



### Intake

Next Visit (Chart-wide) No Saved Notes

Edit

### Informant/Relationship

### Concerns

### Vitals

Weight  lbs  oz

Height  in

Head Circumference  cm

BMI

 More

### Vital Notes

### Growth Charts

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

### Screening

Nutrition Counseling

Recommendation to Exercise

### 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

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

Status	Problem	Problem Note	Onset	Resolved

**Allergies (Chart-wide)**

Display: All Statuses

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

fineprintLbl

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop

fineprintLbl

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

**ROS**

Make All:

Abn NL NA

Toilet training

notes

Sleep

notes

Behavior/Temperament

notes

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

notes

add item

notes

**Nutrition**



**Balanced diet**

**add item**

**Development (if not reviewed Previsit Questionnaire)**

**Select All**

**Social-Emotional (Plays pretend, Plays with other children (eg, tag))**

**Communicative (Other people can understand what your child is saying half of the time, When talking, puts 3 or 4 words together)**

**Cognitive (Points to 6 body parts, Knows correct animal sounds (eg, cat meows, dog barks))**

**Physical Development (Jumps up and down in place, Puts on clothes with help, Washes and dries hands without help, Brushes teeth with help)**

**add item**

**Anticipatory Guidance**

Make All:

Y N N/A

**Discussed and/or handouts given**

**Family Routines (Family meals, Family activities)**

**Language Promotion and Communication (Limit TV, Daily reading, Listen and repeat to child)**

**Social Development (Supervised play with other children, Setting limits, Emerging Independence)**

**Preschool Considerations (Group activities/preschool if possible, Toilet training)**



- Safety (Car safety seat, Water, Appropriate supervision, Sun exposure, Fire safety, Smoke detectors, Outdoor safety, Playground, Dogs)

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**

**Musculoskeletal**

**Skin**

**Back**

**Extremities**

**ABN NL N/E**

**Lab**

Print Labels

Generate Requisition

**Medical Test**

**Medical Procedure**

**Immunizations**

**Vaccines**

**Diseases**

**Forecasting Results** Updated: NA

Show Informational Warnings(0)

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**



**Immunization Consent**

- 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**

**Diagnoses**

- Well child visit

Include on Patient Reports

Add to Problem List   
 Onset:    
 Problem Note:

- select diagnosis

**Plan**

- add item

**Plan Notes**

**Followup**

3 year well visit



Order select a followup

**Referral**

Order select a referral

**Care Plan (Chart-wide)**

Print Display: All Statuses Edit

No Interventions

**Visit Documents**

- Navigational Anchors in 2.5 Yr Well**
1. Intake
  2. Vitals
  3. Growth Charts
  4. Screening
  5. ROS
  6. Nutrition
  7. Development Surveillance (if not reviewed Previsit Questionnaire)
  8. Anticipatory Guidance Discussed
  9. Physical Exam
  10. Lab
  11. Medical Procedures
  12. Immunizations
  13. Immunization Consent
  14. Radiology
  15. Diagnoses
  16. Plan
  17. Follow Up
  18. Prescriptions
  19. Visit Documents