



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

Recent ear infection (see last visit or list date of diagnosis)

Antibiotics completed (may be listed under "current medications" if none listed)

Current Symptoms

Earache (indicate: right, left, both)

Other

add item



Review of Systems

Make All:

Pos Neg N/A

Fussy

Fever

Arthralgia

Cough

Nasal congestion

Headache

Abdominal pain

Diarrhea

Pos Neg N/A

Vomiting

Poor appetite

Rash

Fatigue/Malaise



notes

Sleep disturbance

notes

add item

notes

Past Medical/Social/Family History

Select All

Exposure to illness

notes

Child Care (Yes / No and Type)

notes

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

Oropharynx

Neck

Chest

ABN NL N/E

Cardiovascular

Abdomen

Skin

add item

Diagnoses

Acute otitis externa

Add to Problem List **Onset:** **Problem Note:**

Chronic cough

Add to Problem List **Onset:** **Problem Note:**

add diagnosis

Diagnosis 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

ENT

Followup

Return to office (list reason and time frame)

As needed