

Intake**Informant/Relationship****Siblings (Chart-wide)**

None

Chief Complaint**Vitals**Length in Height in Weight lbs oz

BMI

Blood Pressure s / d Unspecified Location Sitting Pulse bpm Respiratory Rate bpm Temperature °F Temporal  More**Comments****Growth Charts**

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

Past, Family, Social History**Past Medical History (Chart-wide)** No Saved Notes**Family Medical History (Chart-wide)**

Condition	Relationship	Note
<div></div>		

Social History (Chart-wide) No Saved Notes[Edit](#)**Problem List (Chart-wide)**

Display: All Statuses

[Edit](#)

Status	Problem	Problem Note	Onset	Resolved
<div></div>				

Allergies (Chart-wide)

Display: All Statuses

[Edit](#)

Status	Allergy	Reaction	Onset	Resolved
<div></div>				

PCC eRx Allergies (Chart-wide) Last Modified N/A

Display: All Statuses

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved
<div></div>						

[Mark as Reviewed](#)

fineprintLbl

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop
<div></div>				

[Mark as Reviewed](#)

fineprintLbl

► Confidential Notes (Chart-wide) No Saved Notes[Edit](#)**Transition of Care (ARRA)**

- ☐ Patient transitioned to my care from another clinical setting
- ☐ Medication Reconciliation performed

HPI**D2CP ROS Neurological**Make All: [Yes](#) [No](#) [N/A](#)

Yes No N/A

- ☐ ☐ ☐ Altered mental status/acute changes in behavior

notes

- ☐ ☐ ☐ Sound sensitivity

notes

- ☐ ☐ ☐ Spasticity; hypertonia

notes

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staring spells	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stereotypies; stimming repetitive behaviors, movements	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Syncope; fainting	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tics; if yes; nature, vocal, motor, combined	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tremors; jerking movements	<input type="text" value="notes"/>	▼
Yes No N/A					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vertigo; tinnitus	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Weakness; hypotonia	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neck pain or stiffness	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neuropathic pain/tingling in extremities	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Night terrors; intense nightmares	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain in jaw with/without headache	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Paralysis; inability to move body	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ringling in ears	<input type="text" value="notes"/>	▼
Yes No N/A					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Seizure activity	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sleepwalking		

☐ ☐ ☐ **Spasms of muscles**

☐ ☐ ☐ **Hydrocephalus; VP shunt?**

☐ ☐ ☐ **Involuntary movements; akithesia; dystonia; dyskinesia; choreoathetoid**

☐ ☐ ☐ **Issues with balance; ataxia**

☐ ☐ ☐ **Jerking movements/ myoclonus**

☐ ☐ ☐ **Jitteriness**

Yes No N/A

☐ ☐ ☐ **Light sensitivity**

☐ ☐ ☐ **Loss of sensations; taste; touch; smell; hearing; vision**

☐ ☐ ☐ **Migraines; h/o; aura?**

☐ ☐ ☐ **Nausea or vomiting in the mornings**

☐ ☐ ☐ **Eyes bulging/proptosis**

☐ ☐ ☐ **Dizziness; lightheadedness**

☐ ☐ ☐ **Eyes moving rapidly up/down, right/left; nystagmus**

☐ ☐ ☐ **Eyes sunsetting**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family history of seizures	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Febrile seizure	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headaches; nature; frequency; duration if answered yes	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Head-banging behaviors	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Head injury; trauma	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	H/O brain tumor; brain aneurysm; AVM malformation	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changes in academic performance	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Breath-holding spells	<input type="text" value="notes"/>	▼
Yes No N/A					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changes in memory, cognition	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changes in personality, mood or behavior	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Characteristics of Seizures if yes; tonic/clonic/generalized/ focal	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CNS infections; meningitis; other brain infections	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Concussion: acute; multiple; post-concussion syndrome	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Developmental regression	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼
				<input type="text" value="notes"/>	▼

Review of Systems by system

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

Abn NL N/A

☐ ☐ ☐ Constitutional

notes

☐ ☐ ☐ HEENT

notes

☐ ☐ ☐ Neck

notes

☐ ☐ ☐ Cardiovascular

notes

☐ ☐ ☐ Respiratory

notes

☐ ☐ ☐ Gastrointestinal

notes

☐ ☐ ☐ Genitourinary

notes

☐ ☐ ☐ Psychiatric

notes

Abn NL N/A

☐ ☐ ☐ Skin

notes

☐ ☐ ☐ add item

notes

Physical Exam

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

ABN NL N/E

☐ ☐ ☐ General Appearance

notes

☐ ☐ ☐ Head

notes

☐ ☐ ☐ Eyes

notes

☐ ☐ ☐ Ears

notes

☐ ☐ ☐ Nose

notes

☐ ☐ ☐ Oropharynx

notes

☐ ☐ ☐ Neck

notes

☐ ☐ ☐ Lungs

notes

ABN NL N/E

☐ ☐ ☐ Chest

notes

☐ ☐ ☐ Cardiovascular

notes

☐ ☐ ☐ Abdomen

notes

☐ ☐ ☐ Musculoskeletal

notes

☐ ☐ ☐ Neurologic

notes

☐ ☐ ☐ Skin

notes

☐ ☐ ☐ Extremities

notes

☐ ☐ ☐ add item

notes

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

Influenza (Fluarix)

Order

Refuse

select an immunization

 ▾

Immunization Consent

Select All

- ☐
- Counseled on risks, benefits, and contraindications for all vaccine components. CDC VIS reviewed. All questions answered.

notes

 ▾

- ☐
- add item

notes

 ▾

Policies

Display: All Statuses ▾

Edit

Lab

Generate Requisition

Order

select a lab

 ▾

Medical Procedure

Order

select a medical procedure

 ▾

Screening

Order

select a screening

 ▾

Diagnoses

- ☐
- Bell's palsy

Refine the diagnosis of Bell's palsy		<input checked="" type="checkbox"/> Include on Patient Reports
notes		
<input type="checkbox"/> Add to Problem List	Onset: mm/dd/yy	Problem Note: problem note

☐ Febrile convulsion

Refine the diagnosis of Febrile convulsion		<input checked="" type="checkbox"/> Include on Patient Reports
notes		
<input type="checkbox"/> Add to Problem List	Onset: mm/dd/yy	Problem Note: problem note

☐ Headache

Refine the diagnosis of Headache		<input checked="" type="checkbox"/> Include on Patient Reports
notes		
<input type="checkbox"/> Add to Problem List	Onset: mm/dd/yy	Problem Note: problem note

☐ Head and neck injury

Refine the diagnosis of Head and neck injury		<input checked="" type="checkbox"/> Include on Patient Reports
notes		
<input type="checkbox"/> Add to Problem List	Onset: mm/dd/yy	Problem Note: problem note

☐ Seizure disorder

Refine the diagnosis of Seizure disorder		<input checked="" type="checkbox"/> Include on Patient Reports
notes		
<input type="checkbox"/> Add to Problem List	Onset: mm/dd/yy	Problem Note: problem note

☐ Tic disorder

Refine the diagnosis of Tic disorder		<input checked="" type="checkbox"/> Include on Patient Reports
notes		
<input type="checkbox"/> Add to Problem List	Onset: mm/dd/yy	Problem Note: problem note

☐ select diagnosis

notes		
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Differential Diagnoses

Plan Notes**Greater than 50% of today's visit was spent in counseling****Select All**

☐ add item

notes

Followup**Order**

Return to office (list reason and time frame)

Order

select a followup

Follow-up**Select All**

☐ Call if no improvement over 48h or sooner if symptoms persist or worsen

notes

☐ add item

notes

Referral**Order**

select a referral

Care Plan (Chart-wide)

Print

Display: All Statuses

Edit

No Interventions

Visit Documents

Navigational Anchors in D2CP Neuro Sick

1. Intake
2. Siblings
3. Vitals
4. Growth Charts
5. Medical History
6. Family Medical History
7. Social History
8. Problem List
9. Allergies
10. HPI
11. D2CP ROS Neurological
12. Review of Systems by system
13. Physical Exam
14. Immunizations
15. Policies
16. Lab
17. Medical Procedures
18. Screening
19. Diagnoses
20. Differential Diagnoses
21. Plan Notes
22. Followup Orders
23. Referral
24. Care Plan
25. Prescriptions
26. Visit Documents