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*Immunization Review	
Chief Complaint	
	-
Provider start time	
HPI	 ▼
*HPI	
Select All	
Location of pain	
notes	•
Duration	
notes	-
Severity of pain (0-10 scale, constant/variable, l	petter/worse/same)
notes	•
Quality of pain (dull, sharp, throb, etc)	
notes	▼
Associated sympotoms	
notes	_
Remedies tried (improved/not improved)	
notes	▼
Modifying factors (worsens/improves)	
notes	*
Precipitating Injury (type, date, time. location)	
notes	_
Previous medical evaluation (when,where,diagn	osis)
notes	•
add item	T
notes	

*HPI

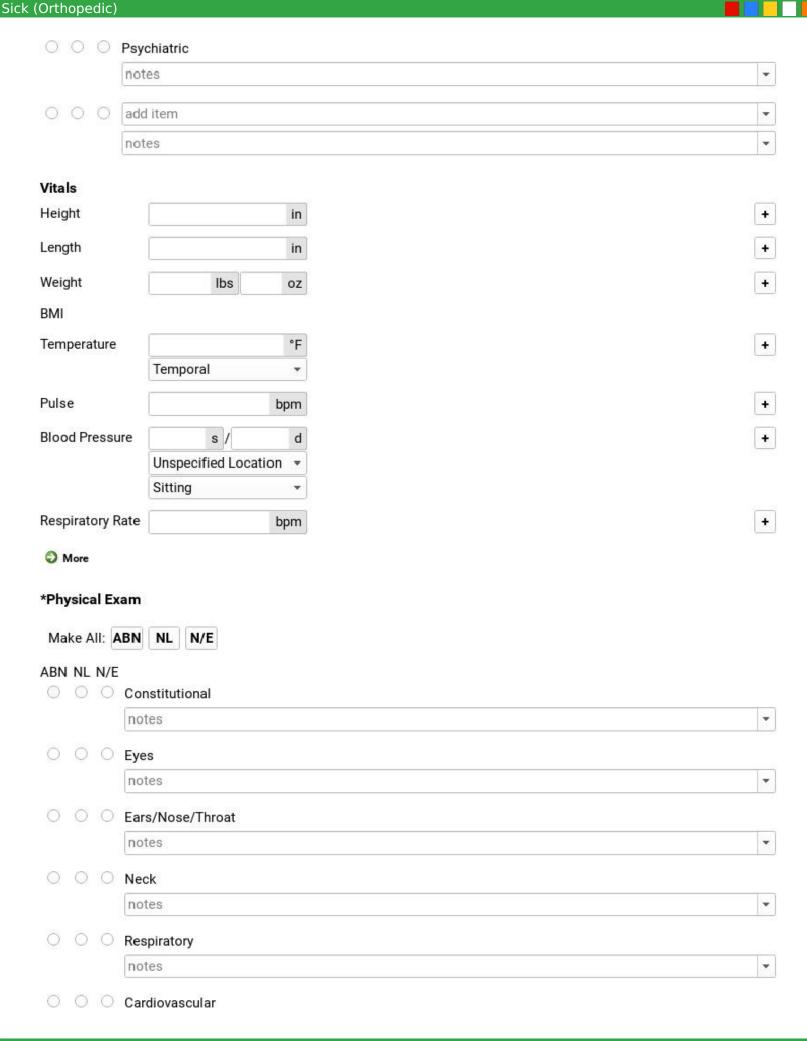
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*Re	view	of s	Systems by system	
Ma	ke A	All: [Abn NL N/A	
		N/A		
\bigcirc	0	\circ	Constitutional	
			notes	
0	0	0	Eyes	
			notes	
0	0	0	Ears/Nose/Mouth/Throat	
			notes	
0 0	0	0	Respiratory	
			notes	
0 0	0	0	Cardiovascular	
			notes	
0	0	0	Gastrointestinal	
			notes	
0	0	0	Genitourinary	
			notes	
0	0	0	Musculoskeletal	
			notes	
Abn	NL	N/A		
0	0	0	Integument	
			notes	
0	0	0	Neurological	
			notes	
0	0	0	Allergic/Immunologic	
			notes	
0	0	0	Hematologic/Lymphatic	
			notes	

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notes

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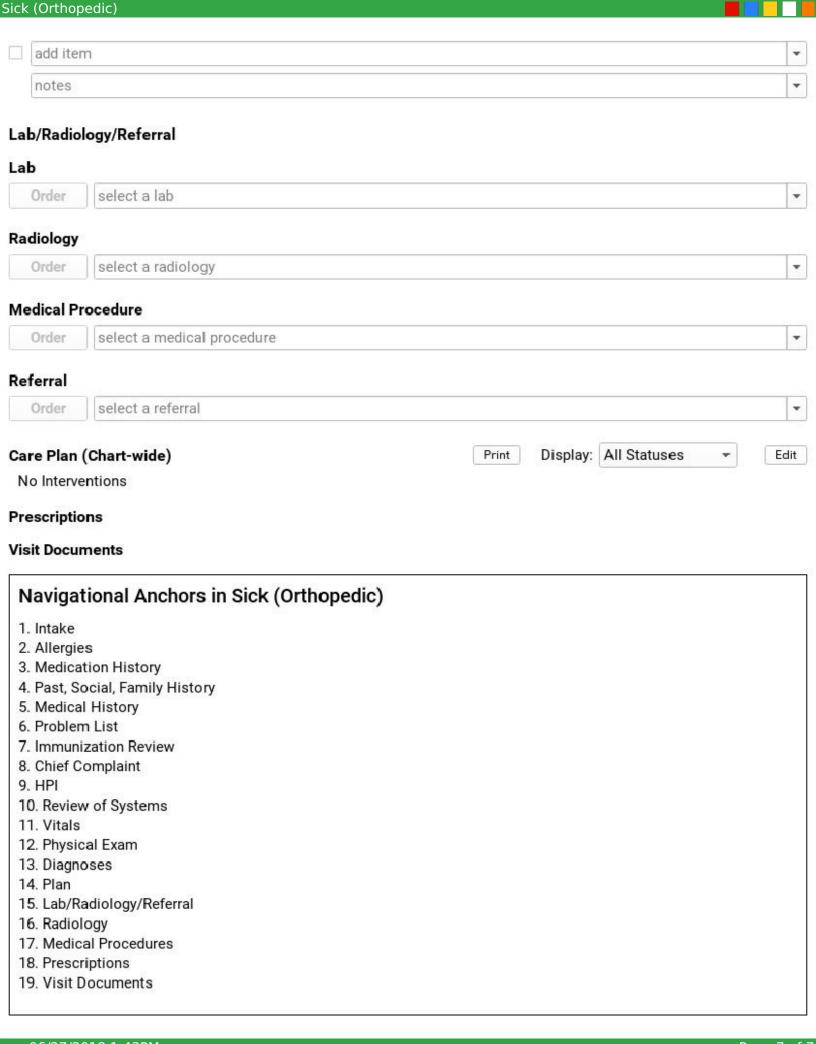
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As needed



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