



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 (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

Participates in after-school activity

notes

Has friends

notes

Is vigorously active for 1 hour a day

notes

Has a caring/supportive family

notes

Is doing well in school

notes

Is getting chances to make own decisions

notes

Feels good about self

notes

Interests/hobbies

notes



Yes No N/A

Anticipatory Guidance

Make All:

Y N N/A

Discussed and/or handouts given

School (Show interest in school, Quiet space for homework, Address bullying)

Development and Mental Health (Encouraging independence and self-responsibility, Be a positive role model/discuss respect, anger, Know child's friends and importance of peers, Expect preadolescent behaviors, Answer questions and discuss puberty, Safety rules with adults)

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

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

Safety (car safety, teach to swim/water safety, sunscreen, avoid tobacco/alcohol/drugs)

Physical Exam

Make All:

ABN NL N/E

General Appearance

Head

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



Lab Print Labels Generate Requisition

Hemoglobin (in office)

Cholesterol, Total (In Office)

Medical Test

Medical Procedure

Immunizations Print

Vaccines

Diseases

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

Tdap (Adacel)

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

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: Problem Note:

select diagnosis

notes

Plan

Select All

add item

notes

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 9-10 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. Diagnoses
14. Plan
15. Follow Up
16. Prescriptions
17. Visit Documents