



***Intake**

***Informant/Relationship**

Visit Start Time

Transition of Care (ARRA)

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

Allergies (Chart-wide)

Display: All Statuses

| 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

Medical History (Chart-wide) No Saved Notes

Social History (Chart-wide) No Saved Notes

Family Medical History (Chart-wide)

| Condition | Relationship | Note |
|-----------|--------------|------|
| | | |

Problem List (Chart-wide)

Display: All Statuses

| Status | Problem | Problem Note | Onset | Resolved |
|--------|---------|--------------|-------|----------|
| | | | | |

Smoking Status (ARRA)



***Immunization Review**

Chief Complaint

Provider start time

HPI

***HPI**

Select All

Location

notes

Duration

notes

Timing (onset/frequency)

notes

Quality/Character

notes

Length of episodes

notes

Associated symptoms

notes

Remedies tried (improved/not improved)

notes

Modifying factors (worsens/improves)

notes

Context (possible causes/situations)

notes

Exposure

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

Breasts

Gastrointestinal

ABN NL N/E

Genitourinary (female)

Genitourinary (male)

Lymphatic

Musculoskeletal

Back/Spine

Integument

Neurologic

Psychiatric

ABN NL N/E

Diagnoses

Abdominal pain

Include on Patient Reports

Add to Problem List Onset: Problem Note:



notes

***Plan**

Select All

Daily probiotics

notes

Avoid dairy products

notes

Keep diary of symptoms

notes

Signs/Symptoms to watch for that would be more concerning

notes

add item

notes

***Plan Notes**

Empty text box for plan notes.

Visit Finish Time

Empty dropdown menu for visit finish time.

***Greater than 50% of today's visit was spent in counseling**

Select All

add item

notes

***Follow-up**

Select All

Next well child exam

notes

As needed

notes

add item

notes

**Lab/Radiology/Referral****Lab** **Radiology** **Medical Procedure** **Referral** **Care Plan (Chart-wide)**Display:

No Interventions

Prescriptions**Visit Documents****Navigational Anchors in Sick (Abdominal Pain)**

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. Radiology
18. Medical Procedures
19. Prescriptions
20. Visit Documents