



**Intake**

**Here with**

**Contact Name/Phone**

**Emergency Contact Name/Phone**

**Main Concerns/H.P.I**

**Medical History (Medical Summary)** No Saved Notes

**Edit**

**Family History (Medical Summary)** No Saved Notes

**Edit**

**Social History (Medical Summary)** No Saved Notes

**Edit**

**Current Medications**

**Medication History (Medical Summary)** Updated N/A

Display:



Active	Drug	Formula	Details
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**Smoking Status (ARRA)**

select smoking status

**Diet**

**Due: Vaccinations/Labs/Other**

**Select All**

UA for Chlamydia

notes

GC

notes

?HIV

notes

Vision and Hearing

notes

add item

notes

**Screening**

**Lab**

**Order** HIV



**Order** Lipid

**Order** UA

**Injection**

**Immunizations**

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

**Order** **Refuse** Rotavirus

**Order** **Refuse** select an immunization

**Development**

Make All: **Yes** **No** **N/A**

Yes No N/A

Home

notes

Education

notes

Activities-Sports

notes

Drugs

notes

Sex

notes



Alcohol  
notes

Tobacco  
notes

Goals  
notes

Yes No N/A

Menarche/Menses  
notes

add item  
notes

**School**  
[dropdown menu]

**Grades**  
[dropdown menu]

**Home Chores**  
[dropdown menu]

**Favorite Subjects**  
[dropdown menu]

**Activities**  
[dropdown menu]

**A/G Discussed**

Make All:



Yes No UNK

- Diet/Elim
- Hygiene/Infection
- Poison Control
- Smoking/ETOH
- Safety Issues
- Carseat/Seatbelt
- Reading
- Dental

Yes No UNK

- Sunscreen/Insect Repellent
- Sex/Drugs
- Helmet



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**Additional Shots/Labs/Tests/Concerns**

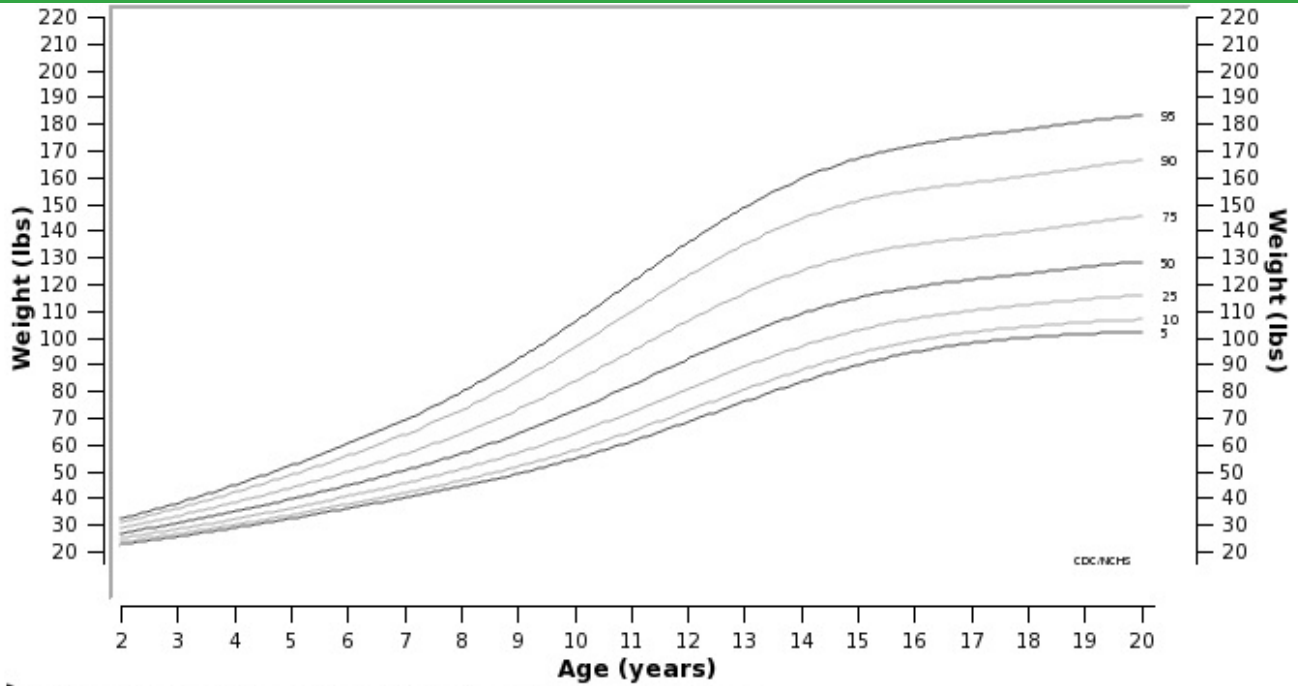
**Vitals**

Weight	<input type="text"/>	lbs	<input type="text"/>	oz		<input style="float: right;" type="button" value="+"/>
Height	<input type="text"/>	in				<input style="float: right;" type="button" value="+"/>
Head Circumference	<input type="text"/>	cm				<input style="float: right;" type="button" value="+"/>
Temperature	<input type="text"/>	°F	Method	<input type="text" value="Unspecified"/>	▼	<input style="float: right;" type="button" value="+"/>
Blood Pressure	<input type="text"/> / <input type="text"/>	systolic/diastolic	Location	<input type="text" value="Unspecified"/>	▼	<input style="float: right;" type="button" value="+"/>
Pulse	<input type="text"/>	beats per minute				<input style="float: right;" type="button" value="+"/>
Respiratory Rate	<input type="text"/>	breaths per minute				<input style="float: right;" type="button" value="+"/>
BMI		kg/m <sup>2</sup>				

More

**Growth Charts**

◀  ▼ ▶



► Tabular Data (Weight-For-Age 2 to 20 Years: Girls Source: CDC)

Physician Section

Details

ROS

Make All:

NI Abn NA  
   A/B



notes

**CV**

notes

**EENT**

notes

**GI**

notes

**HEME**

notes

**NEURO**

notes

**ID**

notes

**SKIN**

notes

**NI Abn NA**

**GU**

notes

**MSK**

notes

**Psych/Behavior**

notes

**add item**





notes

**Exam**

Make All:

A N Def

Head  
notes

Eyes  
notes

Ears  
notes

N.T.  
notes

Lungs  
notes

CV  
notes

Abd  
notes

GU  
notes

A N Def

MSK  
notes



Skin  
notes

Neuro  
notes

add item  
notes

**Problem List (Medical Summary)**

Display: All Statuses

**Edit**

Status	Problem	Problem Note	Onset	Resolved

**Diagnoses**

add diagnosis  
notes

**Diagnosis NOS**

**Anticipatory Guidance**

**Plan/Rx/Actions/Treatment Goal**



**Procedures Done During this Visit**

Select All

add item

notes

**Medical Procedure**

**Handout**

**S/S severe illness Discussed.Call BCA with Concerns.**

Select All

Informed Guardian

notes

add item

notes

**Follow Up Notes**

**Followup**

**Referral**

**Radiology**

**Education**

Select All

add item

notes