

**\*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

- Menstrual symptoms (pain, heavy, irregular)

notes

- Timing (onset/frequency)

notes

- Painful period (when/intensity)

notes

- Last period

notes

- Modifying factors (worsens/improves)

notes

- Remedies tried (improved/not improved)

notes

- Associated symptoms

notes

- Menstrual history (onset, frequency, pattern, flow)

notes

- Sexually active/Birth control/STI prevention

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**

**Dysmenorrhea**

Refine the diagnosis of Dysmenorrhea

**Include on Patient Reports**

notes

**Add to Problem List**

**Onset:** mm/dd/yy

**Problem Note:** problem note

**Irregular periods**

Refine the diagnosis of Irregular periods



Include on Patient Reports

notes

Add to Problem List    Onset:     Problem Note:

Oral contraceptive prescribed

Include on Patient Reports

notes

Add to Problem List    Onset:     Problem Note:

select diagnosis

notes

**\*Plan**

Select All

Discussed treatment options (OCP, observation, etc)

notes

OTC pain remedies as needed (Aleve, Ibuprofen, Midol)

notes

Keep diary of menstrual symptoms/cycle

notes

add item

notes

**Asthma Care (ARRA)**

Asthma medication was not prescribed at patient's/caregiver's request

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 ▼

**Medical Procedure**

Order select a medical procedure ▼

**Radiology**

Order select a radiology ▼

**Referral**

Order select a referral ▼

**Care Plan (Chart-wide)**

No Interventions

Print

Display:

All Statuses ▼

Edit

**Prescriptions**

**Visit Documents**



## **Navigational Anchors in Sick (GYN Concerns)**

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