



### Intake

#### Informant/Relationship

#### Chief Complaint

#### Vitals

Weight  lbs  oz

Height  in

BMI  kg/m<sup>2</sup>

Temperature  °F Method

O<sub>2</sub> Saturation  %

 More

#### Current Medications

#### HPI

Make All:

Yes No NA

Fever

Lethargy

Neck stiffness

Neck pain

add item

#### Review of Systems



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

Pos Neg N/A

- Fussy**
- Cough**
- Nasal congestion**
- Ear pain (indicate right, left or both)**
- Headache**
- Abdominal pain**
- Diarrhea**
- Vomiting**

Pos Neg N/A

- Poor appetite**
- Rash**
- Fatigue/Malaise**
- Sleep disturbance**
- add item**



### 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  
notes
- Oropharynx  
notes
- Neck



notes

Chest

notes

ABN NL N/E

Cardiovascular

notes

Abdomen

notes

Genitourinary

notes

Neurologic

notes

Skin

notes

add item

notes

### Diagnoses

Chronic cough

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Colitis

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

Hemoglobin

### Radiology

CXR

### Referral

### Followup

Return to office (list reason and time frame)

As needed

## Navigational Anchors in Fever (v2)

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