



**Intake**

**Informant/Relationship**

**Chief Complaint**

**Vitals**

Weight	<input type="text"/>	lbs	<input type="text"/>	oz					<input type="button" value="+"/>
Blood Pressure	<input type="text"/>	/	systolic/diastolic	Location	<input type="text" value="Unspecified"/>	Position	<input type="text" value="Unspecified"/>		<input type="button" value="+"/>
Temperature	<input type="text"/>	°F	Method	<input type="text" value="Unspecified"/>					<input type="button" value="+"/>
Height	<input type="text"/>	in							<input type="button" value="+"/>
BMI		kg/m <sup>2</sup>							
Pulse	<input type="text"/>	beats per minute							<input type="button" value="+"/>
Respiratory Rate	<input type="text"/>	breaths per minute							<input type="button" value="+"/>

 More

**HPI**

Make All:

Yes No NA

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdominal pain	<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Inciting factors	<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Relieving factors	<input type="text" value="notes"/>



Vomiting  
notes

Diarrhea  
notes

Constipation  
notes

Poor Appetite  
notes

Diary Reviewed?  
notes

Yes No NA  
   add item  
notes

**History of Present Illness**

**History**

**Select All**

Medication Record (reviewed and updated)  
notes

OTC meds/herbal meds/CAM used (notes below)  
notes



add item    
 notes

**Transition of Care (ARRA)**

- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed

**Review of Systems**

Make All:

Pos Neg N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fever	<input type="text" value="notes"/> <input type="button" value="v"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fatigue/Malaise	<input type="text" value="notes"/> <input type="button" value="v"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Back Pain	<input type="text" value="notes"/> <input type="button" value="v"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urinary symptoms (specify)	<input type="text" value="notes"/> <input type="button" value="v"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urinary accidents	<input type="text" value="notes"/> <input type="button" value="v"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stool accidents/soiling	<input type="text" value="notes"/> <input type="button" value="v"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headache	<input type="text" value="notes"/> <input type="button" value="v"/>



Cough

Pos Neg N/A  
   Nasal congestion

Sore Throat

Rash

Social changes or stressors

Behavioral changes

School problems

Travel

add item

**Review of Systems by system**

Make All:

NI Abn N/A



- Allergy
- GI
- Cardiovascular
- Endocrine
- Musculoskeletal (joint pains?)
- HEENT
- Respiratory
- Skin
- NI Abn N/A  
   Other
- add item

**Past Medical/Social/Family History**

Select All



- Exposure to illness  
notes
- Child Care (Yes / No and Type)  
notes
- Past Medical History  
notes
- Family History  
notes
- add item  
notes

**Medical History (Medical Summary)** No Saved Notes [Edit](#)

**Family History (Medical Summary)** No Saved Notes [Edit](#)

**Social History (Medical Summary)** No Saved Notes [Edit](#)

**Physical Exam**

Make All: [A](#) [N](#) [N/E](#)

A N N/E

General Appearance  
notes

HEENT



notes

**Head**

notes

**Ears**

notes

**Oropharynx**

notes

**Neck**

notes

**Chest**

notes

**Cardiovascular**

notes

**A N N/E**

**Abdomen**

notes

**Genitourinary**

notes

**Neurologic**

notes

**Skin**

notes

**add item**



notes

**Diagnoses**

Constipation (564.00)

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

add diagnosis

notes

**Diagnoses to Rule Out**

Appendicitis (541)

notes

add diagnosis to rule out

notes

**Plan**

Select All

Medication

notes

Medication as e-prescribed

notes

Medication side effects reviewed

notes

Symptom diary given and instructions reviewed

notes





- Zofran
- Symptomatic comfort measures
- Clear fluids
- BRAT Diet
- Advance diet slowly
- Monitor for change in urine frequency, abdominal pain, systemic symptoms
- Note to return to school
- add item

**Parent/Patient Understanding**

Make All:

Gd Fr Pr

- Parent understanding
- Patient understanding



add item

notes

**Immunizations**

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

select an immunization

**Immunization Notes**

Make All:

Yes No NA

MD counseling for vaccines done - reviewed diseases protected by vaccines, including each component, risks and benefits; how to deal with side effects. VIS given.

notes

add item

notes

**Medical Procedure**

Urine Catheterization

**Lab**

Urine dipstick (In Office)

Urinalysis

Urine Culture



**Order** Comprehensive Metabolic Screen

**Order** CBC with Diff w/plt

**Radiology**

**Order** KUB

**Order** Abdominal Ultrasound

**Referral**

**Order** Gastroenterology

**Followup**

**Order** Return to office (list reason and time frame)

**Order** Next well visit

**Order** by Phone (list reason and time frame)

**Order** by Phone (nurse call to check on)

**Additional Notes**



**Navigational Anchors in Abdominal Pain - TLC**

1. Intake
2. Chief Complaint
3. Vitals
4. HPI (4+ for -14 or -15)
5. ROS (2 for -14; 10+ for -15)
6. PMSFHx (1 for -14; 3 for -15)
7. Physical Exam
8. Diagnoses
9. Diagnoses to Rule Out
10. Plan
11. Immunizations
12. Medical Procedures
13. Lab
14. Radiology
15. Referrals
16. Follow Up