



Intake

Informant/Relationship

Chief Complaint

Vitals

Weight lbs oz

Height in

Temperature °F Method

 More

Medical Test

Current Medications

HPI

Make All:

Yes No NA

Eye problem

Redness

Swelling

Pain

Discharge

Pruritis



- Visual changes
- add item

Review of Systems

Make All: **Pos** **Neg** **N/A**

Pos Neg N/A

- Fever
- Cough
- Nasal congestion
- Respiratory symptoms
- Headache
- add item

Past Medical/Social/Family History

Select All

- Exposure to illness
- Past Medical History
- Family History
- Social 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

Throat

notes

Chest

notes

Cardiovascular

notes

ABN NL N/E

Neurologic

notes

Skin

notes

add item



notes

Diagnoses

Corneal abrasion

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

Warm compress

notes

Pain Management (include medication recommended)

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

Order

Refuse

select an immunization

Immunization Notes

Make All: **Yes** **No** **NA**

Yes No NA

Immunization informed consent

notes

add item

notes

Medical Procedure

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 Eye

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