



## Intake

### Informant/Relationship

### Chief Complaint

### Vitals

Weight  lbs  oz

Height  in

Temperature  °F Method

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

O<sub>2</sub> Saturation  %

[➔ More](#)

### Current Medications

### History of Present Illness

Date and time of injury?

Mechanism of injury?

Location and nature of pain?

Swelling, bruising, redness, or deformity?

Any treatment (ice, medication, etc.)?

ER or other medical attention?

Other Injuries?



Other Notes

notes

Review of Systems by system

Make All: **Abn** **NL** **N/A**

Abn NL N/A

General

notes

HEENT

notes

Respiratory

notes

GI

notes

add item

notes

Past Medical/Social/Family History

Select All

Hx of Injury

notes

Past Medical History

notes

Family History

notes

Social History

notes

add item

notes

Physical Exam



Make All: **ABN** **NL** **N/E**

ABN NL N/E

- General Appearance
- Chest
- Cardiovascular
- Extremities
- Neurologic
- Skin
- add item

**Diagnoses**

- 

**Diagnoses to Rule Out**

- 

**Diagnosis Notes**



### Plan

Select All

- RICE: Rest, ice, compression, elevation  
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

- Tdap
- DTaP







### Immunization Notes

Make All:

Yes No NA

Immunization informed consent



add item



### Medical Procedure

#### Radiology

Xray (indicate location, right or left)

#### Lab

#### Referral

#### Followup

Return to office (list reason and time frame)

As needed

### Navigational Anchors in Injury (v2)

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