

Forms select a form ٣ Informant/Relationship ٠ Vitals Height in + + Weight lbs oz BMI + s / d **Blood Pressure Unspecified Location** ٠ Sitting ٠ Temperature °F + Tympanic * O More

Vital Notes

		-
Reminders (Chart-wide)	No Saved Notes	Edit

Problem List (Chart-wide)		Display: All Statuses		Edit
Status	Problem	Problem Note	Onset	Resolved
oradao			eneer	

Concerns

listory	
Menstrual History	
Select All	
Date of Onset	

notes

Regularity

*



Edit

-

notes	•
Flow	
notes	
Cramping notes	
notes	▼
add item	▼
notes	-

Confidential Notes (Chart-wide) No Saved Notes

Screening

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

Vision/Hearing notes

Nutrition

Select All	
Well balanced diet (fruits, vegetables, dairy, good protein sources)
notes	•
add item	
notes	-

Anticipatory Guidance

Make All:	Y	Ν	N/A	

Y N N/A

O O Physical Growth and Development (Balanced diet, Physical activity, Limit TV, Protect hearing, Brush/Floss



	the contract of the contract of the contract of the contract of the	
	teeth, Regular dentist visits)	-
	notes	
000	Social and Academic Competence (Age-appropriate limits, Friends/relationships, Family involvement, Encourage reading/school, Rules/Expectations, Planning for after high sch	
	notes	-
000	Emotional Well-Being (Dealing with stress, Decision-making, Mood changes, Sexuality/P	Puberty)
	notes	•
000	Risk Reduction (Tobacco/alcohol/drugs, Prescription drugs, Sex)	
	notes	-
000	Violence and Injury Prevention (Seat belts, Guns, Conflict resolution, Driving restriction, S safety)	Sports/Recreation
	notes	•
000	add item	-
	notes	-
5 	es	
Well cl		
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Well cl Refine notes select notes Lab Order	child visit The the diagnosis of Well child visit Include s Add to Problem List Onset: mm/dd/yy Problem Note: problem note ct diagnosis s Print Labels Print Labels	on Patient Reports



Radiology			Generate Requisition
Order	select a ra	idiology	
Referral			
Order	select a re	ferral	
Plan			
Followup Order	Follow up	in 1 year	
Order	select a fo	nowup	
Immunizat	tions		
Vaccines			Print
	There are n	o immunizations recorded for this p	atient
Ordered			
Diseases	There are n	o vaccine-preventable diseases for t	this patient
Ferrenetin			Show Informational Warnings(0) Refresh
Forecasting	g Results U	pdated: NA	• Show informational warnings(0)
		Forecast	results are not intended to replace clinical decision makin
	s For Childre		
		e as of 12/24/24	1
Eligibilit	y Status: se	lect an eligibility status	
Immunizati	ion Orders		
Select Va	accine Lots		
Order	Refuse	Meningococcal ACYW (MenQuadf	í l
	10]	
Order	Refuse	MenB (Bexsero)	

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.

notes

*

PTPEDS 16 Yr Well



	Vaccine refusal form signed		
	notes		-
	add item		-
	notes		*
Ca	re Plan (Chart-wide)	Print Display: All Statuses 🔹	Edit

No Interventions

Visit Documents

Navigational Anchors in PTPEDS 16 Yr Well	
1. Informant/Relationship	
2. Vitals	
3. History	
4. Menstrual History	
5. Screening	
6. Nutrition	
7. Anticipatory Guidance Discussed	
8. Physical Exam	
9. Diagnoses	
10. Lab	
11. Medical Procedures	
12. Radiology	
13. Referrals	
14. Prescriptions	
15. Plan	
16. Follow Up	
17. Immunizations	
18. Immunization Consent	
19. Visit Documents	