



**Intake**

**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

Status	Allergy	Reaction	Onset	Resolved

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

Display: All Statuses

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

fineprintLbl

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop

fineprintLbl

**Past, Social, Family History**

**Birth History (Chart-wide)** No Saved Notes

**Medical History (Chart-wide)** No Saved Notes

**Social History (Chart-wide)** No Saved Notes

**Family Medical History (Chart-wide)**

Condition	Relationship	Note

**Problem List (Chart-wide)**

Display: All Statuses

Status	Problem	Problem Note	Onset	Resolved



**Smoking Status (ARRA)**

select smoking status ▼

**Immunization Review**

**Chief Complaint**

**Provider start time**

**HPI**

**HPI**

Select All

Precipitating Injury (type, date, time, location)

notes ▼

Loss of consciousness (yes/no, duration)

notes ▼

Other injuries/symptoms

notes ▼

Duration

notes ▼

Location

notes ▼

Timing (onset/frequency)

notes ▼

Quality/Character

notes ▼

Severity

notes ▼

Associated symptoms

notes ▼

Modifying factors (worsens/improves)



notes

Remedies tried (improved/not improved)

notes

Previous medical evaluation (when,where,diagnosis)

notes

Previous history of concussion

notes

add item

notes

### HPI

### Review of Systems by system

Make All:

Abn NL N/A

Constitutional

notes

Eyes

notes

Ears/Nose/Mouth/Throat

notes

Respiratory

notes

Cardiovascular

notes

Gastrointestinal

notes

Genitourinary

notes

Musculoskeletal



notes

Abn NL N/A

Integument

notes

Neurological

notes

Allergic/Immunologic

notes

Hematologic/Lymphatic

notes

Endocrine

notes

Psychiatric

notes

add item

notes

**Vitals**

Height  in

Length  in

Weight  lbs  oz

BMI

Temperature  °F

Pulse  bpm

Blood Pressure  s /  d

Respiratory Rate  bpm

More

**Physical Exam**



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

ABN NL N/E

- Constitutional**  
notes
- Eyes**  
notes
- Ears/Nose/Throat**  
notes
- Neck**  
notes
- Respiratory**  
notes
- Cardiovascular**  
notes
- Breasts**  
notes
- Gastrointestinal**  
notes

ABN NL N/E

- Genitourinary (female)**  
notes
- Genitourinary (male)**  
notes
- Lymphatic**  
notes
- Musculoskeletal**  
notes
- Back/Spine**  
notes
- Integument**  
notes
- Neurologic**



notes

Psychiatric

notes

ABN NL N/E

add item

notes

### Diagnoses

Concussion injury of brain

Refine the diagnosis of Concussion injury of brain

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

select diagnosis

notes

### Plan

Select All

Concussion/return to play guidelines given to family

notes

Discussed definition, natural history, management of head injury/concussion including no return ing to physical activities until completely healed

notes

Discussed possible sequela (headache/dizziness/concentration problems/moodiness, etc)

notes

Discussed possible modifications for school

notes

Rest and Increase fluids

notes

Good sleep hygiene ( set bedtime/adequate sleep)

notes

Limit electronic use/screen time

notes



add item

notes

**Plan Notes**

**Visit Finish Time**

**Follow-up**

Select All

- Next well child exam

notes

- As needed

notes

- add item

notes

**Lab/Radiology/Referral**

**Lab**

Print Labels

Generate Requisition

Order

select a lab

**Radiology**

Generate Requisition

Order

select a radiology

**Screening**

Order

select a screening

**Referral**

Order

select a referral

**Medical Procedure**

Order

select a medical procedure

**Care Plan (Chart-wide)**

Print

Display: All Statuses

Edit

No Interventions

**Visit Documents**



## **Navigational Anchors in FCP Concussion/Head Injury**

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. Review of Systems
11. Vitals
12. Physical Exam
13. Diagnoses
14. Plan
15. Lab/Radiology/Referral
16. Screening Orders
17. Prescriptions
18. Visit Documents