



**Forms**

select a form ▼

**Handout**

select a handout ▼

**Informant/Relationship**

▼

**Vitals**

Length   +

Weight    +

Head Circumference   +

Temperature   +

▼

BMI

More

**Vital Notes**

▼

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

**Problem List (Chart-wide)**

Display:  ▼

Status	Problem	Problem Note	Onset	Resolved

**Concerns**

▼

**History**

▼

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

**Screening**

Vision Screen - Spot

Lead Screen Questionnaire



Order select a screening

**Nutrition**

Select All

Breast-feedings per day

notes

Introduction of Sippy/Open Cup

notes

Milk (oz per day and type)

notes

Solids (type, frequency)

notes

add item

notes

**Development**

Select All

Development Screener Reviewed

notes

add item

notes

**Anticipatory Guidance - Handout**

Select All

Discussed and appropriate handout given

notes

add item

notes

**Physical Exam Free Text**

**Diagnoses**



Well child visit, 12 month

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Lead screening

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

select diagnosis

notes

**Lab**

Print Labels

Generate Requisition

Hemoglobin (in office)

Hemoglobin

Lead (Pediatric)

select a lab

**Referral**

select a referral

**Radiology**

Generate Requisition

select a radiology

**Medical Procedure**

select a medical procedure

**Plan**

Empty text box for Plan

**Followup**

15 month well visit

select a followup

**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 12/24/24

Eligibility Status:

**Immunization Orders**

Select Vaccine Lots

Varicella

Prevnar 20

MMR

**Immunization Consent**

Select All

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.

add item

**Next Visit (Chart-wide)** No Saved Notes

Edit

**Visit Documents**



## **Navigational Anchors in PTPEDS 12 Mo Well**

1. Forms
2. Vitals
3. History
4. Screening Orders
5. Nutrition
6. Development
7. Anticipatory Guidance
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9. Diagnoses
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11. Referrals
12. Radiology
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15. Follow Up
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18. Visit Documents