Informant/Relationship

Chief Complaint

Verification of History

Select All

- [ ] Changes in allergies?
  - notes
- [ ] Changes in current medication?
  - notes
- [ ] Changes in family or social 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

Vitals

Weight lbs oz +

Height in +

BMI kg/m²

Blood Pressure / systolic/diastolic Location Unspecified Position Unspecified +

Temperature °F Method Unspecified +

More

Immunizations

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

Order Refuse select an immunization

Immunization current for age: Indicate Yes or No

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

Family Hx - Obesity

Make All: **N** **Y** **N/A**

N	Y	N/A		
○	○	○	Obesity	notes
○	○	○	Coronary Heart Disease	notes
○	○	○	Hypertension	notes
○	○	○	Eating Disorders	notes
○	○	○	Dyslipidemia	notes
○	○	○	Type 2 Diabetes Mellitus	notes
○	○	○	Thyroid Disease	notes

Genetic Disorders

notes

N Y N/A

add item

notes

Nutrition

Select All

Fruit Juice Consumption (oz/day)

notes

Water Consumption (oz/day)

notes

Sweetened Beverage Consumption (sports drinks, sweetened tea) (oz/day)

notes

Soft drink consumption (cans/day)

notes

Milk (oz per day and type)

notes

Time and place of eating - breakfast

notes

Time and place of eating - lunch

notes

Time and place of eating - dinner

notes

Number of meals eaten prepared outside the home per week?

notes

Number of fast food meals per week?

notes

add item

notes

Physical Activity History

Select All

Daily hours of screen time (TV, computer, video games, tablet, handheld)

notes

Television in child's bedroom?

notes

Amount of daily physical activity (hrs/day)

notes

Amount of physical education at school (days/wk)

notes

Participation in organized activity?

notes

Time spent outdoors (hrs/day)

notes

After-school activities

notes

Parental exercise behaviors

notes

Accesibility of local parks

notes

add item

notes

Review of Systems by system

Make All: **NI** **Abn** **N/A**

NI Abn N/A

General

notes

Skin

notes

Skin (hyperpigmentation around neck)

notes

Skin (furunculosis)

notes

HEENT

notes

Respiratory

notes

Pulmonary (Wheezing?)

notes

Pulmonary (Snoring?)

notes

NI Abn N/A

Pulmonary (Daytime somnolence?)

notes

Pulmonary (Apnea?)

notes

Cardiovascular

notes

GI

notes

GI (Gallbladder disease?)

notes

GI (Heartburn?)

notes

GU

notes

Genital (female - age @ menarche?)

notes

NI Abn N/A

Genital (female - abnormal menses?)

notes

Genital (female - hirsutism?)

notes

Musculoskeletal (joint pains?)

notes

Musculoskeletal (limp?)

notes

Neurologic (headache?)

notes

Neurologic (diplopia?)

notes

Neurologic (hyperactivity?)

notes

Neurologic (vision loss?)

notes

NI Abn N/A

Psychiatric (depression?)

notes

Psychiatric (poor self-image?)

notes

Psychiatric (feelings of isolation from peers?)

notes

Psychiatric (behavior problems?)

notes

Other

notes

add item

notes

Physical Exam

Make All: **A** **N** **N/E**

A N N/E

○ ○ ○ General Appearance

notes

○ ○ ○ Head

notes

○ ○ ○ Eyes

notes

○ ○ ○ HEENT (papilledema)

notes

○ ○ ○ Ears

notes

○ ○ ○ Nose

notes

○ ○ ○ Mouth and Throat

notes

○ ○ ○ HEENT (tonsillar size)

notes

A N N/E

○ ○ ○ Neck

notes

Neck (palpation of thyroid)
notes

Lungs
notes

Heart
notes

Abdomen
notes

Abdomen (liver span)
notes

Abdomen (RUQ tenderness)
notes

Skin
notes

A N N/E

Skin (acanthosis nigricans)
notes

Skin (furunculosis)
notes

Skin (hirsutism)
notes

Neuro
notes

Musculoskeletal

notes

Genitourinary

notes

add item

notes

Diagnoses

Dietary Counseling (V65.3)

notes

Add to Problem List Onset: mm/dd/yy Problem Note: problem note

Hirsutism (704.1)

notes

Add to Problem List Onset: mm/dd/yy Problem Note: problem note

Polyphagia (783.6)

notes

Add to Problem List Onset: mm/dd/yy Problem Note: problem note

add diagnosis

notes

Medical Procedure

Medical Test

Screening

Lab

Order BMI Labs

Plan

Select All

- [ ] Dietary Modifications
  notes
- [ ] Nutrition Guidelines handout given
  notes
- [ ] Lifestyle Modifications
  notes
- [ ] Lifestyles Guidelines handout given
  notes
- [ ] Exercise plan initiated
  notes
- [ ] Encouraged decreased sedentary time
  notes
- [ ] Behavior Modifications
  notes
- [ ] Behavior Guidelines handout given
  notes
- [ ] Symptomatic comfort measures
  notes
- [ ] Medication
  notes

- [ ] Medication as e-prescribed
  - notes
- [ ] Medication side effects reviewed
  - notes
- [ ] Cultural barriers for diet and exercise discussed
  - notes
- [ ] add item
  - notes

Nutrition Resources

Select All

- [ ] See www.eatright.org for more information about healthy eating and lifestyle habits
  - notes
- [ ] See www.healthychildren.org for many articles on nutrition and obesity
  - notes
- [ ] See weigh2rock.com for health and weight loss education
  - notes
- [ ] See http://win.niddk.nih.gov/index.htm for great nutrition resources from the National Institutes of Health
  - notes
- [ ] See http://www.actionforhealthykids.org/ for how you can help your school combat childhood obesity
  - notes
- [ ] add item
  - notes

Parent/Patient Understanding

Make All: Gd Fr Pr

Gd Fr Pr

Parent understanding

notes

Patient understanding

notes

add item

notes

Radiology

Referral

Order	Cardiology (if evidence of hypertension or dyslipidemia)
Order	Nutrition (if glucose level 100-126 mg/dL or family in need of dietary guidelines beyond those given in the Nutrition Guidelines handout)
Order	Endocrinology (if fasting glucose level >126 mg/dL)
Order	ENT (if evidence of sleep apnea)
Order	Gastroenterology (if ALT >60 or persistently 40-60)
Order	Nephrology (if spot urine microalbumin/creatinine ratio > 30 micrograms of albumin/milligrams Cr or spot urine protein/creatinine ratio > 0.2)
Order	Ortho (if history of joint pains or evidence of SCFE)
Order	Pulmonary (if assistance needed in management of asthma)
Order	Weight management program (incl COACH)

Followup

Order	Next well visit
Order	One month for Nutrition visit/reinforcement
Order	Three months for Nutrition visit/reinforcement
Order	Return to office (list reason and time frame)
Order	by Phone (list reason and time frame)
Order	Plan Notes

Additional Notes