

**\*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 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)**

select smoking status ▼

**\*Immunization Review**

**Chief Complaint**

**Provider start time**

**HPI**

**\*HPI**

**Select All**

Precipitating Injury (type, date, time, location)

notes ▼

Location

notes ▼

Loss of consciousness (yes/no, duration)

notes ▼

Other injuries/symptoms

notes ▼

Remedies tried (improved/not improved)

notes ▼

add item

notes ▼

**\*HPI**

**\*Review of Systems by system**

Make All: **Abn** **NL** **N/A**

Abn NL N/A

Constitutional

notes ▼



**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   
 Temporal

Pulse  bpm

Blood Pressure  s /  d   
 Unspecified Location   
 Sitting

Respiratory Rate  bpm

More

**\*Physical Exam**

Make All:

ABN NL N/E

Constitutional

Eyes

Ears/Nose/Throat

Neck

Respiratory

Cardiovascular

Breasts

Gastrointestinal

ABN NL N/E

Genitourinary (female)



Genitourinary (male)

notes

Lymphatic

notes

Musculoskeletal

notes

Back/Spine

notes

Integument

notes

Neurologic

notes

Psychiatric

notes

ABN NL N/E

add item

notes

**Diagnoses**

Laceration - injury

Refine the diagnosis of Laceration - injury

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Puncture wound - injury

Refine the diagnosis of Puncture wound - injury

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Abrasion

Refine the diagnosis of Abrasion

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:



Contusion

Refine the diagnosis of Contusion

Include on Patient Reports

notes

Add to Problem List    Onset:     Problem Note:

select diagnosis

notes

**\*Plan**

Select All

OTC topical antibiotic cream

notes

Keep wound clean and dry

notes

Tylenol/Ibuprofen as needed for pain (appropriate dosing)

notes

add item

notes

**\*Plan Notes**

**Visit Finish Time**

**\*Follow-up**

Select All

Next well child exam

notes

As needed

notes

1 week for suture removal

notes

add item

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

Display:

No Interventions

**Prescriptions****Visit Documents****Navigational Anchors in Sick (Wound/Injury)**

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