

**\*Intake****Visit Start Time**

**\*Informant/Relationship**

**Transition of Care (ARRA)**
 Patient transitioned to my care from another clinical setting

 Medication Reconciliation performed
**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

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

Edit

**Medical History (Chart-wide)** No Saved Notes

Edit

**Social History (Chart-wide)** No Saved Notes

Edit

**Family Medical History (Chart-wide)**

Edit

Condition	Relationship	Note

**Problem List (Chart-wide)**

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

**Smoking Status (ARRA)**



**\*Immunization Review**

**Chief Complaint**

**Provider start time**

**HPI**

**\*HPI**

Select All

Duration

notes

Vomiting (frequency/description)

notes

Diarrhea ( frequency/character)

notes

Associated symptoms

notes

Remedies tried (improved/not improved)

notes

Fluid/Food intake

notes

Signs of dehydration (urine output/saliva/tears)

notes

Exposure

notes

Context (possible causes/situations)

notes

Recent travel/animal exposures

notes

add item

notes

**\*HPI****\*Review of Systems by system**Make All:   

Abn NL N/A

Constitutional

Eyes

Ears/Nose/Mouth/Throat

Respiratory

Cardiovascular

Gastrointestinal

Genitourinary

Musculoskeletal

Abn NL N/A

Integument

Neurological

Allergic/Immunologic

Hematologic/Lymphatic

Endocrine



notes

**Psychiatric**

notes

**add item**

notes

**Vitals**

Height  in

Length  in

Weight  lbs  oz

BMI

Temperature  °F

Temporal

Pulse  bpm

Blood Pressure  s /  d

Unspecified Location

Sitting

Respiratory Rate  bpm

More

**\*Physical Exam**

Make All:

ABN NL N/E

**Constitutional**

notes

**Eyes**

notes

**Ears/Nose/Throat**

notes

**Neck**

notes

**Respiratory**

notes



**Cardiovascular**  
notes

**Breasts**  
notes

**Gastrointestinal**  
notes

**ABN NL N/E**

**Genitourinary (female)**  
notes

**Genitourinary (male)**  
notes

**Lymphatic**  
notes

**Musculoskeletal**  
notes

**Back/Spine**  
notes

**Integument**  
notes

**Neurologic**  
notes

**Psychiatric**  
notes

**ABN NL N/E** add item

notes

**Diagnoses**

**Abdominal pain**  
Refine the diagnosis of Abdominal pain

Include on Patient Reports

notes

Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note

select diagnosis



notes

**\*Plan**

Select All

Oral fluid/clear liquid replacement

notes

Avoid dairy products

notes

Daily probiotics

notes

Keep diary of symptoms

notes

Signs/Symptoms to watch for that would be more concerning

notes

add item

notes

**\*Plan Notes**

**Visit Finish Time**

**\*Follow-up**

Select All

Next well child exam

notes

As needed

notes

add item

notes

**Lab/Radiology/Referral**

**Lab**

Order select a lab

**Medical Procedure**

Order

**Radiology**

Order

**Referral**

Order

**Care Plan (Chart-wide)**

Print

Display:

Edit

No Interventions

**Prescriptions****Visit Documents****Navigational Anchors in Sick (Gastroenteritis/Vomit/Diarhea)**

1. Intake
2. Allergies
3. Medication History
4. Past, Social, Family History
5. Medical History
6. Problem List
7. Immunization Review
8. Chief Complaint
9. HPI
10. Review of Systems
11. Vitals
12. Physical Exam
13. Diagnoses
14. Plan
15. Lab/Radiology/Referral
16. Lab
17. Medical Procedures
18. Radiology
19. Prescriptions
20. Visit Documents