

Intake**Next Visit (Chart-wide)** No Saved Notes[Edit](#)**Informant/Relationship****Vitals**Height in [+](#)Weight lbs oz [+](#)

BMI

Blood Pressure s / d [+](#)Unspecified Location [v](#)Sitting [v](#)Pulse bpm [+](#)O₂ Saturation % [+](#)[▶ More](#)**Vital Notes****Screening**[Order](#) Hearing Screen[Order](#) Vision Screen[Order](#) PHQ-9 Modified (12-17 years)[Order](#) CRAFFT Screening[Order](#) Nutrition Counseling[Order](#) Recommendation to Exercise[Order](#) select a screening [v](#)**Visit Documents****Growth Charts**

Growth Charts are not available when patient's sex is unknown.

Vision/Hearing notes

Past, Social, Family History**Medical History (Chart-wide)** No Saved Notes[Edit](#)**Social History (Chart-wide)** No Saved Notes[Edit](#)**Family Medical History (Chart-wide)**[Edit](#)

Condition	Relationship	Note

► Confidential Notes (Chart-wide) No Saved Notes[Edit](#)**Allergies (Chart-wide)**

Display: All Statuses ▾

[Edit](#)

Status	Allergy	Reaction	Onset	Resolved

PCC eRx Allergies (Chart-wide) Last Modified N/A

Display: All Statuses ▾

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

[Mark as Reviewed](#)

fineprintLbl

Medication History (Chart-wide) Last Modified N/A

Display: All Statuses ▾

Status	Medication	Instructions	Start	Stop

[Mark as Reviewed](#)

fineprintLbl

Problem List (Chart-wide)

Display: All Statuses ▾

[Edit](#)

Status	Problem	Problem Note	Onset	Resolved

Interim History**Development****HEADS Exam****Objective**

Assessment and Plan Notes**Plan Not to Portal****Anticipatory Guidance****Immunization Counseling****Scribe Consent****Diagnoses**☐ Well child visit

Refine the diagnosis of Well child visit

☒ Include on Patient Reports

notes

☐ Add to Problem ListOnset: Problem Note: ☐ select diagnosis

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 07/21/26

Eligibility Status:

Immunization Orders

Tdap (Boostrix)

Meningococcal (Menveo)

HPV 9

Influenza (Fluarix)

Risk Assessment

- ☐
- Home (eats meals with family, adults to turn to for help, is permitted and able to make independent decisions)

- ☐
- School grade

- ☐
- Education (performance n'l, behavior/attention n'l, homework n'l)

- ☐
- Activities [has friends, at least 1 hour or physical activity, screen time (except homework) < 2 hours/day, has interests/participates in community activities/volunteers]

- ☐
- Drugs (discussed tobacco/alcohol/drugs)

- ☐
- Safety (home is free of violence, uses safety belts/equipment, has relationships free of violence)

- ☐
- Sex (discussed sexual activity)

- ☐
- Suicidality/mental health (has ways to cope with stress, displays self-confidence, no problems with sleep, no problems with depression/anxiety/mood swings, denies thought of hurting self/suicide)

- ☐
- add item

**Lab**[Print Labels](#)[Generate Requisition](#)[Order](#)**Radiology**[Generate Requisition](#)[Order](#)

Bone Age

[Order](#)

Scoliosis Study

[Order](#)**Medical Test**[Order](#)**Medical Procedure**[Order](#)**Followup**[Order](#)

Annual well visit

[Order](#)**Referral**[Order](#)**Patient Forms****Care Plan (Chart-wide)**[Print](#)Display: [Edit](#)

No Interventions

Navigational Anchors in ROADRUNNER 11-14 Yr VS

1. Intake
2. Informant/Relationship
3. Vitals
4. Screening
5. Visit Documents
6. Growth Charts
7. Problem List
8. Diagnoses
9. Immunizations
10. RISK ASSESSMENT
11. Lab
12. Radiology
13. Medical Procedures
14. Follow Up
15. Referrals
16. Patient Forms
17. Prescriptions