PTPEDS 9	9 Mo Well
----------	-----------



\*

Edit

Edit

\*

٣

#### Forms

select a form

### Informant/Relationship

Vitals			
Length		in	
Weight	lbs	oz	
Head Circumference		cm	
BMI			
Temperature		°F	
	Tympanic	•	

#### More

#### Vital Notes

			-	
Problem List (C	hart-wide)	Display: A	All Statuses 🔹	Edit
Status	Problem	Problem Note	Onset	Resolved

## Reminders (Chart-wide) No Saved Notes

#### Concerns

	-
History	

# Confidential Notes (Chart-wide) No Saved Notes

#### Screening

Order select a screening

# Nutrition

Select All	
Breast m	nilk or formula

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			

Dia	gn	OS	es
-----	----	----	----

	notes		
	Add to Problem List Onset: mm/dd	/yy Problem Note:	problem note
	select diagnosis		
	notes		
La	b		Print Labels Generate Requisition
	Order select a lab		



Order	select a radiology	*
23.04272.22	Concernation and the second se	

#### Referral

Order	ct a referral
Order	ct a referral

### Medical Procedure

Order select a medical procedure		-
----------------------------------	--	---

#### Plan

l	

#### Immunizations

Vaccines			Print
TI	here are no immunizations recorde	d for this patient	
Ordered			
Diseases			
T	here are no vaccine-preventable dis	seases for this patient	
orecasting R	esults Updated: NA	Show Informational Warnings(0)	Refresh
		Forecast results are not intended to replace clinical decisi	on makin
Vaccines F	or Children		
Insurance	and Race as of 12/24/24		
Eligibility S	tatus: select an eligibility status		•
mmunization	Orders		
Select Vacc	ine Lots		

#### **Immunization Consent**

Refuse

select an immunization

#### Select All

Order

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

٠

\*

•

٠

Ŧ

# 

•

Edit

# Followup

Order	12 month well visit	
Order	select a followup	

Next Visit (Chart-wide) No Saved Notes

## Visit Documents

Navigational Anchors in PTPEDS 9 Mo Well	
1. Forms	
2. Informant/Relationship	
3. Problem List	
4. Concerns	
5. History	
6. Screening Orders	
7. Nutrition	
8. Development	
9. Anticipatory Guidance - Handout	
10. Physical Exam	
11. Diagnoses	
12. Lab	
13. Radiology	
14. Prescriptions	
15. Medical Procedures	
16. Immunizations	
17. Immunization Consent	
18. Followup	
19. Visit Documents	