

Informant/Relationship

Siblings (Chart-wide)

None

Chief Complaint

Vitals

Height in Weight lbs oz

BMI

Blood Pressure s / d Unspecified Location Unspecified Position Pulse bpm Respiratory Rate bpm Temperature °F Unspecified Method  More

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

Display: All Statuses

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

Mark as Reviewed

fineprintLbl

Allergies (Chart-wide)

Display: All Statuses

Status	Allergy	Reaction	Onset	Resolved

► Medication History (Chart-wide) No Saved Notes

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop

Mark as Reviewed

fineprintLbl

Past Medical Hx

Family Medical History (Chart-wide)

Condition	Relationship	Note

Problem List (Chart-wide)

Display: All Statuses ▾

Edit

Status	Problem	Problem Note	Onset	Resolved

HPI**Driver's Permit Medical History**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Neurological disorders

 ▾

☐ ☐ ☐ Uncontrolled epilepsy

 ▾

☐ ☐ ☐ Conditions causing repeated lapses of consciousness (e.g. epilepsy, narcolepsy, hysteria, etc)- specify

 ▾

☐ ☐ ☐ If seizure disorder, date of last seizure

 ▾

☐ ☐ ☐ Impairment or amputation of an appendage. If so, list:

 ▾

☐ ☐ ☐ Neuropsychiatric disorders

 ▾

☐ ☐ ☐ Uncontrolled diabetes

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☐ ☐ ☐ Circulatory disorder

 ▾

Yes No N/A

☐ ☐ ☐ Cognitive impairment

 ▾

☐ ☐ ☐ Cardiac disorder

 ▾

☐ ☐ ☐ Alcohol abuse

 ▾

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hypertension	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drug abuse	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other (if so, any comments must accompany certificate on official office letterhead)	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes	▼

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

ABN NL N/E

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	General Appearance	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Head	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Eyes	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ears	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nose	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oropharynx	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neck	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lungs	notes	▼

ABN NL N/E

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chest	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cardiovascular	notes	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdomen	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurologic	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Skin	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremities	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Psych	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes

PoliciesDisplay: **All Statuses** **Screening**

<input type="button" value="Order"/>	select a screening
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Lab

<input type="button" value="Order"/>	select a lab
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Immunizations**Vaccines**

	There are no immunizations recorded for this patient
Ordered	

Diseases

	There are no vaccine-preventable diseases for this patient
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Forecasting Results Updated: NA☒ Show Informational Warnings(0)

	Immunization forecasting results and warnings provided by IMMUCAST™
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▼ Vaccines For Children

Insurance and Race as of 10/21/20

Eligibility Status: select an eligibility status

Immunization Orders

<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	select an immunization
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Immunization Notes

Make All: **Yes** **No** **NA**

Yes No NA

☐ ☐ ☐ Immunization informed consent ▼☐ ☐ ☐ add item ▼**Diagnoses**☐ Driver license application signed☒ Include on Patient Reports ▼☐ Add to Problem ListOnset: Problem Note: ☐ select diagnosis ▼**Plan and Follow-up Instructions- EPPA****Select All**☐ Driver's permit completed and signed by patient in my presence ▼☐ Discussed seat belt use ▼☐ Discussed distracted driving including cell phone use ▼☐ Discussed risks of impaired driving (Alcohol, drugs, inadequate sleep) ▼☐ Discussed restrictions of junior license in PA ▼☐ Other ▼☐ add item ▼**Followup****Order** ▼

Plan**Greater than 50% of today's visit was spent in counseling****Select All**☐ **Visit Documents****Navigational Anchors in Driver's Permit Physical**

1. Informant/Relationship
2. Siblings
3. Chief Complaint
4. Vitals
5. Allergies
6. Family Medical History
7. Problem List
8. HPI
9. Driver's Permit Medical History
10. Physical Exam
11. Policies
12. Screening Orders
13. Immunizations
14. Diagnoses
15. Plan and Follow-up Instructions- EPPA
16. Followup Orders
17. Plan
18. Greater than 50% of today's visit was spent in counseling