



Intake

Informant/Relationship

Chief Complaint

Vitals

Weight lbs oz

Height in

BMI kg/m²

Temperature °F Method

O₂ Saturation %

 More

Current Medications

HPI

Make All:

Yes No NA

Congestion

Cough

Headache

add item

Review of Systems

Make All:



Pos Neg N/A

- Fussy
- Fever
- Ear pain (indicate right, left or both)
- Abdominal pain
- Vomiting
- Diarrhea
- Poor appetite
- Rash

Pos Neg N/A

- Fatigue/Malaise
- Sleep disturbance
- add item

Past Medical/Social/Family History

Select All

- Exposure to illness
- Past Medical History



notes

Family History

notes

Child Care (Yes / No and Type)

notes

add item

notes

Physical Exam

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

ABN NL N/E

General Appearance

notes

Head

notes

Eyes

notes

Ears

notes

Nose

notes

Oropharynx

notes

Neck

notes

Chest

notes

ABN NL N/E

Cardiovascular



notes

Abdomen

notes

Skin

notes

add item

notes

Diagnoses

Chronic cough

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

add diagnosis

notes

Diagnoses to Rule Out

add diagnosis to rule out

notes

Plan

Select All

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

Immunization Notes

Make All:

Yes No NA

Immunization informed consent

add item

Medical Procedure

Cerumen Removal

Lab

Radiology

Referral

**Followup****Order**

Return to office (list reason and time frame)

Order

As needed

Navigational Anchors in Congestion

1. Intake
2. HPI-4+for-14or-15
3. ROS-2for-14,10+for-15
4. PMSFHx-1for-14,3for-15
5. Physical Exam
6. Diagnoses
7. Plan
8. Immunizations
9. Medical Procedures
10. Lab
11. Radiology
12. Referrals
13. Follow Up