



### Intake

Reminders (Chart-wide) No Saved Notes

Edit

### Siblings (Chart-wide)

None

### Independent Historian/Relationship

Primary Care Physician (Chart-wide) No Saved Notes

Edit

### Chief Complaint

### Vitals

Weight

 lbs  oz

+

Temperature

 °F  
Tympanic

+

More

### Vital Notes

### Medications

Current Medications

Vitamins, herbal remedies, homeopathic remedies?

Any allergies to medications? If so, which one?

Pharmacy/Hospital of Choice

### Kid's First History

Allergies to Medications



Any recurrent medical issues

notes

Any significant family medical problems

notes

Hospitalizations

notes

Missing or Delayed Immunizations

notes

Receiving any Medical Care from a Specialist

notes

Serious Behavioral or Mental Health Issues

notes

Serious Illnesses or Medical Conditions

notes

Surgeries

notes

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop

Mark as Reviewed

fineprintLbl

Problem List (Chart-wide)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

History of Present Illness Main

Other associated signs and symptoms?

notes

HPI

Past Medical/Social/Family History

Select All



Past Medical History

notes ▼

Family History

notes ▼

Social History

notes ▼

add item

notes ▼

**ROS - Constitutional**

Make All:

Rpt Den N/A

Fever/Chills

notes ▼

Whining or crankiness

notes ▼

Not sleeping well

notes ▼

Fatigue

notes ▼

Headache

notes ▼

Body aches

notes ▼

Dizziness

notes ▼

Loss of appetite

notes ▼

Rpt Den N/A

Malaise

notes ▼

Night sweats



notes

Weight loss or gain

notes

add item

notes

**ROS - Eyes**

Make All: **Rpt** **Den** **N/A**

Rpt Den N/A

Red eyes or eye drainage

notes

Pain in or around eye

notes

Photophobia

notes

Change in visual acuity

notes

Change in visual fields

notes

Double Vision

notes

Floaters or blind spots

notes

Change in color perception or haloes around objects

notes

Rpt Den N/A add item

notes

**ROS - ENT**

Make All: **Rpt** **Den** **N/A**



Rpt Den N/A

Runny nose and or nasal congestion

Postnasal drip

Sore throat

Ear pain

Difficulty swallowing

Mouth ulcers

Pressure or fullness in ears/sinuses

add item

**ROS - Respiratory**

Make All:

Rpt Den N/A

Cough - Daytime

Cough - Nighttime disturbing sleep

Chest pain

Dyspnea on exertion

Exposure to cigarette/secondhand smoke

Needs to use asthma rescue meds more than twice a week



notes

add item

notes

**ROS - Cardiovascular**

Make All: **Rpt** **Den** **N/A**

Rpt Den N/A

Chest Pain

notes

Color change or sweating with feeding

notes

Feeling dizzy during exercise

notes

Dyspnea on exertion

notes

Palpitations

notes

add item

notes

**ROS - Gastrointestinal**

Make All: **Rpt** **Den** **N/A**

Rpt Den N/A

Abdominal pain

notes

Nausea

notes

Vomiting

notes

Diarrhea

notes



**Constipation**

**Heartburn**

**Increased Burping**

**Blood in stool**

Rpt Den N/A

**Cramping**

**Rectal Bleeding**

**add item**

**ROS - Integumentary**

Make All:

Rpt Den N/A

**Rashes or dry skin**

**Pain of rash or lesion**

**Itching**

**Hives**

**Acne or boils**

**Color changes**

**Nail changes**



notes

Skin lesion

notes

Rpt Den N/A

Pigmentation changes

notes

Exposure to new products, medications, or skin irritants

notes

Jaundice color to skin

notes

Family history of similar skin lesion

notes

add item

notes

**ROS - Genitourinary (Male/Female)**

Make All:

Rpt Den N/A

Dysuria

notes

Decreased urine output

notes

Enuresis

notes

Normal frequency/pattern of urine output

notes

Urge incontinency

notes

Bloody, tea colored or dark urine

notes

Vaginal irritation or discharge (F)





notes

- 

add item

notes

**ROS - Musculoskeletal**

Make All: **Rpt** **Den** **N/A**

Rpt Den N/A

- Pain in joints with swelling and redness

notes

- Pain in joints but no visible swelling or redness

notes

- Muscle aches

notes

- Morning stiffness

notes

- Back pain

notes

- Recurrent sprains or dislocations

notes

- History of overuse injuries (pitcher or tennis elbow, shin splints)

notes

- add item

notes

**ROS - Hematologic/Lymphatic/Immunologic**

Make All: **Rpt** **Den** **N/A**

Rpt Den N/A

- Easy bruising

notes

- Epistaxis

notes



- Prolonged bleeding after a cut or dental work
- Family history of bleeding diathesis
- Family history of hyper-coagulation
- add item

**ROS - Neurologic**

Make All:

Rpt Den N/A

- Headaches increasing in severity or frequency
- Headaches that are worse in the morning
- Change in gait or coordination
- Change in language, academic, or work performance
- Change in short term memory
- Change in visual fields
- Double vision
- Fine motor difficulties

- Rpt Den N/A add item



### ROS - Allergic/Immunologic

Make All:

Rpt Den N/A

- Drug allergies
- Food allergies
- Animal allergies
- Eczema
- Seasonal allergies (pollens)
- Sensitivity to indoor allergies (dust, mold)
- add item

### ROS - Endocrinology

Make All:

Rpt Den N/A

- Constipation
- Cold intolerance
- Fatigue
- Polydipsia
- Polyuria



add item

notes

### ROS - Psychiatric

Make All: **Rpt** **Den** **N/A**

Rpt Den N/A

Difficulty sleeping

notes

Experiencing visions or hearing voices

notes

Decreased interest in social activities and hobbies that used to be pleasurable

notes

Feeling listless, lethargic

notes

Feeling sad

notes

Feelings of elation

notes

Feeling that people are out to get you

notes

Impulsivity

notes

Rpt Den N/A

Racing thoughts

notes

Sense of worthlessness

notes

add item

notes

### Lab

[Print Labels](#) [Generate Requisition](#)

**Order** Rapid Strep (In Office)



**Order** Throat Culture (Group A Streptococcus)

**Order** Urinalysis (In Office)

**Order** select a lab

**Medical Procedure**

**Order** Nutrition Counseling (HEDIS measure)

**Order** Exercise Counseling (HEDIS measure)

**Order** select a medical procedure

**Physical Exam**

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

ABN NL N/E

Constitutional (3 or more Vital Signs; appearance)

notes

Cardiovascular

notes

Respiratory (resp effort; percussion; palpation; auscultation)

notes

Skin

notes

add item

notes

**Assessment**

**Diagnoses**

select diagnosis

notes

**Patient Instructions - Sick**

**Select All**



add item

notes

### Number and Complexity of Problems Addressed

Select All

LEVEL 2: 1 self - limited or minor problem

notes

LEVEL 3: 2 or more self - limited or minor problems; OR 1 stable chronic illness; OR 1 acute uncomplicated illness or injury OR 1 stable acute illness; OR 1 acute uncomplicated illness or injury requiring hospital inpatient or observation level of care

notes

LEVEL 4: 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; OR 2 or more stable chronic illnesses; OR 1 undiagnosed new problem with uncertain diagnosis; OR 1 acute illness with systemic symptoms; OR 1 acute complicated injury

notes

LEVEL 5: 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; OR 1 acute or chronic illness or injury that poses a threat to life or bodily function

notes

add item

notes

### Amount and/or Complexity of Data

Select All

LEVEL 2: Minimal or None

notes

LEVEL 3: ONE CATEGORY REQUIRED: CATEGORY 1: (2/3) 1. Review of prior external notes from each unique source 2. Ordering of each unique test or 3. Review of the results of each unique test OR CATEGORY 2: assessment requiring an independent historian

notes

LEVEL 4: ONE CATEGORY REQUIRED: CATEGORY 1: (3/4) 1. Review of prior external notes from each unique source 2. Ordering each unique test 3. Review of the results of each unique test 4. Assessment requiring an independent historian OR CATEGORY 2: independent interpretation of test performed by another MD/QHCP/ appropriate source (not separately reported) OR CATEGORY 3: Discussion of management or test interpretation with external MD/QHCP/appropriate source (not separately reported)

notes

LEVEL 5: TWO CATEGORIES REQUIRED: CATEGORY 1: (3/4) 1. Review of prior external notes from each unique source 2. Ordering of each unique test or 3. Review of the results of each unique test 4. Assessment requiring an independent historian OR CATEGORY 2: Independent interpretation of test performed by another MDQHCP (not separately reported) OR, CATEGORY 3: Discussion of management or test interpretation with external MD/QHCP/



appropriate source (no separately reported)

notes

add item

notes

**Risk of morbidity from additional diagnostic testing/treatment**

Select All

LEVEL 2: Minimal Risk

notes

LEVEL 3: Low Risk

notes

LEVEL 4: Moderate risk-prescription drug management

notes

LEVEL 4: Moderate risk-dx or treatment significantly limited by SDoH

notes

LEVEL 4: Moderate risk-decision re: minor surgery w/identified pt or procedure risk factors

notes

LEVEL 4: Moderate risk-decision re: elective major surgery w/o identified pt or procedure risk factors

notes

LEVEL 5: High risk - drug therapy requiring intensive monitoring for toxicity

notes

LEVEL 5: High risk - decision re: hospitalization OR ESCALATION OF HOSPITAL LEVEL CARE

notes

LEVEL 5: High risk - decision re: emergency major surgery

notes

LEVEL 5: High risk - decision re: elective major surgery with identified pt. or procedure risk factors

notes

add item

notes

**Today's Total Time**

Select All





- Pre - visit: reviewing notes, results, correspondence, reports, past records (note sources, dates)  
notes
- Visit: history from pts and others  
notes
- Visit: exam; discussion; counseling; education; planning  
notes
- Visit: ordering; referrals; documentation  
notes
- Visit: prescriptions; PA  
notes
- Post - visit: chart documentation  
notes
- Post - visit: care coordination  
notes
- Post - visit: independent interpretation of tests (not separately billed)  
notes
- Post - visit: reviewing and communication results  
notes
- Total time  
notes
- add item  
notes

**Visit Documents**

**Cosign Note**

Select All

- add item
- notes





## **Navigational Anchors in TOPEKAKF Sick**

1. Intake
2. Kid's First History
3. Medication History
4. Problem List
5. History of Present Illness Main
6. HPI
7. Past Medical/Social/Family History
8. ROS - Constitutional
9. ROS - Eyes
10. ROS - ENT
11. ROS - Respiratory
12. ROS - Cardiovascular
13. ROS - Gastrointestinal
14. ROS - Integumentary
15. ROS - Genitourinary (Male/Female)
16. ROS - Musculoskeletal
17. ROS - Hematologic/Lymphatic/Immunologic
18. ROS - Neurologic
19. ROS - Allergic/Immunologic
20. ROS - Endocrinology
21. ROS - Psychiatric
22. Lab Orders
23. Physical Exam
24. Number and Complexity of Problems Addressed
25. Amount and/or Complexity of Data
26. Risk of morbidity from additional diagnostic testing/treatment
27. Today's Total Time
28. Visit Documents
29. Prescriptions