

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

BMI

[▶ More](#)**Vital Notes****Growth Charts**

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

Screening[Order](#) Nutrition Counseling[Order](#) Vision Screen - PlusOptix[Order](#) **ROS**Make All: [Abn](#) [NL](#) [NA](#)

Abn NL NA

☐ ☐ ☐ Sleep☐ ☐ ☐ Behavior☐ ☐ ☐ Activity☐ ☐ ☐

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

Problem List (Chart-wide)Display: All Statuses ▾[Edit](#)

Status	Problem	Problem Note	Onset	Resolved

Allergies (Chart-wide)Display: All Statuses ▾[Edit](#)

Status	Allergy	Reaction	Onset	Resolved

PCC eRx Allergies (Chart-wide) Last Modified N/ADisplay: All Statuses ▾

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

[Mark as Reviewed](#)

fineprintLbI

Medication History (Chart-wide) Last Modified N/ADisplay: All Statuses ▾

Status	Medication	Instructions	Start	Stop

[Mark as Reviewed](#)

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► Confidential Notes (Chart-wide) No Saved Notes[Edit](#)**Interim History****Development****Objective****Assessment and Plan Notes**

Anticipatory Guidance**Immunization Counseling****Scribe Consent****Diagnoses**☐ Well child☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ **Immunizations****Vaccines**[Print](#) There are no immunizations recorded for this patient**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 07/21/26Eligibility Status: **Immunization Orders**

Select Vaccine Lots**Order****Refuse**

DTaP (Infanrix)

Order**Refuse**

HepA Peds (Havrix)

Order**Refuse**

Influenza (Fluarix)

Order**Refuse**

select an immunization

**Lab****Print Labels****Generate Requisition****Order**

Hemoglobin (In Office)

Order

select a lab

**Radiology****Generate Requisition****Order**

select a radiology

**Medical Test****Order**

select a medical test

**Medical Procedure****Order**

select a medical procedure

**Followup****Order**

18 month well visit

Order

select a followup

**Referral****Order**

select a referral

**Patient Forms**

select a form

**Visit Documents****Care Plan (Chart-wide)****Print**Display: **All Statuses****Edit**

No Interventions

Navigational Anchors in ROADRUNNER 15 Mo VS

1. Intake
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