Outstanding Tasks

There are no outstanding Tasks

Past, Social, Family History

Reminders (Chart-wide) No Saved Notes Edit Informant/Relationship Vitals Height in Length in Weight lbs oz BMI Temperature °F Tympanic Pulse bpm s/ **Blood Pressure** d **Unspecified Location** Sitting * Respiratory Rate bpm + More **Vital Notes** * **Chief Complaint** Birth History Term? If no, # of weeks. notes Delivery type(if C/S, indicate reason) notes Delivery complication notes *

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| otes | |
|---|------------|
| *-**· | |
| trition | |
| Procet Mills (minutes nos foodings frances ou foodings nos 24 hou | |
| Breast Milk (minutes per feeding, frequency, feedings per 24 houndes | urs) |
| | |
| Bottle (Minutes per feed, Oz, frequency, Feeding in 24 hours, EBI notes | M/Formula) |
| notes | |
| add item | |
| notes | |
| east | |
| east | |
| fake All: Yes No NA | |
| s No NA | |
| Best Feeding Position | |
| notes | |
| ○ ○ Comfortable | |
| notes | |
| O O Discomfort | |
| notes | |
| Working with Lactation | |
| notes | |
| | |
| Lip or Tongue Tie Concerns | |
| O Lip or Tongue Tie Concerns | |
| notes | |
| notes add item | |
| notes | |
| notes add item | |

Growth Charts

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

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| Social History | (Chart-wide) No Saved No | otes | | | | | Edit |
|--|--|--------------|--------------|--------------------|-----------|-------------|-------------------------|
| Family Medica | al History (Chart-wide) | | | | | | Edit |
| | Condition | Relationship | | Not | е | | |
| Problem List (| Chart-wide) | | Disp | olay: All Statuses | . • | | Edit |
| Status | Problem | | Problem Note | | Onset | Res | olved |
| Allergies (Cha | rt-wide) | | Disp | olay: All Statuses | | | Edit |
| Status | Allergy | | Reaction | | Onset | Res | olved |
| DCC aDv Allar | gion (Chart wide) Last Mas | dified N/A | | Display: Al | II Status | 000 | |
| Status | gies (Chart-wide) Last Mod Allergen | Reaction | Severity | Sensitivity Type | | | olved |
| | , | 19,000,000 | | | II Status | | |
| V. COS. V. C. | story (Chart-wide) Last Mo Medication | 19,000,000 | Instruct | Display: Al | | es | |
| Medication Hi | story (Chart-wide) Last Mo Medication | 19,000,000 | | Display: Al | | es Start | Stop |
| Medication His | story (Chart-wide) Last Mo Medication | 19,000,000 | | Display: Al | | es Start | Stop |
| Medication His Status Mark as Reviewed | story (Chart-wide) Last Mo Medication | odified N/A | | Display: Al | | es Start | Stop |
| Medication His Status Mark as Reviewed Confidentia | story (Chart-wide) Last Mo Medication I Notes (Chart-wide) No S | odified N/A | | Display: Al | | es Start | Stop printL |
| Status Mark as Reviewed | story (Chart-wide) Last Mo Medication I Notes (Chart-wide) No S | odified N/A | | Display: Al | | es Start | Stop printL |
| Medication His Status Mark as Reviewed Confidentia Review of System | story (Chart-wide) Last Mo Medication I Notes (Chart-wide) No S tem - Notes | odified N/A | | Display: Al | | es Start | Stop |
| Medication His Status Mark as Reviewed Confidentia Review of System Physical Exam | story (Chart-wide) Last Mo Medication I Notes (Chart-wide) No S tem - Notes | odified N/A | | Display: Al | | es Start | Stop |
| Medication His Status Mark as Reviewed Confidentia Review of System | story (Chart-wide) Last Mo Medication I Notes (Chart-wide) No S tem - Notes | odified N/A | | Display: Al | | es Start | Stop |
| Medication History Status Mark as Reviewed Confidentia Review of System Physical Exam Make All: ABI ABN NL N/E | story (Chart-wide) Last Mo Medication I Notes (Chart-wide) No S tem - Notes | odified N/A | | Display: Al | | es Start | Stop printt. |
| Medication History Status Mark as Reviewed Confidentia Review of System Physical Examon Make All: ABI ABN NL N/E | Medication I Notes (Chart-wide) No Stem - Notes N NL N/E Seneral Appearance | odified N/A | | Display: Al | | es Start | Stop printt. Edit |
| Medication History Status Mark as Reviewed Confidentia Review of System Physical Exam Make All: ABI ABN NL N/E | Medication I Notes (Chart-wide) No Stem - Notes N NL N/E General Appearance notes | odified N/A | | Display: Al | | es Start | Stop printtL Edit |
| Medication History Status Mark as Reviewed Confidentia Review of System Make All: ABI ABN NL N/E G G G G G G G G G G G G G | Medication I Notes (Chart-wide) No Stem - Notes N NL N/E Seneral Appearance | odified N/A | | Display: Al | | es Start | Stop printL |

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| | | | notes | |
|----|----|-----|-----------------|----|
| 0 | 0 | 0 | Ears | 70 |
| | | | notes | • |
| 0 | 0 | 0 | Nose | |
| | | | notes | • |
| 0 | 0 | 0 | Oropharynx | |
| | | | notes | • |
| 0 | 0 | 0 | Neck | |
| | | | notes | • |
| 0 | 0 | 0 | Lungs | |
| | | | notes | • |
| BN | NL | N/E | | |
| 0 | 0 | 0 | Chest | |
| | | | notes | |
| 0 | 0 | 0 | Cardiovascular | |
| | | | notes | 7 |
| 0 | 0 | 0 | Abdomen | |
| | | | notes | |
| 0 | 0 | 0 | Skin | |
| | | | notes | , |
| 0 | 0 | 0 | Musculoskeletal | |
| | | | notes | • |
| 0 | 0 | 0 | Neurologic | |
| | | | notes | • |
| | | 225 | add item | |
| 0 | 0 | 0 | add itelli | |

Osteopathic Manipulative Treatment Procedure Note

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| Immuniza Vaccines | uons | | | |
|--|---|--|------------|---------|
| Vaccines | | | | |
| | | | | Print |
| Ordered | There are no | immunizations recorded for this patient | | |
| Diseases | | | | |
| | There are no | vaccine-preventable diseases for this patient | | |
| Forecastin | g Results Upd | dated: NA ✓ Show Informational Warning | s(0) | Refresh |
| | • | | - VA., (5) | |
| | | Forecast results are not intended to replace clinical of | ecisio | n makir |
| | es For Children | | | |
| Insura | nce and Race a | as of 12/23/24 | | |
| Eligibilit | ty Status: sele | ect an eligibility status | | |
| Immunizat | ion Orders | | | |
| Select V | sasina Lata | | | |
| | accine Lots | | | |
| Order | Refuse | colort an immunization | | |
| | Refuse | select an immunization | | , |
| | Refuse | select an immunization | | , |
| Immuniza Select All | Refuse | select an immunization enefits, CDC VIS, contraindications and obtained consent. | | , |
| Immuniza Select All | Refuse | | | |
| Select All | tion Consent | | | |
| Select All Counse | tion Consent | | | , |
| Select All Counse | tion Consent | | | , |
| Select All Counse | Refuse tion Consent | | | , |
| Select All Counse notes add ite | Refuse tion Consent | enefits, CDC VIS, contraindications and obtained consent. | | , |
| Select All Counse notes add ite notes Medical P Order | Refuse tion Consent eled on risks, be | enefits, CDC VIS, contraindications and obtained consent. | | , |
| Select All Counse notes add ite notes Medical P | Refuse tion Consent eled on risks, be | enefits, CDC VIS, contraindications and obtained consent. | | , |
| Select All Counse notes add ite notes Medical P Order Order | Refuse tion Consent eled on risks, be | enefits, CDC VIS, contraindications and obtained consent. ement dical procedure | | , |
| Select All Counse notes add ite notes Medical P Order Order | rocedure Care Manage select a med | enefits, CDC VIS, contraindications and obtained consent. ement dical procedure | | , |
| Select All Counse notes add ite notes Medical P Order Order Care Mana | rocedure Care Manage select a med | enefits, CDC VIS, contraindications and obtained consent. ement dical procedure | | , |

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Torticollis

| Refine the diagnosis of Tort | icollis | | | |
|------------------------------|--|----------------|--------------|-----------------------------|
| | | | | ✓ Include on Patient Report |
| notes | | | | |
| Add to Problem List | Onset: mm/dd/yy | Problem Note: | problem note | |
| | | | | |
| Somatic dysfunction of cran | The state of the s | nium | | |
| Refine the diagnosis of Son | latic dystunction of cra | mum | | I Include on Datient Depart |
| C | | | | ✓ Include on Patient Report |
| notes | | | | |
| Add to Problem List | Onset: mm/dd/yy | Problem Note: | problem note | |
| Cervical somatic dysfunction | n | | | |
| | | | | ✓ Include on Patient Report |
| notes | | | | |
| Add to Problem List | Onset: mm/dd/yy | Problem Note: | problem note | |
| Somatic dysfunction of uppe | ar limb | | | |
| Refine the diagnosis of Son | ************************************** | per limb | | |
| <u>u</u> <u>M</u> | | | | ✓ Include on Patient Report |
| notes | | | | |
| Add to Problem List | Onset: mm/dd/yy | Problem Note: | problem note | |
| Add to Floble III List | Offset. IIIII/dd/yy | Problem Note. | problem note | |
| Somatic dysfunction of rib | | | | |
| Refine the diagnosis of Son | natic dysfunction of rib | | | |
| | | | | ✓ Include on Patient Report |
| notes | | | | |
| Add to Problem List | Onset: mm/dd/yy | Problem Note: | problem note | |
| | | | | |
| Somatic dysfunction of thora | acic region | | | |
| Refine the diagnosis of Son | natic dysfunction of the | racic region | | |
| | | | | ✓ Include on Patient Report |
| notes | | | | |
| Add to Problem List | Onset: mm/dd/yy | Problem Note: | problem note | |
| | ,,, | | | |
| Somatic dysfunction of abde | ominal region | | | |
| Refine the diagnosis of Son | natic dysfunction of abo | dominal region | | <u> </u> |
| | | | | ✓ Include on Patient Report |
| notes | | | | |
| Add to Problem List | Onset: mm/dd/vv | Problem Note: | problem note | |

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*

notes

| add it | tem | - |
|------------|--|------------|
| notes | | - |
| Plan Not | es | |
| | | |
| Forms | | |
| select a f | form | * |
| Referral | | |
| Order | select a referral | • |
| Followup | | |
| Order | Follow up if symptoms are not improving | |
| Order | Return to office (list reason and time frame) | |
| Order | select a followup | - |
| Time of \ | Visit | |
| Select A | MI . | |
| Total f | face to face time spent. | |
| notes | | - |
| Greate | er than 50% of today's face-to-face time was spent in counseling/coordination of care. | |
| notes | | - |
| add it | tem | |
| notes | | - |

Visit Documents

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Navigational Anchors in BLOOM OV OMT/Feeding

- 1. Outstanding Tasks
- 2. Reminders
- 3. Vitals
- 4. Chief Complaint
- 5. Birth History
- 6. Nutrition
- 7. HPI
- 8. Growth Charts
- 9. Medical History
- 10. Physical Exam
- 11. Osteopathic Structural Exam
- 12. Osteopathic Manipulative Treatment Procedure Note
- 13. Immunizations
- 14. Immunization Consent
- 15. Care Management Checklist
- 16. Diagnoses
- 17. Plan
- 18. Plan Notes
- 19. Referral
- 20. Followup Orders
- 21. Time of Visit
- 22. Prescriptions
- 23. Visit Documents

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