



Intake

Informant/Relationship

Vitals

Weight	<input type="text"/>	lbs	<input type="text"/>	oz		<input data-bbox="1398 367 1443 405" type="button" value="+"/>		
Height	<input type="text"/>	in				<input data-bbox="1398 422 1443 459" type="button" value="+"/>		
Blood Pressure	<input type="text"/>	/	systolic/diastolic	Location	<input data-bbox="760 474 927 512" type="button" value="Unspecified"/>	Position	<input data-bbox="1057 474 1224 512" type="button" value="Unspecified"/>	<input data-bbox="1398 474 1443 512" type="button" value="+"/>
Temperature	<input type="text"/>	°F	Method	<input data-bbox="748 527 915 564" type="button" value="Unspecified"/>				<input data-bbox="1398 527 1443 564" type="button" value="+"/>
Pulse	<input type="text"/>	beats per minute						<input data-bbox="1398 581 1443 619" type="button" value="+"/>
O ₂ Saturation	<input type="text"/>	%						<input data-bbox="1398 636 1443 674" type="button" value="+"/>
Respiratory Rate	<input type="text"/>	breaths per minute						<input data-bbox="1398 690 1443 728" type="button" value="+"/>
BMI		kg/m ²						

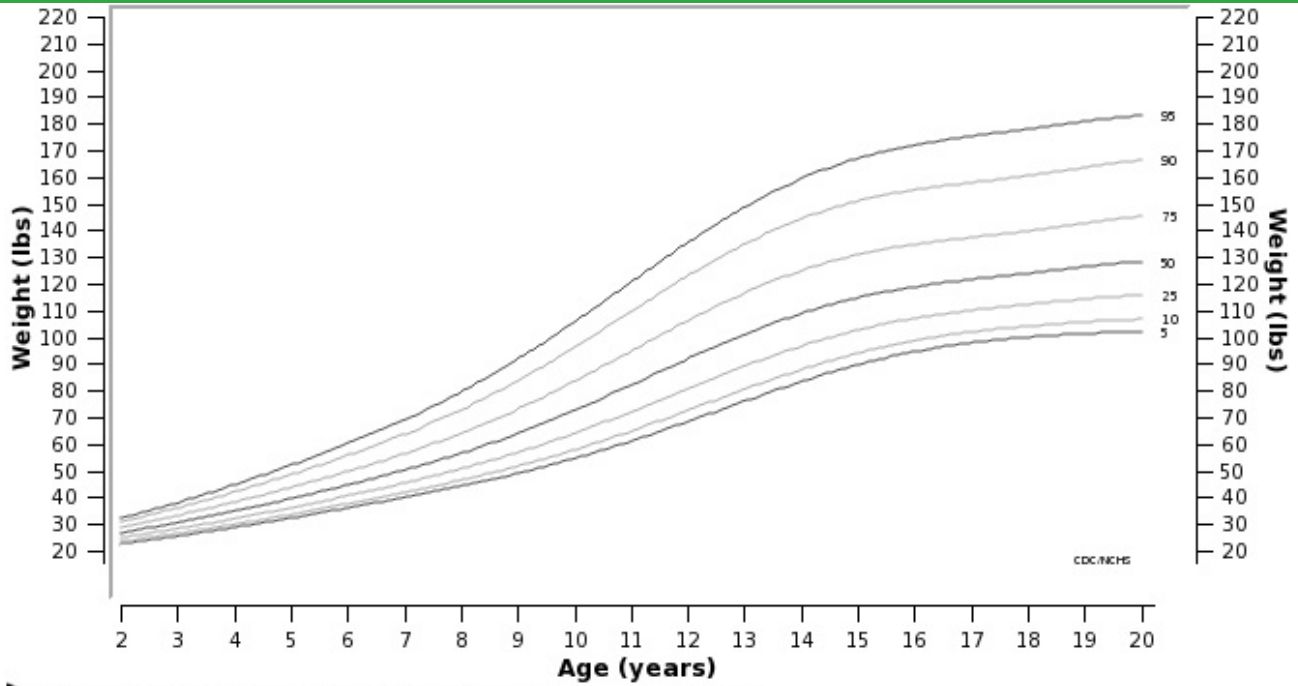
 More

Screening

<input data-bbox="162 938 302 976" type="button" value="Order"/>	Vision Screen - state if pt wears glasses or contacts
<input data-bbox="162 1005 302 1043" type="button" value="Order"/>	Hearing Screen
<input data-bbox="162 1073 302 1110" type="button" value="Order"/>	Braces?

Growth Charts

◀ ▶



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

Medications

Chief Complaint

History

Make All:

Yes No N/A

Any allergies to pollen, medication, food or stinging insects?

Do you take any supplements or vitamins?



notes

Has a MD ever denied participation in sports for any heart problems?

notes

History of asthma?

notes

History of being knocked out, concussion, or loss of memory?

notes

History of heat stroke or heat exhaustion?

notes

History of sprain, strain, swelling, fractures or dislocations?

notes

Any family member died of heart problems or sudden death? (age)

notes

Yes No N/A

add item

notes

History of Present Illness

Concerns and Questions.



Empty rectangular box for notes or text.

Transition of Care (ARRA)

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

Problem List (Medical Summary)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

Medical History (Medical Summary) No Saved Notes

Edit

Physical Exam

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

A N N/E

General Appearance

notes

Head

notes

Eyes

notes

Ears, Nose, Mouth, and Throat



notes

Neck

notes

Chest/Lungs

notes

Cardiovascular

notes

Abdomen

notes

A N N/E

Genitourinary

notes

Musculoskeletal

notes

Neurologic

notes

Skin

notes

add item

notes

Medical Procedure

Medical Test

Supply



Immunizations

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

Immunization Consent

Diagnoses

Sports Exam (V70.3)

Add to Problem List

Plan

Cleared for sports participation

Cleared for sports participation after completing evaluation/rehab for

Not cleared for sports for following reasons



notes

Recommendations

notes

add item

notes

E-Prescribed Medications.

Plan Notes

Followup

Nurse Task

Referral

Reminders (Medical Summary) No Saved Notes