#### Intake

Next Visit (Chart-wide) No Saved Notes

Edit

## Informant/Relationship

Canaamaa			
Concerns			
Vitals			
Length		in	(
Weight	lbs	oz	(
Head Circumference		cm	[
BMI			
O More			
Vital Notes			

## Transition of Care (ARRA)

Patient transitioned to my care from another clinical setting

Medication Reconciliation performed

#### Screening

ocreening		
Order	Nutrition Counseling	
Order	select a screening	•
ROS		
Make All:	Abn NL NA	
Abn NL NA	(	
000	Sleep	
	notes	*

000	Behavior
	notes

\*

0 0 0	Activity (tummy time, no TV)							1
	notes							*
000	add item							-
	notes							
Past, Socia	al, Family History							
	istory (Chart-wide) No Saved N	otes					ſ	Edit
	., ,							
Social Hist	tory (Chart-wide) No Saved Not	es					[	Edit
Family Me	dical History (Chart-wide)						Î	Edit
i anniy ivic	Condition	Relationship			Not	ē	1	Lun
Problem L	ist (Chart-wide)		D	isplay: All	Statuses	•	] [	Edit
Status	Problem		Problem No	te		Onset	Res	olved
	Chart-wide)		10.1	isplay: All	Statuses	-		Edit
Status	Allergy		Reaction			Onset	Res	olved
DCC oDy A	Ilergies (Chart-wide) Last Modi	fied N/A		D	isplay: A	I Statue	00	
Status	Allergen	Reaction	Severit	ty Sensiti		1		• olved
							100000	
Mark as Revie	ewed						fine	printLb
Medication	n History (Chart-wide) Last Mod	lified N/A		D	isplay: A	l Status	es	*
Status	Medication		Instru	uctions		S	Start	Stop
Mark as Revie	awad						fino	printLb
							in ic	
	ntial Notes (Chart-wide) No Sa	ved Notes						Edit
Nutrition	_							
Select All	2							
Vitamin	S							
notes								*

notes		
Developn	nent	
Make All	I: Yes No N/A	
es No N	I/A	
0 0 0	Physical Development (Lifts head and begins to push up when prone, Holds (Miles held weight) Distributed and begins to push up when prone, Holds	
	(When held upright), Diminished newborn reflexes, Symmetrical movement notes	)
0 0 0	<ul> <li>Cognitive (Indicates boredom when no activity change)</li> </ul>	
	notes	
0 0 0	O Communicative (Coos, Different cries for different needs)	
	notes	
0 0 0	<ul> <li>Social-Emotional (Smiles, Looks at parent, Self-comfort)</li> </ul>	
	notes	
0 0 0	O add item	
	notes	
Make All Y N N/A	Discussed and/or handouts given	
	notes	
000	Parental (Maternal) Well-Being	
	notes	
000	Infant-Family Synchrony	
	notes	
	Nutritional Adequacy (Breastfeeding (400 IU vitamin D supplement), Iron-forti	fied formula. Solid foods (w
000	until 4-6 months), Elimination, No bottle in bed)	

notes

🔾 🔿 🔗 Safety (Car safety seat, Falls, Burns (Hot liquids, Water heater), Smoke-free environment, Drowning, Choking (Small objects, Plastic bags)

•



		n	otes	•
00		a	ld item	•
		n	otes	•
Rad	iolo	av		Generate Requisition
· · · · ·	rder		select a radiology	*
Phy	cica			
		ll: A	BN NL N/E	
ABN		N/E	General Appearance	
$\smile$	0	Ŭ	notes	*
0	0	0	Head	
$\sim$	~		notes	•
0	0	0	Eyes	
	1220		notes	•
0	0	0	Ears	
			notes	•
0	0	0	Nose	
			notes	•
0	0	0	Oropharynx	
			notes	<b>•</b>
0	0	0	Neck	
			notes	•
0	0	0	Chest	
			notes	*
ABN		N/E	Lungs	
$\sim$			notes	
0	0	0	Cardiovascular	
			notes	▼
0	0	0	Abdomen	



			notes	*
0	0	0	Genitourinary	
			notes	•
0	0	0	Skin	
			notes	*
0	0	0	Extremities/Hips	
			notes	<b>▼</b>
0	0	0	Back	
			notes	Ŧ
0	0	0	notes add item	

Lab		Thin Eabers Generate Requisition
Order	select a lab	· · · · · · · · · · · · · · · · · · ·

### Medical Test

Order	select a medical test	-

## Medical Procedure

Order	select a medical procedure	-	
-------	----------------------------	---	--

#### Immunizations

Vaccines			Print
	There are no immunizations recorde	d for this patient	
Ordered			
Diseases			
	There are no vaccine-preventable dis	seases for this patient	
orecastin	Results Updated: NA	✓ Show Informational Warnings(0)	Refresh
		Forecast results are not intended to replace clinical decision	on makir
Vaccine	s For Children		
Insura	nce and Race as of 12/23/24		
Eligibilit	y Status: select an eligibility status		

Immuni	zation	Ord	ers
--------	--------	-----	-----

Order Refuse Rotavirus (RotaTeq)

Order	Refuse	DTaP/Hib/IPV (Pentacel)	
Order	Refuse	Prevnar 13	
Order	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	-		
	Advised parents to get Tdap and flu vaccines.			
	notes	*		
1	add item	•		
	notes	•		
)ia	agnoses Well baby			
		ude on Patient Reports		
		ude on Patient Reports		
	✓ Incl	11		

notes

# Plan

Se	Select All	
	add item	•
	notes	•

#### Plan Notes

## Followup

Order	4 month well visit	
Order	select a followup	•

\*



Referral						
Order	select a referral					-
Care Plan (Chart-wide)		Print	Display:	All Statuses	•	Edit
No Interve	entions					
Visit Docu	ments					

Navigational Anchors in 2 Mo Well
1. Intake
2. Growth Charts
3. Screening
4. ROS
5. Nutrition
6. Development
7. Anticipatory Guidance
8. Physical Exam
9. Lab
10. Medical Procedures
11. Immunizations
12. Immunization Consent
13. Diagnoses
14. Plan
15. Prescriptions
16. Visit Documents