

**Intake****Informant/Relationship****Siblings (Chart-wide)**

None

**Chief Complaint****Vitals**

Weight	<input type="text"/>	lbs	<input type="text"/>	oz	<input data-bbox="1485 556 1531 598" type="button" value="+"/>	
Blood Pressure	<input type="text"/>	s	/	<input type="text"/>	d	<input data-bbox="1485 619 1531 661" type="button" value="+"/>
	Unspecified Location <input type="button" value="v"/>					
	Unspecified Position <input type="button" value="v"/>					
Pulse	<input type="text"/>	bpm	<input data-bbox="1485 777 1531 819" type="button" value="+"/>			
Respiratory Rate	<input type="text"/>	bpm	<input data-bbox="1485 840 1531 882" type="button" value="+"/>			
Temperature	<input type="text"/>	°F	<input data-bbox="1485 903 1531 945" type="button" value="+"/>			
	Unspecified Method <input type="button" value="v"/>					

 More**Comments****Growth Charts**

Growth Charts are not available when patient's sex is unknown.

**Past, Family, Social History****Medical History (Chart-wide)** No Saved Notes**Family Medical History (Chart-wide)**

Condition	Relationship	Note

**Social History (Chart-wide)** No Saved Notes**Problem List (Chart-wide)**Display: All Statuses 

Status	Problem	Problem Note	Onset	Resolved

**Allergies (Chart-wide)**

Display: All Statuses ▾

Edit

Status	Allergy	Reaction	Onset	Resolved

**PCC eRx Allergies (Chart-wide)** Last Modified N/A

Display: All Statuses ▾

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

**Medication History (Chart-wide)** Last Modified N/A

Display: All Statuses ▾

Status	Medication	Instructions	Start	Stop

**► Confidential Notes (Chart-wide)** No Saved Notes

Edit

**Transition of Care (ARRA)**

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

**HPI****EPPA ROS - Constitutional**

Make All: Yes No N/A

Yes No N/A

☐ ☐ ☐ Fever
 ▾
☐ ☐ ☐ Body Aches
 ▾
☐ ☐ ☐ Headache
 ▾
☐ ☐ ☐ Loss of Appetite
 ▾
☐ ☐ ☐ Not Sleeping Well
 ▾
☐ ☐ ☐ add item
 ▾

**EPPA ROS - Eyes**Make All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Peri Orbital Edema	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Redness	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Doubled or Blurred Vision	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes

**EPPA ROS - ENT**Make All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sore Throat	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oral Ulcers	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swollen Glands	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes

**EPPA ROS - Respiratory**Make All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cough	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cough worsening at night/ Disturbing sleep	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	

notes

### EPPA ROS- Cardiovascular

Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Edema

notes

☐ ☐ ☐ Palpitations

notes

☐ ☐ ☐ Chest Pain

notes

☐ ☐ ☐ add item

notes

### EPPA ROS - GI

Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Abdominal Pain

notes

☐ ☐ ☐ Nausea

notes

☐ ☐ ☐ Vomiting

notes

☐ ☐ ☐ Constipation

notes

☐ ☐ ☐ Diarrhea

notes

☐ ☐ ☐ add item

notes

### EPPA ROS - Breast

Make All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lumps	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nipple Discharge	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes	▼

**EPPA ROS - GU**Make All:   

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Change in Urine Color/ Character	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dysuria	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequency of Urination	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urgency/Hesitancy	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suprapubic Pain	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Flank Pain	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Incontinence (Daytime/Nighttime)	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes	▼

**EPPA ROS - GU Female**Make All:   

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Age of Menarche
-----------------------	-----------------------	-----------------------	-----------------

	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>FDLMP</b>	
	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>Regularity,Frequency,Duration of Periods</b>	
	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>Vaginal Irritation, Itching, or Discharge</b>	
	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>Menorrhagia</b>	
	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>Genital Sores/Lumps</b>	
	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>Sexual Activity</b>	
	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>Birth Control Method</b>	
	notes	▼
Yes No N/A	add item	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	notes	▼

**EPPA ROS - GU Male**

Make All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>Hernia</b>	
	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>Testicular Pain/ Swelling</b>	
	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>Discharge/ Sore on Penis</b>	
	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>Sexual Habits, Interest</b>	
	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>Birth Control Methods/ Condoms</b>	
	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	add item	▼

notes

### EPPA ROS - Musculoskeletal

Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Swelling in Joints/Limbs

notes

☐ ☐ ☐ Visible Joint Redness

notes

☐ ☐ ☐ add item

notes

### EPPA ROS - Neurologic

Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Dizziness

notes

☐ ☐ ☐ Headache Increase in Severity

notes

☐ ☐ ☐ add item

notes

### EPPA ROS - Skin

Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Rashes or Dry skin

notes

☐ ☐ ☐ Changes in Pigmentation

notes

☐ ☐ ☐ Increased Acne

notes

☐ ☐ ☐ add item

notes

**EPPA ROS - Endocrine**Make All:   

Yes No N/A

☐ ☐ ☐ Excessive thirst or hunger ▼☐ ☐ ☐ Edema ▼☐ ☐ ☐ Cold or Heat Intolerance ▼☐ ☐ ☐ Change in Skin Pigmentation ▼☐ ☐ ☐ add item ▼**EPPA ROS General****EPPA Pertinent Past Medical Hx**Make All:   

Yes No N/A

☐ ☐ ☐ UTI ▼☐ ☐ ☐ Hypertension ▼☐ ☐ ☐ Hearing loss/hearing aids ▼☐ ☐ ☐ Diabetes ▼☐ ☐ ☐ Enuresis > age 5 ▼☐ ☐ ☐ Age of onset of menses ▼



☐ ☐ ☐ Migraines/frequent headaches

notes

☐ ☐ ☐ Other infectious diseases

notes

Yes No N/A

☐ ☐ ☐ Renal calculi

notes

☐ ☐ ☐ add item

notes

### EPPA Pertinent Family Hx

Make All:

Yes No N/A

☐ ☐ ☐ Hypertension

notes

☐ ☐ ☐ Kidney disease/recurrent UTI

notes

☐ ☐ ☐ Hearing loss

notes

☐ ☐ ☐ Diabetes/thyroid disease/other endocrine problems

notes

☐ ☐ ☐ Enuresis (after 10y of age)

notes

☐ ☐ ☐ Renal calculi

notes

☐ ☐ ☐ Heart disease

notes

☐ ☐ ☐ add item

notes

### EPPA Pertinent Social Hx

Make All:

Yes No N/A

☐ ☐ ☐ Ill exposures

notes

☐ ☐ ☐ Domestic violence in home

notes

☐ ☐ ☐ Family disruption

notes

☐ ☐ ☐ Daycare attendance

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

☐ ☐ ☐ 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

### Vaccines

Print

	There are no immunizations recorded for this patient
Ordered	

### Diseases

	There are no vaccine-preventable diseases for this patient
--	--

Forecasting Results Updated: NA

☒ Show Informational Warnings(0)

Refresh

Immunization forecasting results and warnings provided by IMMUCAST™

## ▼ Vaccines For Children

Insurance and Race as of 06/27/18

Eligibility Status: select an eligibility status ▼

## Immunization Orders

Order	Refuse	FLU-IIV4 0.25ml
Order	Refuse	FLU-IIV4pf 0.25ml
Order	Refuse	FLU-IIV4 0.5ml
Order	Refuse	FLU-IIVpf 0.5ml

Order

Refuse

select an immunization

**Immunization Consent**

Select All

- ☐ Counseled on risks, benefits, and contraindications for all vaccine components. CDC VIS reviewed. All questions answered.

notes



- ☐ add item



notes

**Policies**

Display: All Statuses

Edit

**Lab**

Order

Rapid Strep Nucleic Acid (in house) R07.0

Order

Throat Culture (Group A Streptococcus)

Order

Urinalysis (in office) N39.0

Order

Urine Culture (Straight Cath Specimen)

Order

Urine Culture (Non-Straight Cath Specimen)

Order

select a lab

**Medical Procedure**

Order

Catheterization-Bladder

Order

select a medical procedure

**Screening**

Order

select a screening

**Diagnoses**

- ☐ Candida infection of genital region

Refine the diagnosis of Candida infection of genital region

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

- ☐ Constipation

Refine the diagnosis of Constipation

☒ Include on Patient Reports

notes



☐ Add to Problem ListOnset: Problem Note: ☐ Diaper rash☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Dysmenorrhea☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Dysuria☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Elevated blood pressure☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Hematuria syndrome☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Increased frequency of urination☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Nocturnal enuresis☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note:

☐ Urethral stricture

Refine the diagnosis of Urethral stricture

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Urinary tract infectious disease

Refine the diagnosis of Urinary tract infectious disease

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Vaginitis

Refine the diagnosis of Vaginitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ select diagnosis

notes

**Plan and Follow-up Instructions- EPPA****Select All**☐ Return to office if not improved in 48-72h or sooner is worsening symptoms or other concerns

notes

☐ Acetaminophen/ibuprofen as needed for pain/fever, dosing reviewed

notes

☐ Urinary hygiene reviewed: wipe front to back; shower preferable to bathing; avoid bubble bath; discussed timed voiding; aim for one soft stool daily, add fiber or miralax if needed

notes

☐ Vaginitis instructions: wipe front to back; avoid bubble bath; avoid tight fitting clothing; sleep without underwear; shower preferable to baths; if bathing, play in plain water, then wash child, wash hair last and get out of tub

notes

☐ Medication as e-prescribed

notes

☐ Ultrasound

notes

☐ UA and Urine Culture

notes

☐ Lab results: will be called to you when available; please call our office if you have not heard from our office in 3d

notes

☐ add item

notes

**Plan Notes****Greater than 50% of today's visit was spent in counseling****Select All**☐ add item

notes

**Followup****Order** Return to office (list reason and time frame)**Order** Follow up in 2 weeks**Order** select a followup**Follow-up****Select All**☐ Call if no improvement over 48h or sooner if symptoms persist or worsen

notes

☐ add item

notes

**Referral****Order** select a referral**Care Plan (Chart-wide)**

No Interventions

Print

Display: All Statuses

Edit

**Prescriptions****Visit Documents**

## Navigational Anchors in GU sick EPPA

1. Intake
2. Chief Complaint
3. Growth Charts
4. Medical History
5. Family Medical History
6. Social History
7. Problem List
8. Allergies
9. HPI
10. EPPA ROS - Constitutional
11. EPPA ROS - Eyes
12. EPPA ROS - ENT
13. EPPA ROS - Respiratory
14. EPPA ROS- Cardiovascular
15. EPPA ROS - GI
16. EPPA ROS - Breast
17. EPPA ROS - GU
18. EPPA ROS - GU Female
19. EPPA ROS - GU Male
20. EPPA ROS - Musculoskeletal
21. EPPA ROS - Neurologic
22. EPPA ROS - Skin
23. EPPA ROS - Endocrine
24. EPPA ROS General
25. EPPA Pertinent Past Medical Hx
26. EPPA Pertinent Family Hx
27. EPPA Pertinent Social Hx
28. Physical Exam
29. Immunizations
30. Policies
31. Lab
32. Medical Procedures
33. Screening
34. Diagnoses
35. Plan and Follow-up Instructions- EPPA
36. Plan Notes
37. Followup Orders
38. Referral
39. Care Plan
40. Prescriptions
41. Visit Documents