



Intake

Informant/Relationship

Chief Complaint

Vitals

Weight lbs oz

Height in

Temperature °F Method

BMI kg/m²

 More

Immunization current for age: Indicate Yes or No

History: location | timing | quality | severity | context | modify factors

Make All:

Yes No NA

Fever

Cough

Nasal congestion

Sore throat

Earache (indicate: right, left, both)

Vomiting



- Diarrhea
notes
- Abdominal pain
notes
- Yes No NA
 Headache
notes
- Rash
notes
- Wheezes
notes
- Other
notes
- add item
notes

Transition of Care (ARRA)

- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed

Review of Systems

- Select All**
- See Initial History Questionnaire and Problem List
notes
 - Pertinent negatives (noted below)
notes
 - add item
notes

Social/Family History

Select All



See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)

notes

Passive smoke exposure

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

Oropharynx

notes

Neck

notes

Chest

notes

ABN NL N/E

Lungs

notes

Cardiovascular



notes

Abdomen

notes

Genitourinary

notes

Musculoskeletal

notes

Neurologic

notes

Skin

notes

add item

notes

Diagnoses

add diagnosis

notes

Lab

Medical Test

Radiology

Screening

Medical Procedure

Immunizations

Immunization History



There are no immunizations recorded for this patient

Ordered

Immunization Orders

Plan

Medication

Laboratory/Screening Results

Other

add item

Referral

Followup



Navigational Anchors in Sick - Bright Futures

1. Intake
2. History
3. Review of Systems
4. Social/Family History
5. Physical Exam
6. Diagnoses
7. Lab
8. Medical Procedures
9. Immunizations
10. Plan