



### Intake

#### Informant/Relationship

#### Chief Complaint

#### Vitals

Weight  lbs  oz

Height  in

BMI  kg/m<sup>2</sup>

Temperature  °F Method

O<sub>2</sub> Saturation  %

 More

#### Current Medications

#### HPI

Make All:

Yes No NA

Fever

Sore throat

add item

#### Review of Systems

Make All:

Pos Neg N/A

Fussy



Headache

Cough

Nasal congestion

Ear pain (indicate right, left or both)

Abdominal pain

Vomiting

Diarrhea

Pos Neg N/A

Poor appetite

Rash

Fatigue/Malaise

Sleep disturbance

add item

**Past Medical/Social/Family History**

Select All

Exposure to illness



Past Medical History

Family History

Child Care (Yes / No and Type)

add item

### Physical Exam

Make All:

ABN NL N/E

General Appearance

Head

Eyes

Ears

Nose

Oropharynx

Neck

Chest

ABN NL N/E



- Cardiovascular  
notes
- Abdomen  
notes
- Skin  
notes
- add item  
notes

**Diagnoses**

- Acute pharyngitis  
notes  
 Add to Problem List      Onset: mm/dd/yy      Problem Note: problem note
- add diagnosis  
notes

**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

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Ordered

#### Immunization Orders

#### Immunization Notes

Make All:

Yes No NA

Immunization informed consent

add item

#### Medical Procedure

Cerumen Removal

#### Lab

#### Radiology

#### Referral

**Followup****Order**

Return to office (list reason and time frame)

**Order**

As needed

**Navigational Anchors in Sore Throat (v2)**

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