



Intake

Informant/Relationship

Chief Complaint

Vitals

Height in

Weight lbs oz

Temperature °F Method

More

Current Medications

HPI

Make All:

Yes No NA

Bump

Rash

Fever

add item

Review of Systems by system

Make All:

Abn NL N/A

General



- HEENT
- Respiratory
- GI
- add item

Past Medical/Social/Family History

Select All

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

Procedure Note

Select All

- Location
- Description
- Abscess lanced and drained
- Pus expressed



- Wound packed
notes
- Wound dressed
notes
- add item
notes

Medical Procedure

Physical Exam

Make All: **ABN** **NL** **N/E**

ABN NL N/E

- add item
notes

Diagnoses

- Carbuncle
notes
 Add to Problem List Onset: mm/dd/yy Problem Note: problem note
- Abscess
notes
 Add to Problem List Onset: mm/dd/yy Problem Note: problem note
- add diagnosis
notes

Plan

Select All

- Wound Care instructions given
notes
- Medication
notes



Medication as e-prescribed

notes

Note to return to school

notes

add item

notes

Immunizations

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

Tdap

DTaP

Immunization Notes

Make All:

Yes No NA

Immunization informed consent



Lab

Radiology

Referral

Emergency Room

Followup

Return to office (list reason and time frame)

As needed

Navigational Anchors in Abscess

1. Intake
2. Vitals
3. Current Medications
4. HPI-4+for-14or-15
5. ROS by System
6. PMSFHx-1for-14,3for-15
7. Procedure:complete to bill
8. Physical Exam
9. Diagnoses
10. Plan
11. Immunizations
12. Lab
13. Referrals
14. Follow Up