



Forms

select a form ▼

Informant/Relationship

▼

Vitals

Height in +

Weight lbs oz +

Head Circumference cm +

BMI +

Temperature °F +

Tympanic ▼

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](#)

Screening

[Order](#) MCHAT

[Order](#) Vision Screen - Spot

[Order](#) Lead Screen Questionnaire

[Order](#) select a screening ▼



Nutrition

Select All

- Milk-lower fat milk options

notes

- Balanced diet

notes

- Vitamins

notes

- add item

notes

Development

Select All

- Development Screener Reviewed

notes

- MCHAT

notes

- add item

notes

Anticipatory Guidance - Handout

Select All

- Discussed and appropriate handout given

notes

- add item

notes

Physical Exam Free Text

Empty text box for physical exam free text.

Diagnoses

- Well child visit, 2 years

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

Order Hemoglobin (in office)

Order select a lab

Medical Procedure

Order select a medical procedure

Radiology

Generate Requisition

Order select a radiology

Referral

Order select a referral

Plan

Empty text box for plan notes.

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: select an eligibility status

Immunization Orders

Select Vaccine Lots

Order Refuse HepA Peds (Vaqta)



Order

Refuse

select an immunization



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



- Vaccine refusal form signed

notes



- add item

notes



Followup

Order

2 1/2 year well visit

Order

select a followup



Next Visit (Chart-wide) No Saved Notes

Edit

Visit Documents

Navigational Anchors in PTPEDS 2 yr Well

1. Forms
2. History
3. Screening
4. Nutrition
5. Development
6. Anticipatory Guidance
7. Physical Exam
8. Diagnoses
9. Lab
10. Radiology
11. Prescriptions
12. Plan
13. Immunizations
14. Immunization Consent
15. Visit Documents