



Intake

Informant/Relationship

Chief Complaint

Vitals

Temperature °F Method

Weight lbs oz

More

History of Present Illness

Select All

Date and time of injury?

Mechanism of injury?

Location and nature of pain?

Swelling, bruising or deformity?

Any treatment (ice, medication, etc.)?

ER or other medical attention?

Other injuries?

Other notes

add item



Review of Systems

Select All

Pertinent negatives (noted below)

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

Cardiovascular

notes

Neurological

notes

ABN NL N/E

Chest

notes



add item

notes

Medical Procedure

Radiology

Supply

Referral

Plan

Select All

Medication as e-prescribed

notes

Follow-up/Next Visit

notes

add item

notes

Navigational Anchors in Injury

- 1. Intake
- 2. Physical Exam
- 3. Plan