



Intake

Next Visit (Chart-wide) No Saved Notes

Edit

Informant/Relationship

Concerns

Vitals

Height in

Weight lbs oz

Blood Pressure s / d

Unspecified Location

Sitting

BMI

More

Vital Notes

Growth Charts

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

Screening

- Vision Screen
- Hearing Screen
- Nutrition Counseling
- Recommendation to Exercise
-

Vision/Hearing notes

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

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

notes

School grade

notes

School (special education)



notes

School (social interaction, performance, behavior, attention, homework, parent/teacher concerns)

notes

add item

notes

Nutrition

Select All

Balanced diet

notes

Multivitamin and/or Vit D supplement discussed

notes

add item

notes

Development

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

Yes No N/A

Participates in after-school activity

notes

Has friends

notes

Is vigorously active for 1 hour a day

notes

Is doing well in school

notes

Does chores when asked

notes

Gets along with family

notes

add item

notes



Anticipatory Guidance

Make All: Y N N/A

Y N N/A

Discussed and/or handouts given

notes

School Readiness (Establish routines, After-school care/activities, Friends, Bullying, Communicate with teachers)

notes

School (Show interest in school, Communicate with teachers)

notes

Development and Mental Health (Encourage independence, Praise strengths, Be a positive role model, Discuss expected body changes)

notes

Nutrition and Physical Activity (Encourage proper nutrition, Eat meals as a family, 60 minutes of physical activity daily, Limit TV and screen time)

notes

Oral Health (Dental visits twice a year, Brush teeth twice a day, Floss teeth daily, Wear mouth guard during sports)

notes

Safety (Know child's friends, Home emergency plan, Safety rules with adults, Appropriate vehicle restraint, Helmets and pads, Supervise around water, Smoke-free environment, Guns, Monitor computer use)

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

notes

Back

notes

Extremities

notes

Musculoskeletal

notes

Neurologic

notes

ABN NL N/E

Skin

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

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 child visit

Refine the diagnosis of Well child visit

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 area for Plan Notes.

Forms

select a form

Followup

Order Annual 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 7-8 Yr Well

1. Intake
2. Growth Charts
3. Screening
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. Followup
17. Referral
18. Prescriptions
19. Visit Documents