



Intake

Next Visit (Chart-wide) No Saved Notes

Edit

Informant/Relationship

Empty dropdown menu for Informant/Relationship.

Concerns

Empty dropdown menu for Concerns.

Vitals

Height in +

Weight lbs oz +

Head Circumference cm +

BMI

More

Vital Notes

Empty dropdown menu for Vital Notes.

Growth Charts

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

Screening

Order MCHAT

Order Nutrition Counseling

Order Recommendation to Exercise

Order +

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

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

Sleep

notes

Behavior

notes

Toilet training in process

notes

Activity (playtime 60 min/day, screen time < 2 hours/day)

notes

add item

notes

Nutrition


Select All

-
- Milk-lower fat milk options

-
- Balanced diet

-
- Vitamins

-
- add item

Development

 Make All: **Yes** **No** **N/A**

Yes No N/A

-
-
-
- Social emotional (copies things that you do, plays pretend, plays alongside other children)

-
-
-
- Communicative (when talking, puts 2 words together)

-
-
-
- Cognitive (names 1 picture, follows 2-step commands)

-
-
-
- Physical development (stacks small blocks (5-6), kicks a ball, walks up and down stairs 1 step at a time alone while holding wall or railing, throws a ball overhand, jumps up, turns book pages 1 at a time)

-
-
-
- add item

Anticipatory Guidance

 Make All: **Y** **N** **N/A**

Y N N/A

-
-
-
- Discussed and/or handouts given

-
-
-
- Assessment of Language Development (Model appropriate language, Daily reading, Following 1-2 step commands, Listen and respond to child)



- Temperament and Behavior (Praise, respect, Help express feelings, Self-expression, Playing with other children)
- Toilet Training (When child is ready, Plan for frequent toilet breaks, Personal hygiene)
- TV Viewing (Limit TV viewing to no more than 1-2 hours/day, TV alternatives: reading, games, singing, Encourage physical activity)
- Safety (Car safety seat, Bike helmet, Supervise outside, Guns)
- add item

Physical Exam

Make All:

ABN NL N/E

- General Appearance
- Head
- Eyes
- Ears
- Nose
- Oropharynx
- Neck
- Chest



ABN NL N/E

Lungs

notes

Cardiovascular

notes

Abdomen

notes

Genitalia

notes

Musculoskeletal

notes

Back

notes

Extremities

notes

Skin

notes

ABN NL N/E

add item

notes

Lab

Print Labels

Generate Requisition

Order

Hemoglobin (in office)

Order

Cholesterol, Total (In Office)

Order

Lead Screen (in office)

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 recorded for this patient

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

Diagnoses

Well child visit

Include on Patient Reports

Add to Problem List Onset: Problem Note:

select diagnosis



notes

Plan

Select All

add item

notes

Plan Notes

Followup

Order 2 1/2 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 Yr Well

- 1. Intake
- 2. Growth Charts
- 3. Screening
- 4. ROS
- 5. Nutrition
- 6. Development
- 7. Anticipatory Guidance Discussed
- 8. Physical Exam
- 9. Lab
- 10. Immunizations
- 11. Immunization Consent
- 12. Radiology
- 13. Diagnoses
- 14. Plan
- 15. Prescriptions
- 16. Visit Documents