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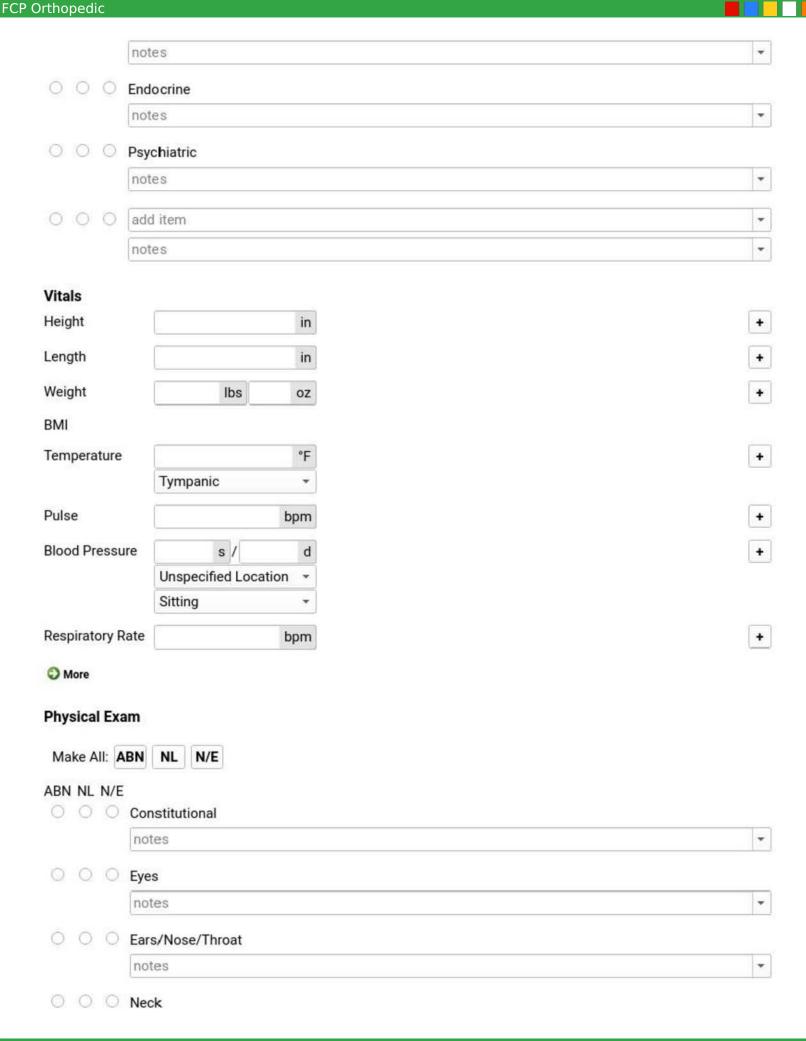
Smoking Status (ARRA)	
select smoking status	
Immunization Review	
Chief Complaint	
Provider start time	▼
Provider start time	<b>v</b>
HPI	
HPI	
Select All	
Location of pain	
notes	•
Duration	
notes	<b>*</b>
Severity of pain (0-10 scale, constant/variable, better/worse/sar	ne)
notes	•
Quality of pain (dull, sharp, throb, etc)	
notes	•
Associated sympotoms	
notes	•
Remedies tried (improved/not improved)	
notes	_
Modifying factors (worsens/improves)	
notes	*
Precipitating Injury (type, date, time. location)	
notes	•
Previous medical evaluation (when,where,diagnosis)	
notes	▼
add item	•

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	note	S		
HPI				
Rev	iew	of S	ystems by system	
Ma	ake A	di: A	Abn NL N/A	
		N/A		
0	0	0	Constitutional	
			notes	
0	0	0	Eyes	
			notes	
0	0	0	Ears/Nose/Mouth/Throat	
			notes	
0	0	0	Respiratory	
			notes	
0	0	0	Cardiovascular	
			notes	
0	0	0	Gastrointestinal	
			notes	
0	0	0	Genitourinary	
			notes	
0	0	0	Musculoskeletal	
			notes	
Abn	NL	N/A		
0	0	0	Integument	
			notes	
0	0	0	Neurological	
			notes	
			Allergic/Immunologic	

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O O Hematologic/Lymphatic

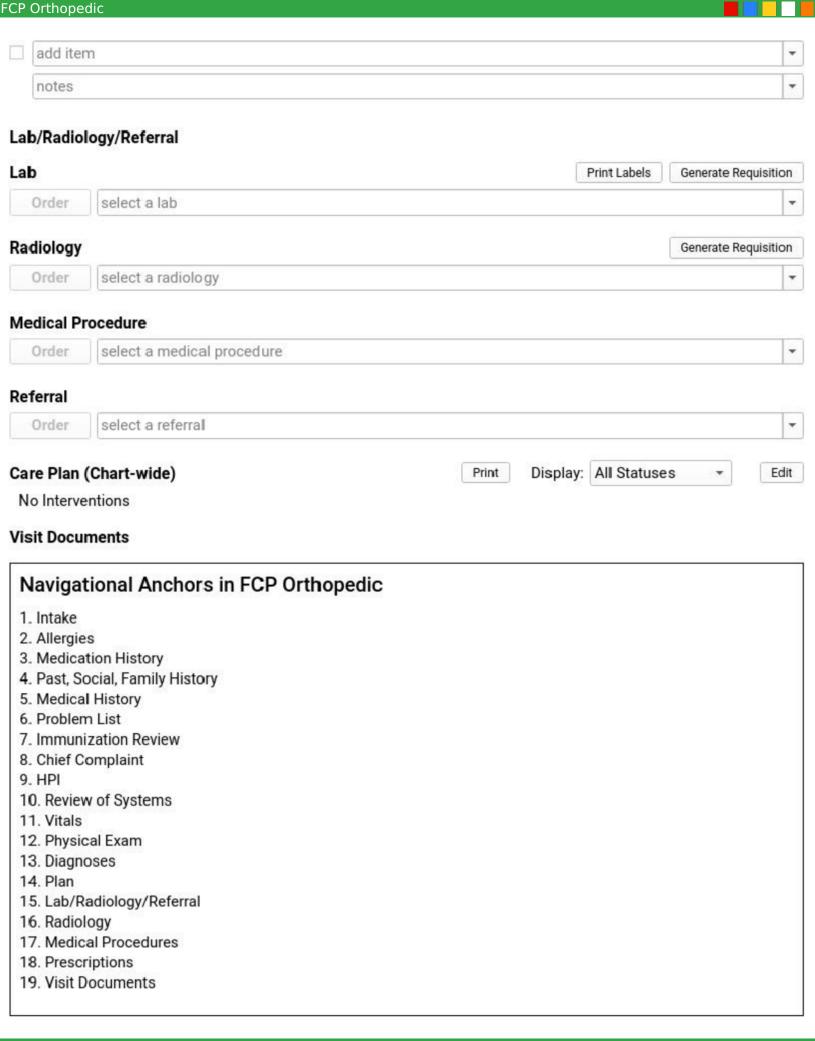


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notes As needed notes \* pcc 12/24/2024 9:21AM

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