



**Forms**

select a form ▼

**Informant/Relationship**

▼

**Vitals**

Height  in +

Weight  lbs  oz +

BMI +

Temperature  °F +

Tympanic ▼

Blood Pressure  s /  d +

Unspecified Location ▼

Sitting ▼

More

**Vital Notes**

▼

**Reminders (Chart-wide)** No Saved Notes Edit

**Problem List (Chart-wide)** Display: All Statuses Edit

Status	Problem	Problem Note	Onset	Resolved

**Concerns**

▼

**History**

▼

**Confidential Notes (Chart-wide)** No Saved Notes Edit

**Menstrual History**

**Select All**

Date of Onset

notes ▼



- Regularity**  
notes
- Flow**  
notes
- Cramping**  
notes
- add item**  
notes

**Screening**

- Hearing Screen
- PHQ-9 Modified (12-17 years)
- GAD-7
- Vision Screen
- Nutrition Counseling
- Recommendation to Exercise
- select a screening

**Vision/Hearing notes**

notes

**Nutrition**

- 
- Eating-eats regular meals including adequate fruits and vegetables  
notes
- add item**  
notes

**Anticipatory Guidance - Handout**

- 
- Discussed and appropriate handout given  
notes
- add item**



notes

**Physical Exam Free Text**

**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

**Lab**

Print Labels

Generate Requisition

Order

**Medical Procedure**

Order

**Radiology**

Generate Requisition

Order

**Referral**

Order

**Plan**

**Followup**

Order Annual well visit

Order

**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 12/24/24

Eligibility Status:

**Immunization Orders**

[Select Vaccine Lots](#)

HPV 9

**Immunization Consent**

Education about immunizations and the appropriate CDC VIS were made available to guardians. Guardian was counseled about the risks and benefits of each vaccine administered, consent was obtained prior to administration.

Vaccine refusal form signed

add item

**Visit Documents**



## **Navigational Anchors in PTPEDS 12-15 Yr Well**

1. Forms
2. Informant/Relationship
3. Vitals
4. History
5. Confidential Notes
6. Menstrual History
7. Screening
8. Nutrition
9. Anticipatory Guidance
10. Diagnoses
11. Lab
12. Medical Procedures
13. Radiology
14. Referrals
15. Prescriptions
16. Follow Up
17. Immunizations
18. Immunization Consent
19. Visit Documents