



Intake

Informant/Relationship

Vitals

Height in

Weight lbs oz

More

Current Medications

Travel History

Destination

Date of travel

Duration at location

Accommodations (hotel, relatives home, etc)

Previous travel

CDC recommendation for Vaccines

CDC recommendation for Malaria

Past Medical/Social/Family History

Past Medical History

Family History



notes

Social History

notes

add item

notes

Physical Exam

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

ABN NL N/E

General Appearance

notes

HEENT

notes

Chest

notes

Cardiovascular

notes

Abdomen

notes

Neurologic

notes

add item

notes

Diagnoses

add diagnosis

notes

Plan

Select All



- Medication
notes
- Medication as e-prescribed
notes
- Travel Safety discussed
notes
- add item
notes

Immunizations

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

- Typhoid
- IPV
- MMR
- select an immunization

Immunization Notes



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

Yes No NA

Referral

Order Travel Medicine

Navigational Anchors in Travel

1. Intake
2. Current Medications
3. Travel History
4. Past Medical/Social/Family History
5. Physical Exam
6. Diagnoses
7. Plan
8. Immunizations
9. Referrals