

Intake*Policies**Display: All Statuses ▼ Edit***Informant/Relationship****Visit Start Time****Transition of Care (ARRA)**☐ Patient transitioned to my care from another clinical setting☐ Medication Reconciliation performed**Allergies (Chart-wide)**Display: All Statuses ▼ Edit

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

PCC eRx Allergies (Chart-wide) Last Modified N/ADisplay: All Statuses ▼

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

Mark as Reviewed

fineprintLbl

Medication History (Chart-wide) Last Modified N/ADisplay: All Statuses ▼

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

Mark as Reviewed

fineprintLbl

Past, Social, Family History**Birth History (Chart-wide)** No Saved NotesEdit**Medical History (Chart-wide)** No Saved NotesEdit**Social History (Chart-wide)** No Saved NotesEdit**Family Medical History (Chart-wide)**Edit

Condition	Relationship	Note
<div><div></div></div>		

Family History (Chart-wide) No Saved NotesEdit**Problem List (Chart-wide)**Display: All Statuses ▼ Edit

Status	Problem	Problem Note	Onset	Resolved

Smoking Status (ARRA)***Immunization Review****Chief Complaint****Provider start time****HPI*****HPI****Select All**☐ Does your child eat breakfast?☐ How many times a day does your child eat meals with family members?☐ How often does your child eat while watching TV/Tablet?☐ How often does your child eat fast food?☐ How often does your child eat packaged "ready-to-eat" foods?☐ How often does your child eat fruits/vegetables?☐ How often does your child drink soda or sweetened beverages?☐ How often does your child drink milk?☐ Does your family monitor the amount of sweets your child eats?☐ How often does your family use sweets or other foods as a reward for good behavior?

notes ▼

- ☐ How much "screen time" does your child get each day?

notes ▼

- ☐ Do you monitor your child's screen time?

notes ▼

- ☐ How often does your child have screen time in their room?

notes ▼

- ☐ How often do you provide your child opportunities for physical activity?

notes ▼

- ☐ How often do you encourage your child to be physically active?

notes ▼

- ☐ How often do you participate in physical activities as a family?

notes ▼

- ☐ How often does your child do something physically active during free time?

notes ▼

- ☐ Is your child involved in organized sports/ How often?

notes ▼

- ☐ Does your child have a regular routine for bedtime?

notes ▼

- ☐ How many nights a week does your child get an adequate amount of sleep?

notes ▼

- ☐ Other

notes ▼

- ☐ add item

notes ▼

*HPI

Obesity Specific ROS

Select All

- ☐ Snoring/Sleep Disturbance (Obstructive sleep apnea)

notes ▼

☐ Severe Recurrent Headaches (Pseudotumor Cerebri)

notes



☐ Shortness of Breath (Asthma)

notes



☐ Abdominal Pain (GERD, Constipation, Gall bladder disease, Non-alcoholic fatty liver)

notes



☐ Menstrual Irregularities (Polycystic ovarian disease)

notes



☐ Polyuria/Polydipsia (Type 2 diabetes)

notes



☐ Hip/Knee/Leg Pain (Slipped capital femoral epiphysis)

notes



☐ Foot Pin (Stress from weight)

notes



☐ Anxiety/School avoidance/Social isolation (Depression)

notes



☐ Other

notes



☐ add item



notes



Obesity Specific Family History

Select All

☐ Obesity

notes



☐ Type 2 Diabetes

notes



☐ Hypertension

notes



☐ Lipid Level Abnormalities

notes



☐ Heart Disease

notes



☐ Other

notes

☐ add item

notes

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

Physical Exam**Obesity Specific Physical Exam**Make All:

Yes No N/E

☐ ☐ ☐ Elevated blood pressure

notes

☐ ☐ ☐ Short Stature

notes

☐ ☐ ☐ Hirsutism/Acne

notes

☐ ☐ ☐ Acanthosis Nigricans

notes

☐ ☐ ☐ Goiter

notes

☐ ☐ ☐ Tonsillar Hypertrophy

notes

☐ ☐ ☐ Wheezing

notes

☐ ☐ ☐ Tender Abdomen

notes

Yes No N/E

☐ ☐ ☐ Abnormal Gait/Limited Hip Range

notes

☐ ☐ ☐ Bowing of Tibia

notes

☐ ☐ ☐ Small Hands/Feet/Polydactyly

notes

☐ ☐ ☐ Premature/Delayed Puberty/Micropenis/Undescended Testes

notes

☐ ☐ ☐ Other

notes

☐ ☐ ☐ add item

notes

Diagnoses

☐ Increased body mass index

Refine the diagnosis of Increased body mass index

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Obesity

Refine the diagnosis of Obesity

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ select diagnosis

notes

*Plan

Select All☐ Healthy Habits Questionnaire Completed

notes

☐ Patient/family motivation level (0-10)

notes

☐ Patient/family commitment to small change(s)

notes

☐ Addressed patient/family questions and concerns

notes

☐ Other

notes

☐ add item

notes

***Plan Notes****Medical Procedure****Order**

Nutrition Counseling

Order

Recommendation to exercise

Order

select a medical procedure

**Visit Finish Time*****Greater than 50% of today's visit was spent in counseling****Select All**☐ The majority of time was spent on anticipatory guidance and discussion as listed above

notes

☐ add item

notes

***Follow-up****Select All**☐ Next well child exam

notes



☐ As needed☐ BMI recheck in 1 month☐ BMI recheck in 3 months☐ BMI recheck in 6 months☐ add item

Lab/Radiology/Referral

Lab

[Generate Requisition](#) *Lipid Panel (fasting) *Complete Metabolic Panel (chem 23) *Hemoglobin A1C *Thyroid Panel (TSH and Free T4) select a lab

Radiology

[Generate Requisition](#) select a radiology

Referral

 select a referral

Care Plan (Chart-wide)

[Print](#)

Display: All Statuses

[Edit](#)

No Interventions

Visit Documents

Navigational Anchors in Sick (BMI)

1. Intake
2. Allergies
3. Medication History
4. Past, Social, Family History
5. Medical History
6. Problem List
7. Immunization Review
8. Chief Complaint
9. HPI
10. Vitals
11. Physical Exam
12. Diagnoses
13. Plan
14. Medical Procedures
15. Lab/Radiology/Referral
16. Lab
17. Radiology
18. Prescriptions
19. Visit Documents