



Intake

Informant/Relationship

Chief Complaint

Vitals

Weight lbs oz

Height in

Temperature °F Method

BMI kg/m²

O₂ Saturation %

 More

Current Medications

History of Present Illness

Date and time of injury?

Mechanism of injury?

Location and nature of pain?

Swelling, bruising, redness, or deformity?

Any treatment (ice, medication, etc.)?

ER or other medical attention?

Other Injuries?



Other Notes

notes

Past Medical/Social/Family History

Select All

Hx of Injury

notes

Past Medical History

notes

Family History

notes

add item

notes

Review of Systems by system

Make All: Abn NL N/A

Abn NL N/A

add item

notes

Physical Exam

Make All: ABN NL N/E

ABN NL N/E

General Appearance

notes

Chest

notes

Cardiovascular

notes

Extremities

notes



- Neurologic
- Skin
- add item

Diagnoses

- add diagnosis

Diagnoses to Rule Out

- add diagnosis to rule out

Diagnosis Notes

Plan

Select All

- RICE: Rest, ice, compression, elevation
- Pain Management (include medication recommended)
- Medication as e-prescribed
- Note to return to school



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

Medical Procedure

**Supply**

Order Sling

Radiology

Order Xray (indicate location, right or left)

Lab**Referral****Followup**

Order Return to office (list reason and time frame)

Order As needed

Navigational Anchors in Arm

1. Intake
2. Current Medications
3. History of Present Illness
4. PMSFHx-1for-14,3for-15
5. ROS by system
6. Physical Exam
7. Diagnoses
8. Plan
9. Immunizations
10. Medical Procedures
11. Supply
12. Radiology
13. Lab
14. Referrals
15. Follow Up