

**\*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

Previous diagnosis

notes

Prominent symptoms

notes

Duration

notes

Severity

notes

Triggers

notes

Timing (onset/frequency)

notes

Prior/current treatment

notes

Associated symptoms

notes

Social situation/stressors

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



**Psychiatric**  
   
   **add item**

**Vitals**

Height  in   
Length  in   
Weight  lbs  oz   
BMI   
Temperature  °F   
   
Pulse  bpm   
Blood Pressure  s /  d   
   
   
Respiratory Rate  bpm   
 **More**

**\*Physical Exam**

Make All:

ABN NL N/E

**Constitutional**  
   
   **Eyes**  
   
   **Ears/Nose/Throat**  
   
   **Neck**  
   
   **Respiratory**  
   
   **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

Anxiety

Refine the diagnosis of Anxiety

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Depressive disorder

Refine the diagnosis of Depressive disorder



Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

select diagnosis

notes

**\*Plan**

Select All

Recommended counseling

notes

Good sleep hygiene ( set bedtime/adequate sleep)

notes

Increase exercise

notes

Discussed treatment options, side effects, risks, benefits, dosing

notes

Answered questions

notes

add item

notes

**\*Plan Notes**

**Visit Finish Time**

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

Select All

The majority of time was spent on anticipatory guidance and discussion as listed above

notes

add item

notes

**\*Follow-up**



Select All

Next well child exam

notes

As needed

notes

add item

notes

**Lab/Radiology/Referral**

**Lab**

Order select a lab

**Radiology**

Order select a radiology

**Referral**

Order select a referral

**Medical Procedure**

Order select a medical procedure

**Care Plan (Chart-wide)**

Print Display: All Statuses Edit

No Interventions

**Prescriptions**

**Visit Documents**