### Intake

#### Informant/Relationship

#### Chief Complaint

#### Vitals

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Value 1</th>
<th>Value 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight (lbs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height (in)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI (kg/m²)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature (°F)</td>
<td></td>
<td>Method</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unspecified</td>
</tr>
<tr>
<td>O₂ Saturation (%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Current Medications

#### Hospital Course

- [ ] Reason for Hospital/ER visit
- [ ] Admit Date
- [ ] Discharge Date
- [ ] Brief summary of hospital course
- [ ] Complications (none if nothing listed)
- [ ] Specialists consulted (none if nothing listed)
- [ ] Medications Prescribed
Hospital Follow Up

[Checkbox] Follow up Instructions given

[Text box] notes

[Checkbox] Other notes

[Text box] notes

[Checkbox] add item

[Text box] notes

HPI

Make All: [Yes] [No] [N/A]

[Radio button] Yes [Radio button] No [Radio button] NA

- [Radio button] Current Symptoms
  [Text box] notes

- [Radio button] Taking prescribed medications
  [Text box] notes

- [Radio button] add item
  [Text box] notes

Review of Systems by system

Make All: [Abn] [NL] [N/A]

[Radio button] Abn [Radio button] NL [Radio button] N/A

- [Radio button] General
  [Text box] notes

- [Radio button] HEENT
  [Text box] notes

- [Radio button] Respiratory
  [Text box] notes

- [Radio button] Cardiovascular
  [Text box] notes
<table>
<thead>
<tr>
<th>System</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>GI</td>
<td>notes</td>
</tr>
<tr>
<td>GU</td>
<td>notes</td>
</tr>
<tr>
<td>Neuromuscular</td>
<td>notes</td>
</tr>
<tr>
<td>add item</td>
<td>notes</td>
</tr>
</tbody>
</table>

**Past Medical/Social/Family History**

- Exposure to illness
  - notes
- 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

<table>
<thead>
<tr>
<th>Body Area</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Appearance</td>
<td>notes</td>
</tr>
<tr>
<td>Head</td>
<td>notes</td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------</td>
<td>---------</td>
</tr>
<tr>
<td>Ears</td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td></td>
</tr>
<tr>
<td>Oropharynx</td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
</tr>
<tr>
<td>Chest</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
</tr>
<tr>
<td>Genitourinary</td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
</tr>
</tbody>
</table>

**Diagnoses**

- [ ] add diagnosis
- notes

**Plan**

---

pcc: 04/14/2014 12:42:26
**Hospital Follow Up**

### 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]
**Medical Procedure**

**Lab**

**Radiology**

**Referral**

**Followup**

- Return to office (list reason and time frame)
- As needed

## Navigational Anchors in Hospital Follow Up

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