



Intake

Informant/Relationship

Chief Complaint

Vitals

Height	<input type="text"/>	in							<input data-bbox="1401 510 1455 556" type="button" value="+"/>
Weight	<input type="text"/>	lbs	<input type="text"/>	oz					<input data-bbox="1401 573 1455 619" type="button" value="+"/>
Head Circumference	<input type="text"/>	cm							<input data-bbox="1401 636 1455 682" type="button" value="+"/>
Pulse	<input type="text"/>	beats per minute							<input data-bbox="1401 699 1455 745" type="button" value="+"/>
Blood Pressure	<input type="text"/>	/	systolic/diastolic	Location	<input type="text" value="Unspecified"/>		Position	<input type="text" value="Unspecified"/>	<input data-bbox="1401 762 1455 808" type="button" value="+"/>
Respiratory Rate	<input type="text"/>	breaths per minute							<input data-bbox="1401 825 1455 871" type="button" value="+"/>

More

History of Present Illness

Reason for surgery

Date of surgery

Hospital

Surgeon

Pre Op History

Make All:

Yes No N/A

Allergies

Previous Surgery/Anesthesia



notes

Family History of Anesthesia problems

notes

Bleeding History

notes

Delayed Immunizations

notes

Developmental problems

notes

Recent Illness/contagion exposure

notes

Currently taking medications

notes

Yes No N/A

add item

notes

Medical History (Chart-wide)

No Saved Notes

Edit

Physical Exam

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

ABN NL N/E

General Appearance

notes

HEENT

notes

Chest

notes

Cardiovascular



notes

Abdomen

notes

Genitourinary

notes

Neurologic

notes

add item

notes

Diagnoses

add diagnosis

notes

Plan

Select All

Cleared for surgery: no contraindication to surgical repair and/or general anesthesia

notes

Copy of Note forwarded to physician/facility (indicate to whom)

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

Lab

Radiology