

Intake**Next Visit (Chart-wide)** No Saved Notes[Edit](#)**Informant/Relationship****Vitals**

Height	<input type="text"/>	in	+			
Length	<input type="text"/>	in	+			
Weight	<input type="text"/>	lbs	<input type="text"/>	oz	+	
BMI						
Temperature	<input type="text"/>	°F	+			
	Temporal				▼	
Pulse	<input type="text"/>	bpm	+			
Blood Pressure	<input type="text"/>	s	/	<input type="text"/>	d	+
	Unspecified Location				▼	
	Sitting				▼	
Respiratory Rate	<input type="text"/>	bpm	+			

[➔ More](#)**Vital Notes****Growth Charts**

Growth Charts are not available when patient's sex is unknown.

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

▾☐ ☐ ☐ Feeling ill, sick

notes

▾☐ ☐ ☐ Fatigue/tiredness

notes

▾☐ ☐ ☐ Fever

notes

▾☐ ☐ ☐ Dizziness, giddiness

☐ ☐ ☐ Weight gain

☐ ☐ ☐ Weight loss

☐ ☐ ☐ add item

D2CP ROS Mouth

Make All:

Yes No N/A

☐ ☐ ☐ Oral ulcers

☐ ☐ ☐ Sore throat

☐ ☐ ☐ add item

D2CP ROS Neck

Make All:

Yes No N/A

☐ ☐ ☐ Swelling of glands in neck

☐ ☐ ☐ Neck stiffness

☐ ☐ ☐ add item

D2CP ROS Gastrointestinal

Make All:

Yes No N/A

☐ ☐ ☐ Abdominal cramping pain with menstrual periods

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Generalized abdominal pain	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lower abdominal pain	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vomiting	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diarrhea	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bloating/abdominal distention	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Decreased appetite	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain with bowel movements	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼
Yes No N/A				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Straining with bowel movements	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Constipation	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Change in stool color, consistency	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mucous in stools	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blood in stools	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	▼

D2CP ROS GenitourinaryMake All:

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Menarche age:	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Last Menstrual Period	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Menstrual cramps	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Irregular menstrual bleeding	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Heavy menstrual bleeding	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Spotting in between menstrual cycles	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delayed menstrual cycle	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vaginal discharge	<input type="text" value="notes"/>	▼

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pelvic pain with periods	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sexually active	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pelvis pain with intercourse	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty emptying bladder	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	History of UTI	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Change in color/ smell of urine	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Decreased urine output	<input type="text" value="notes"/>	▼

☐ ☐ ☐ Frequent Urination

notes

Yes No N/A

☐ ☐ ☐ Pain with urination

notes

☐ ☐ ☐ History of pregnancy/miscarriage

notes

☐ ☐ ☐ History of sexually transmitted illness

notes

☐ ☐ ☐ add item

notes

D2CP ROS Skin

Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Papular rash/bumps on skin; if yes: color, distribution, appearance

notes

☐ ☐ ☐ Redness of skin/erythema

notes

☐ ☐ ☐ Bruises, ecchymoses; if yes: location, appearance, number

notes

☐ ☐ ☐ 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

☐ ☐ ☐ Cardiovascular

notes

☐ ☐ ☐ Endocrine

notes

☐ ☐ ☐ Gastrointestinal

notes

☐ ☐ ☐ Genitourinary

notes

Abn NL N/A

☐ ☐ ☐ Lymphatic

notes

☐ ☐ ☐ Integumentary

notes

☐ ☐ ☐ Musculoskeletal

notes

☐ ☐ ☐ Neurologic

notes

☐ ☐ ☐ Psychiatric

notes

☐ ☐ ☐ Respiratory

notes

☐ ☐ ☐ add item

notes

Physical Exam

Make All: **ABN** **NL** **N/E**

ABN NL N/E

☐ ☐ ☐ General Appearance

☐ ☐ ☐ **Head**☐ ☐ ☐ **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 10/21/20Eligibility Status: **Immunization Orders**

Select Vaccine Lots

Order

Refuse

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.

☐ **Lab**

Generate Requisition

Order	Rapid Strep (in office)
-------	-------------------------

Order	Stool Studies (Cultures/Giardia Antigen/O&P)
-------	--

Order	Stool Occult Blood
-------	--------------------

Order	Rapid Flu A&B (in office)
-------	---------------------------

Order Mono Spot (in office)

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

☐ Dysmenorrhea

Refine the diagnosis of Dysmenorrhea

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Oligomenorrhea

Refine the diagnosis of Oligomenorrhea

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Menorrhagia

Refine the diagnosis of Menorrhagia

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Menometrorrhagia

☒ Include on Patient Reports

notes

☐ Add to Problem ListOnset: Problem Note: ☐ Abnormal menstrual cycle☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Difficulty managing menstrual hygiene☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Irregular periods☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Excessive menstruation with irregular cycle☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Premenstrual breast tenderness☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Premenstrual dysphoric disorder☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Premenstrual swelling☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Disorder of menstruation

Refine the diagnosis of Disorder of menstruation

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ select diagnosis

notes

D2CP Plan Menstrual Issues

Select All

☐ Showed a diagram of the menstrual cycle and explained hormone changes during the cycle in detail

notes

☐ Educated on the physiological changes which cause uterine lining to shed

notes

☐ Discussed resources like "The care and keeping of me" and other detailed resources for helping parents and children to understand pubertal changes

notes

☐ Explained how the initial years of menstruation often have anovulatory cycles

notes

☐ Discussed in detail all aspects of ovulatory and anovulatory cycles

notes

☐ Discussed importance of hygiene during menstrual cycles and need for changing pads/tampons frequently

notes

☐ Reviewed how to use pads/tampons in detail

notes

☐ Stressed the importance of tracking menstrual cycles with a calendar or an app on phone

notes

☐ Reviewed calendar log for the past several menstrual cycles

notes

☐ Stressed the importance of performing self-breast exams one week after menstrual cycle finishes

notes

☐ Discussed the benefits of NSAIDS like Naproxen in helping with uterine cramping and pain

notes

- ☐ Follow up in 2 months for re-evaluation of menstrual cramps/irregular menstrual periods

notes



- ☐ Discussed options of oral contraceptives to help regulate menstrual cycles and help decrease heavy menstrual bleeding and cramping

notes



- ☐ Follow up every 2-3 months for management of oral contraceptives

notes



- ☐ Discussed pregnancy and STI prevention in depth

notes



- ☐ Consider blood work to check for any anemia, or hormonal abnormalities

notes



- ☐ Consider pelvic ultrasound to better assess the ovaries and uterus and check for any abnormalities

notes



- ☐ Referral to Gynecology 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 Menstrual Issues**

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