



Intake

Chief Complaint

Vitals

Height in

Weight lbs oz

Blood Pressure s / d
Unspecified Location
Sitting

Pulse bpm

Respiratory Rate bpm

BMI

More

Vital Notes

Past, Social, Family History

Medical History (Chart-wide) No Saved Notes

Surgical History (Chart-wide) No Saved Notes

Medication History (Chart-wide) Last Modified N/A Display: All Statuses

Status	Medication	Instructions	Start	Stop

fingerprintLbl

PCC eRx Allergies (Chart-wide) Last Modified N/A Display: All Statuses

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

fingerprintLbl

Allergies (Chart-wide) Display: All Statuses

Status	Allergy	Reaction	Onset	Resolved

Family History (Chart-wide) No Saved Notes



Social History (Chart-wide) No Saved Notes

Edit

Social History

Make All:

Yes No NA

Nicotine Use

notes

add item

notes

Problem List (Chart-wide)

Display:

Edit

Status	Problem	Problem Note	Onset	Resolved

Screening

HPI

Pre-op history

Make All:

Y N N/A

Able to achieve at least 4 METS of activity without symptoms of cardiovascular disease?

notes

Patient history of reaction to anesthesia

notes

Family history of reaction to anesthesia

notes

add item

notes

Review of Systems by system



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

Abn NL N/A

Constitutional

notes

Head

notes

Neck

notes

Eyes

notes

Ears, Nose, Mouth, Throat

notes

Cardiovascular

notes

Musculoskeletal

notes

Lungs

notes

Abn NL N/A

Gastrointestinal

notes

Neurologic

notes

Psychiatric

notes

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

Chest

notes

ABN NL N/E

Lungs

notes

Cardiovascular

notes

Back

notes

Abdomen

notes

Extremities

notes

Musculoskeletal

notes

Neurologic



notes

Skin

notes

ABN NL N/E

add item

notes

Medical Test

Order EKG

Order select a medical test

Diagnoses

select diagnosis

notes

Pre-op plan

Select All

No apparent contraindications for anesthesia.

notes

Copy of today's exam will be sent to referring physician.

notes

add item

notes

Plan

Followup

Order Fax today's note to specialist's office prior to procedure/study.

Order Phone Nurse Follow Up

Order Care Management

Order select a followup

Lab

Print Labels

Generate Requisition



Order Comprehensive Metabolic Panel (CMP)

Order Hemoglobin A1C

Order Urinalysis (send out)

Order MRSA Screen culture Eswab (Nasal, Rectal, Axilla or Groin)

Order select a lab

Radiology

Generate Requisition

Order select a radiology

Referral

Order select a referral

Immunizations

Vaccines

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

Forecast results are not intended to replace clinical decision making

▼ Vaccines For Children

Insurance and Race as of 12/23/24

Eligibility Status: select an eligibility status

Immunization Orders

Select Vaccine Lots

Order Refuse select an immunization

Immunization Consent

Select All

Vaccine refusal form signed

notes

add item

notes



Forms

Visit Documents

Navigational Anchors in BROOKVILLE Adult Pre-Op

1. Intake
2. Vitals
3. Past, Social, Family History
4. Medication History
5. PCC eRx Allergies
6. Allergies
7. Social History Adult PE
8. Problem List
9. HPI
10. Review of Systems by system
11. Physical Exam
12. EKG
13. Diagnoses
14. Pre-op plan
15. Follow Up
16. Labs
17. Prescriptions
18. Radiology
19. Referrals
20. Immunizations
21. Immunization Consent
22. Forms
23. Visit Documents