



Intake

Informant/Relationship

Chief Complaint

Vitals

Weight lbs oz

Height in

BMI kg/m²

Temperature °F Method

O₂ Saturation %

 More

Current Medications

HPI

Make All:

Yes No NA

Rash

Inciting factors

Relieving factors

Redness

Swelling

Pruritis



notes

Pain

notes

Draining

notes

Yes No NA

add item

notes

Review of Systems

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

Pos Neg N/A

Fever

notes

Joint pain/swelling

notes

Respiratory symptoms

notes

Exposure to new foods, new products, or other (poison oak)

notes

add item

notes

Past Medical/Social/Family History

Select All

Exposure to illness

notes

Past Medical History

notes

Family History

 Child Care (Yes / No and Type) add item

Physical Exam

Make All:

ABN NL N/E

 General Appearance Skin HEENT Neck Chest Cardiovascular Abdomen add item

Diagnoses

 add diagnosis



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



select an immunization



Immunization Notes

Make All:

Yes No NA

Immunization informed consent

notes



add item

notes



Medical Procedure

Lab

Radiology

Referral

Followup

Return to office (list reason and time frame)

As needed

Navigational Anchors in Rash

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