | |
| | notes | • |
| 000 | Temper Tantrums and Discipline (Distraction, Praise, Consistency) | |
| | notes | • |
| 000 | Healthy Teeth (First dentist visit, Healthy oral habits, No bottle) | |
| | notes | - |

15 Mo Well



| OC | 0 0 | Sa | Safety (Car safety seat, Home safety, Poisons, Falls, Burns, Smoke detectors, Carbon monoxide detectors) | | | | | | | |
|--------------------|-----|-----|--|---|--|--|--|--|--|--|
| | | n | otes | - | | | | | | |
| 00 | 0 | To | ilet training discussion | | | | | | | |
| | | n | otes | | | | | | | |
| 00 | 0 | a | dd item | • | | | | | | |
| | | n | otes | • | | | | | | |
| Phy : Ma | | | am BN NL N/E | | | | | | | |
| ABN | | | | | | | | | | |
| 0 | 0 | 0 | General Appearance | | | | | | | |
| | | | notes | • | | | | | | |
| 0 | 0 | 0 | Head | | | | | | | |
| | | | notes | • | | | | | | |
| 0 | 0 | 0 | Eyes | | | | | | | |
| | | | notes | • | | | | | | |
| 0 | 0 | 0 | Ears | | | | | | | |
| | | | notes | - | | | | | | |
| 0 | 0 | 0 | Nose | | | | | | | |
| | | | notes | - | | | | | | |
| 0 | 0 | 0 | Oropharynx | | | | | | | |
| | | | notes | • | | | | | | |
| 0 | 0 | 0 | Neck | | | | | | | |
| | | | notes | • | | | | | | |
| 0 | 0 | 0 | Chest | | | | | | | |
| | | | notes | • | | | | | | |
| ABN | NI | N/F | | | | | | | | |
| 0 | 0 | 0 | Lungs | | | | | | | |
| | | | notes | • | | | | | | |
| 0 | 0 | 0 | Cardiovascular | | | | | | | |
| | | | notes | - | | | | | | |
| 0 | 0 | 0 | Abdomen | | | | | | | |



| | | | notes | |
|--------------------|---------------|----------------|---|-------|
| Ō | 0 | 0 | Genitalia | |
| | | | notes | , |
| 0 | 0 | 0 | Musculoskeletal | |
| | | | notes | |
| 0 | 0 | 0 | Back | |
| | | | notes | |
| 0 | 0 | 0 | Extremities | |
| | | | notes | |
| Ó | 0 | 0 | Skin | |
| | | | notes | |
| ABN | | | add item | |
| 0 | 0 | 0 | | |
| | | | notes | |
| O | rder | • | Hemoglobin (in office) | |
| 0 | rder | | select a lab | , |
| Medi | ical | Test | t | |
| 01 | rder | | select a medical test | , |
| Medi | ical | Pro | cedure | |
| | rder | | select a medical procedure | , |
| | | | | |
| Imm | uni | zatio | ne | |
| Imm Vac | | | ns | Print |
| lmm Vac | | es | | Print |
| Vac | | es T | ns There are no immunizations recorded for this patient | Print |
| Vac | cine lere | es T d | here are no immunizations recorded for this patient | |
| Vac Ord | cine lere | es T d | | |
| Vac Ord Dise | ecine lere | es T d es T | here are no immunizations recorded for this patient | |

Forecast results are not intended to replace clinical decision making



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Generate Requisition

Vaccines For Children

Insurance and Race as of 12/23/24

Eligibility Status:
select an eligibility status

Immunization Orders

Select Vaccine Lots

Order
Refuse

DTaP (Infanrix)

| Outer | Define | |
|-------|--------|------------------------|
| Urder | Refuse | select an immunization |

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.

| notes | ĺ, |
|-----------------------------|----|
| Vaccine refusal form signed | |

| | notes | - |
|---|----------|---|
| | | |
| 3 | add item | |
| | notes | • |

Radiology

| Order | select a radiology | |
|-------|--------------------|--|

Diagnoses

| | Well child | |
|--|--|---------------------------|
| | Refine the diagnosis of Well child | • |
| | | nclude 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

| Followup | | |
|----------|---------------------|----------|
| Order | 18 month well visit | |
| Order | select a followup | • |

Referral

select a referral

Care Plan (Chart-wide)

| Print | Display: | All Sta |
|-------|----------|---------|
| | | |

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Edit

No Interventions

Visit Documents

| Navigational Anchors in 15 Mo Well |
|--|
| 1. Intake |
| 2. Growth Charts |
| 3. Screening Orders |
| 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 |