



**Forms**

select a form ▼

**Informant/Relationship**

▼

**Vitals**

Height  in +

Weight  lbs  oz +

Blood Pressure  s /  d +

Unspecified Location ▼

Sitting ▼

**BMI**

Temperature  °F +

Tympanic ▼

More

**Vital Notes**

▼

**Problem List (Chart-wide)**

Display: All Statuses ▼

Edit

Status	Problem	Problem Note	Onset	Resolved

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

Edit

**Concerns**

▼

**History**

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

Edit

**Screening**

**Order** Vision Screen - Spot

**Order** Nutrition Counseling

**Order** Recommendation to Exercise



Order select a screening

Vision/Hearing notes

notes

Nutrition

Select All

Balanced diet

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

Free text area

Diagnoses

Well child visit, 4 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 select a lab

**Radiology**

Generate Requisition

Order select a radiology

**Medical Procedure**

Order select a medical procedure

**Referral**

Order select a referral

**Plan**

**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 MMR

Order Refuse Varicella

Order Refuse DTaP/IPV (Quadracel)

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** Follow up in 1 year

**Order** select a followup ▼

### Visit Documents

Navigational Anchors in PTPEDS 4 Yr Well	
1.	Forms
2.	History
3.	Screening Orders
4.	Nutrition
5.	Development
6.	Anticipatory Guidance
7.	Physical Exam
8.	Diagnoses
9.	Lab
10.	Radiology
11.	Medical Procedures
12.	Prescriptions
13.	Plan
14.	Immunizations
15.	Immunization Consent
16.	Follow Up
17.	Visit Documents