



### Intake

#### Informant/Relationship

#### Chief Complaint

#### Vitals

Height	<input type="text"/>	in							<input data-bbox="1401 508 1455 552" type="button" value="+"/>
Length	<input type="text"/>	in							<input data-bbox="1401 573 1455 617" type="button" value="+"/>
Weight	<input type="text"/>	lbs	<input type="text"/>	oz					<input data-bbox="1401 638 1455 682" type="button" value="+"/>
BMI					kg/m <sup>2</sup>				
Temperature	<input type="text"/>	°F	Method	<input data-bbox="784 741 930 785" type="button" value="Unspecified"/>					<input data-bbox="1401 741 1455 785" type="button" value="+"/>
Pulse	<input type="text"/>	beats per minute							<input data-bbox="1401 806 1455 850" type="button" value="+"/>
Blood Pressure	<input type="text"/>	/	systolic/diastolic	Location	<input data-bbox="800 867 946 911" type="button" value="Unspecified"/>	Position	<input data-bbox="1109 867 1255 911" type="button" value="Unspecified"/>		<input data-bbox="1401 867 1455 911" type="button" value="+"/>
Respiratory Rate	<input type="text"/>	breaths per minute							<input data-bbox="1401 930 1455 974" type="button" value="+"/>

 More

#### History

- Activity
- Appetite
- Fever
- Sleep
- Exposure to Illness
- add item



### Medical History (Chart-wide)

No Saved Notes

Edit

#### Hospitalizations:

#### Surgeries:

#### Social Hx

Make All: **Yes** **No** **NA**

Yes No NA

In school/child care?

notes

Passive smoke exposure?

notes

add item

notes

#### Review of Systems by system

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

Abn NL N/A

General

notes

HEENT

notes



Cardiovascular  
notes

Respiratory  
notes

GI  
notes

GU  
notes

Neuromuscular  
notes

Skin  
notes

Abn NL N/A  
   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

Lungs

notes

ABN NL N/E

Chest

notes

Cardiovascular

notes

Abdomen

notes

Genitourinary

notes

Musculoskeletal

notes

Neurologic

notes

Skin

notes

Extremities

notes

ABN NL N/E

add item

notes

### Immunizations

Immunization History



There are no immunizations recorded for this patient

Ordered

**Immunization Orders**

**Immunization Consent**

Counseled on risks, benefits, CDC VIS, contraindications and obtained consent.

**Lab**

Rapid Strep

Influenza A/B

Mono Spot

**Medical Procedure**

**Screening**

**Radiology**

**Diagnoses**

- Pharyngitis  
notes  
 Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note
- Otitis media  
notes  
 Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note
- Cough  
notes  
 Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note
- add diagnosis  
notes

**Plan****Select All**

- Encourage fluids  
notes
- OTC Analgesics (as directed)  
notes
- Prescription(s)  
notes
- add item  
notes

**Follow-up****Select All**

- Follow-up with PCP  
notes
- Call if problems persist or worsen  
notes



add item

notes

## Referral

### **Navigational Anchors in Sick - (client v. II) Bright Futures**

1. Intake
2. History
3. Medical History
4. Social Hx
5. Review of Systems
6. Physical Exam
7. Immunizations
8. Lab
9. Medical Procedures
10. Screening
11. Radiology
12. Diagnoses
13. Plan
14. Referral