

Informant/Relationship

Chief Complaint

Reminders (Chart-wide) No Saved Notes

Edit

Siblings (Chart-wide)

None

Allergies (Chart-wide)

Display: All Statuses

Edit

| 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 |
|--------|----------|----------|----------|------------------|-------|----------|
| | | | | | | |

Mark as Reviewed

fineprintLbl

Problem List (Chart-wide)

Display: All Statuses

Edit

| Status | Problem | Problem Note | Onset | Resolved |
|--------|---------|--------------|-------|----------|
| | | | | |

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

Display: All Statuses

| Status | Medication | Instructions | Start | Stop |
|--------|------------|--------------|-------|------|
| | | | | |

Mark as Reviewed

fineprintLbl

Medical History (Chart-wide) No Saved Notes

Edit

Vitals

| | | |
|------------------|---|---|
| Weight | <input type="text"/> lbs <input type="text"/> oz | + |
| Blood Pressure | <input type="text"/> s / <input type="text"/> d Unspecified Location <input type="text"/> Unspecified Position <input type="text"/> | + |
| Pulse | <input type="text"/> bpm | + |
| Respiratory Rate | <input type="text"/> bpm | + |
| Temperature | <input type="text"/> °F Unspecified Method <input type="text"/> | + |

More

Comments**FMLA HPI**

Indication:

notes

Onset of illness/disease:

notes

Specialists/Therapies:

notes

Medications:

notes

Amount of time per Month/Week:

notes

Upcoming surgeries/procedures:

notes

Additional Notes:

notes

EPPA Pertinent Past Medical HxMake All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ add item

notes

Past Medical/Family/Social History**Past, Family, Social History****Family Medical History (Chart-wide)**

Edit

| Condition | Relationship | Note |
|-----------|--------------|------|
| | | |

Physical ExamMake All: **ABN** **NL** **N/E**

ABN NL N/E

☐ ☐ ☐ General Appearance

☐ ☐ ☐ Constitutional☐ ☐ ☐ Eyes☐ ☐ ☐ Ears, Nose, Mouth, and Throat☐ ☐ ☐ Respiratory☐ ☐ ☐ Cardiovascular☐ ☐ ☐ Gastrointestinal☐ ☐ ☐ Genitourinary

ABN NL N/E

☐ ☐ ☐ Skin☐ ☐ ☐ add item**EPPA ROS General****EPPA ROS - Constitutional**Make All:

Yes No N/A

☐ ☐ ☐ Loss of Appetite☐ ☐ ☐ Fever☐ ☐ ☐ Other

☐ ☐ ☐

EPPA ROS - EyesMake All:

Yes No N/A

☐ ☐ ☐ Discharge

☐ ☐ ☐ Redness

☐ ☐ ☐ Other

☐ ☐ ☐

EPPA ROS - ENTMake All:

Yes No N/A

☐ ☐ ☐ Other

☐ ☐ ☐

EPPA ROS - RespiratoryMake All:

Yes No N/A

☐ ☐ ☐ Cough

☐ ☐ ☐ Other

☐ ☐ ☐

EPPA ROS- Cardiovascular

Make All: ☒ Yes ☐ No ☐ N/A

Yes No N/A

☐ ☐ ☐ Other

notes

☐ ☐ ☐ add item

notes

EPPA ROS - GIMake All: ☒ Yes ☐ No ☐ N/A

Yes No N/A

☐ ☐ ☐ Other

notes

☐ ☐ ☐ add item

notes

EPPA ROS - GUMake All: ☒ Yes ☐ No ☐ N/A

Yes No N/A

☐ ☐ ☐ Other

notes

☐ ☐ ☐ add item

notes

EPPA ROS - SkinMake All: ☒ Yes ☐ No ☐ N/A

Yes No N/A

☐ ☐ ☐ Other

notes

☐ ☐ ☐ add item

notes

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

Immunization forecasting results and warnings provided by IMMUCAST™

▼ Vaccines For Children

Insurance and Race as of 10/21/20

Eligibility Status: select an eligibility status

Immunization Orders

Select Vaccine Lots

Order

Refuse

select an immunization

Immunization Consent

Select All

☐ CDC VIS provided and consent obtained.

notes

☐ Counseled on risks, benefits, and contraindications for all vaccine components. CDC VIS reviewed. All questions answered.

notes

☐ Reviewed with parent Typhoid vaccination is a TOS fee.

notes

☐ add item

notes

Visit Documents**Diagnoses**☐ Administrative reason for encounter☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ select diagnosis

notes

Greater than 50% of today's visit was spent in counseling

Select All

☐ add item

Plan**Plan and Follow-up Instructions- EPPA****Select All**

- ☐
- FMLA forms completed and given to parent

- ☐
- add item

Plan**Referral****Order**

select a referral

Navigational Anchors in FMLA visit EPPA

1. Reminders
2. Allergies
3. PCC eRx Allergies
4. Problem List
5. Medication History
6. Medical History
7. Vitals
8. FMLA HPI
9. EPPA Pertinent Past Medical Hx
10. Past Medical/Family/Social History
11. Past, Family, Social History
12. Family Medical History
13. Physical Exam
14. Prescriptions
15. Visit Documents
16. Diagnoses
17. Plan