



### Intake

Next Visit (Chart-wide) No Saved Notes

Edit

### Informant/Relationship

### Concerns

### Vitals

Length  in

Weight  lbs  oz

Head Circumference  cm

BMI

More

### Vital Notes

### Growth Charts

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

### Transition of Care (ARRA)

- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed

### Screening

Nutrition Counseling

### ROS

Make All:

Abn NL NA

Sleep

Behavior



Activity (tummy time, no TV)

notes

add item

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

### Nutrition

Select All

Breast-feedings per day

notes

cereal/baby foods



notes

Vitamins

notes

add item

notes

### Development

Make All:  Yes  No  N/A

Yes No N/A

Physical Development (Sits with help, rolls prone to supine and supine to prone, reaches/grasps, transfers across midline)

notes

Cognitive (Uses visual exploration, Beginning to use oral exploration)

notes

Communicative (Uses a string of vowels (ah, eh,oh), Beginning to recognize own name, Enjoys vocal turn taking)

notes

Social-Emotional (Shows pleasure from interactions with parents or others)

notes

add item

notes

### Anticipatory Guidance

Make All:  Y  N  N/A

Y N N/A

Discussed and/or handouts given

notes

Family Functioning

notes

Nutrition and feeding (breastfeeding with vitamin D/fluoride supplement, iron fortified formula, solid foods (types and amounts/begin cup), elimination)

notes

Infant Development (Social development, communication skills, sleep, stranger/separation anxiety)



notes

Oral Health (Don't share utensils/pacifier, Avoid bottle in bed)

notes

Safety (car seat, poisons, burns, falls, infant walkers, drowning, choking, finger foods, kitchen safety, & baby proof house.

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

Genitourinary

notes

Skin

notes

Back

notes

Extremities/Hips

notes

add item

notes

**Lab**

Print Labels

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 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: select an eligibility status

**Immunization Orders**



Select Vaccine Lots

Order Refuse Rotavirus (RotaTeq)

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

Vaccine refusal form signed

notes

add item

notes

Radiology

Generate Requisition

Order select a radiology

Diagnoses

Well baby

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 box for Plan Notes]

Followup



**Order** 9 month 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 6 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. Diagnoses
14. Plan
15. Prescriptions
16. Visit Documents