

Intake**Next Visit (Chart-wide)** No Saved Notes[Edit](#)**Informant/Relationship****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](#)**Vital Notes****Chief Complaint****Past, Social, Family History****Past 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 |
|--------|---------|--------------|-------|----------|
| | | | | |

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 |
|--------|----------|----------|----------|------------------|-------|----------|
| | | | | | | |

[Mark as Reviewed](#)

fineprintLbl

Medication History (Chart-wide) Last Modified N/A

Display: All Statuses ▾

| Status | Medication | Instructions | Start | Stop |
|--------|------------|--------------|-------|------|
| | | | | |

[Mark as Reviewed](#)

fineprintLbl

► Confidential Notes (Chart-wide) No Saved Notes[Edit](#)**HPI****D2CP ROS Constitutional**Make All: [Yes](#) [No](#) [N/A](#)

Yes No N/A

☐ ☐ ☐ Changes in appetite

notes

▾☐ ☐ ☐ Changes in sleep

notes

▾☐ ☐ ☐ Weight gain

notes

▾☐ ☐ ☐ Weight loss

notes

▾☐ ☐ ☐ Fatigue/tiredness

notes

▾☐ ☐ ☐ Fever

notes

▾

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------|----------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Aches and pains | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Night sweats | notes | ▼ |
| Yes | No | N/A | | add item | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | notes | ▼ |

D2CP ROS SkinMake All:

Yes No N/A

| | | | | | |
|-----------------------|-----------------------|-----------------------|---|----------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Acne; if yes: location, appearance, duration | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Redness of skin/erythema | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Itchiness of skin/pruritus | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Papular rash/bumps on skin; if yes: color, distribution, appearance | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Blisters, vesicles; draining? | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dryness and scaling of skin | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Rash associated with skin care agents, detergents, chemicals | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Rash associated with food | notes | ▼ |
| Yes | No | N/A | | add item | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | notes | ▼ |

D2CP ROS Hematologic/LymphaticMake All:

Yes No N/A

☐ ☐ ☐ Fatigue or tiredness

notes

☐ ☐ ☐ Pale appearance/pallor

notes

☐ ☐ ☐ Ruddy, flushed appearance of face

notes

☐ ☐ ☐ Frequent bruising

notes

☐ ☐ ☐ Swollen, red or tender glands, nodes in neck

notes

☐ ☐ ☐ Swollen, red or tender lymph nodes on scalp

notes

☐ ☐ ☐ Swollen, red or tender lymph nodes in axilla

notes

☐ ☐ ☐ Swollen, red or tender lymph nodes in groin

notes



Yes No N/A

☐ ☐ ☐

add item



notes

**Review of Systems by system**Make All: **Abn** **NL** **N/A**

Abn NL N/A

☐ ☐ ☐ Allergic/Immunologic

notes

☐ ☐ ☐ Constitutional

notes

☐ ☐ ☐ Eyes

notes

☐ ☐ ☐ Ears, Nose, Mouth, Throat

notes



| | | | | | |
|-----------------------|-----------------------|-----------------------|---------------------------------------|------------------------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Cardiovascular | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Endocrine | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Gastrointestinal | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Genitourinary | <input type="text" value="notes"/> | ▼ |
| Abn NL N/A | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Lymphatic | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Integumentary | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Musculoskeletal | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Neurologic | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Psychiatric | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Respiratory | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text" value="add item"/> | <input type="text" value="notes"/> | ▼ |

Physical ExamMake All: **ABN** **NL** **N/E**

ABN NL N/E

| | | | | | |
|-----------------------|-----------------------|-----------------------|--------------------|------------------------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | General Appearance | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Head | <input type="text" value="notes"/> | ▼ |

☐ ☐ ☐ **Eyes**
 ▼

☐ ☐ ☐ **Ears**
 ▼

☐ ☐ ☐ **Nose**
 ▼

☐ ☐ ☐ **Oropharynx**
 ▼

☐ ☐ ☐ **Neck**
 ▼

☐ ☐ ☐ **Lungs**
 ▼

ABN NL N/E

☐ ☐ ☐ **Chest**
 ▼

☐ ☐ ☐ **Cardiovascular**
 ▼

☐ ☐ ☐ **Abdomen**
 ▼

☐ ☐ ☐ **Genitourinary**
 ▼

☐ ☐ ☐ **Musculoskeletal**
 ▼

☐ ☐ ☐ **Neurologic**
 ▼

☐ ☐ ☐ **Skin**
 ▼

☐ ☐ ☐ **Extremities**
 ▼

ABN NL N/E

☐ ☐ ☐ ▼
 ▼

Immunizations**Vaccines**

Vaccine Record ▾

Print

There are no immunizations recorded for this patient

Ordered

Diseases

There are no vaccine-preventable diseases for this patient

Forecasting Results Updated: NA☒ Show Informational Warnings(0)

Refresh

Immunization forecasting results and warnings provided by IMMUCAST™

▼ Vaccines For Children

Insurance and Race as of 10/21/20

Eligibility Status: select an eligibility status ▾

Immunization Orders

Select Vaccine Lots

Order

Refuse

select an immunization ▾

Immunization Consent

Select All

- ☐ I personally provided parent education about immunizations and the appropriate CDC VIS was provided for each vaccine. Parent was counseled about the risks and benefits of each antigen administered. Verbal consent was obtained for each of the vaccines given.

notes ▾

- ☐ add item ▾

notes ▾

Lab

Generate Requisition

Order

Hemoglobin (in office)

Order

Allergy Panel Reg 3 SEND OUT

Order

Food allergy w/ reflex SEND OUT

Order

CBC with Diff SEND OUT

Order

select a lab ▾

Medical Procedure

Order

select a medical procedure ▾

Medical Test

| | | |
|-------|-----------------------|---|
| Order | select a medical test | ▼ |
|-------|-----------------------|---|

Injection

| | | |
|-------|---------------------|---|
| Order | select an injection | ▼ |
|-------|---------------------|---|

Screening

| | | |
|-------|--------------------|---|
| Order | select a screening | ▼ |
|-------|--------------------|---|

Radiology[Generate Requisition](#)

| | | |
|-------|--------------------|---|
| Order | select a radiology | ▼ |
|-------|--------------------|---|

Diagnoses☐ Acne

| | |
|------------------------------|---|
| Refine the diagnosis of Acne | ▼ |
|------------------------------|---|

☒ Include on Patient Reports

| | |
|-------|---|
| notes | ▼ |
|-------|---|

☐ Add to Problem ListOnset: Problem Note: ☐ Comedonal acne☒ Include on Patient Reports

| | |
|-------|---|
| notes | ▼ |
|-------|---|

☐ Add to Problem ListOnset: Problem Note: ☐ Cystic acne

| | |
|-------------------------------------|---|
| Refine the diagnosis of Cystic acne | ▼ |
|-------------------------------------|---|

☒ Include on Patient Reports

| | |
|-------|---|
| notes | ▼ |
|-------|---|

☐ Add to Problem ListOnset: Problem Note: ☐ Acne keloid☒ Include on Patient Reports

| | |
|-------|---|
| notes | ▼ |
|-------|---|

☐ Add to Problem ListOnset: Problem Note: ☐ Neonatal acne☒ Include on Patient Reports

| | |
|-------|---|
| notes | ▼ |
|-------|---|

☐ Add to Problem ListOnset: Problem Note: ☐ Allergic contact dermatitis caused by chemical

Refine the diagnosis of Allergic contact dermatitis caused by chemical

☒ Include on Patient Reports

notes

☐ Add to Allergies list

Onset:

Allergy Reaction:

☐ select diagnosis

notes

D2CP Plan Acne

Select All

☐ Discussed common triggers for acne including hormonal changes, and local skin changes

notes

☐ Discussed skin care regimen in detail

notes

☐ Discussed gentle skin care with organic unscented wash and lotion

notes

☐ Gentle skin cleansers like Cetaphil skin cleanser can be used on a daily basis to gently lather and rinse the skin and then pat dry with a cotton cloth

notes

☐ Reassured that acne is not caused by "dirty skin" and excessive face washing will worsen break outs

notes

☐ Four main factors cause acne: Excess oil production.
Hair follicles clogged by oil and dead skin cells.
Bacteria.
Excess activity of a type of hormone (androgens)

notes

☐ Discussed the difference between open and closed comedones and how to prevent cystic acne; it is important not to try to "pop" pimples

notes

☐ Discussed how sebum (oil) and clogged hair follicles can lead to debris collection in pores and then some strains of a bacteria called propionobacterium acnes lead to infection of those pimples

notes

☐ Discussed some foods, chemicals and types of stress that may lead to acne flares

notes

☐ Treatment with benzoyl peroxide in the form of a cleanser or gel helps to reduce bacteria and reduce sebum

production while also renewing new skin cell formation

notes

- ☐ Certain antibiotics may be used in combination with benzoyl peroxide either topically or orally to help reduce colonies of p. acne bacteria

notes

- ☐ Salicylic acid in small amounts helps with inflammation in the pores, but excessive use can lead to skin redness and peeling

notes

- ☐ Occasionally Retin-A products may be used to unblock pores and increase cell turnover

notes

- ☐ Gave instruction on how to use the medications and cleansers, gels

notes

- ☐ Discussed need for periodic visits to monitor acne

notes

- ☐ Consider Oral contraceptives to help manage acne that is worse due to menstrual cycle hormonal fluctuations

notes

- ☐ Referral to dermatology for further evaluation and treatment

notes

- ☐ add item

notes

Plan Notes

Forms

Generate School Excuse - Sick

Generate School Nurse Meds Admin

Generate School PE Excuse

select a form

Followup

Order Follow up if symptoms are not improving

Order Return to office (list reason and time frame)

Order

select a followup

**Referral**

Order

select a referral

**Care Plan (Chart-wide)**

Print

Display: All Statuses



Edit

No Interventions

Time of Visit**Select All**☐ Time spent in visit:

notes

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

notes

☐ add item

notes

**Visit Documents****Navigational Anchors in D2CP Acne**

1. Intake
2. Past, Social, Family History
3. Medical History
4. D2CP ROS Constitutional
5. D2CP ROS Skin
6. D2CP ROS Hematologic/Lymphatic
7. Review of Systems
8. Physical Exam
9. Immunizations
10. Lab
11. Medical Procedures
12. Injection Orders
13. Screening
14. Radiology
15. Diagnoses
16. D2CP Plan Acne
17. Forms
18. Followup Orders
19. Referral
20. Time of Visit
21. Prescriptions
22. Visit Documents