



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

Earache (indicate: right, left, both)

Fever

add item

Review of Systems

Make All:

Pos Neg N/A

Fussy



Cough

Nasal congestion

Headache

Abdominal pain

Diarrhea

Vomiting

Poor appetite

Pos Neg N/A

Rash

Fatigue/Malaise

Sleep disturbance

add item

Past Medical/Social/Family History

Select All

Exposure to illness

Child Care (Yes / No and Type)



Past Medical History

notes

Family History

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

Acute otitis externa
notes
 Add to Problem List Onset: mm/dd/yy Problem Note: problem note

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

add diagnosis
notes

Diagnosis Notes

Plan

Select All

Medication
notes

Medication as e-prescribed
notes

Symptomatic comfort measures
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
notes

add item
notes

Medical Procedure

**Order**

Cerumen Removal

Lab**Radiology****Referral****Order**

ENT

Followup**Order**

Return to office (list reason and time frame)

Order

As needed

Navigational Anchors in Ear Ache (v2)

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