



Intake

Next Visit (Chart-wide) No Saved Notes

Edit

Informant/Relationship

Vitals

Weight lbs oz

Height in

BMI

Blood Pressure s / d

Unspecified Location

Sitting

Temperature °F

Tympanic

Pulse bpm

O₂ Saturation %

More

Vital Notes

Screening

Vision Screen

Teen Screen: PHQ-9

Teen Screen: GAD-7

Growth Charts

Growth Charts are not available when patient's sex is unknown.

Medication Review

Medications (including prescription, OTC, and herbal/supplements) and drug allergies were reviewed and updated.



Pharmacy was verified/updated in PCC eRx.

notes ▼

add item

notes ▼

Chief Complaint

▼

Medical History (Chart-wide) No Saved Notes

Edit

Social History (Chart-wide) No Saved Notes

Edit

Family Medical History (Chart-wide)

Edit

Condition	Relationship	Note

Problem List (Chart-wide)

Display: All Statuses ▼

Edit

Status	Problem	Problem Note	Onset	Resolved

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

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

Display: All Statuses ▼

Status	Medication	Instructions	Start	Stop

Mark as Reviewed

fineprintLbl

Confidential Notes (Chart-wide) No Saved Notes

Edit

Concerns

History



Select All

- Any allergies to pollen, medication, food or stinging insects?
notes
- Do you take any supplements or vitamins?
notes
- Has a doctor ever denied participation in sports for any heart problems?
notes
- History of asthma?
notes
- History of being knocked out, concussion, or loss of memory?
notes
- History of heat stroke or heat exhaustion?
notes
- History of sprain, strain, swelling, fractures or dislocations?
notes
- Any family member died of heart problems or sudden death? (age)
notes
- History of COVID-19 infection? Have you been immunized for COVID-19? If so, how many doses?
notes
- add item
notes

Physical Exam

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

ABN NL N/E

- General Appearance
notes
- HEENT
notes
- Neck
notes
- Chest



notes

Lungs

notes

Cardiovascular

notes

Abdomen

notes

Genitourinary

notes

ABN NL N/E

Musculoskeletal

notes

Neurologic

notes

Skin

notes

add item

notes

Lab

Print Labels

Generate Requisition

Lipid Panel

select a lab

Medical Test

select a medical test

Medical Procedure

select a medical procedure

Immunizations

Vaccines

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 01/07/25

Eligibility Status:

Immunization Orders

Select Vaccine Lots

Order

Refuse

Immunization Consent

Select All

- I personally provided parent education about immunizations and the appropriate CDC VIS was provided for each vaccine. Parent was counseled about the risks and benefits of each antigen administered. Verbal consent was obtained for each of the vaccines given.

- Vaccine refusal form signed

- add item

Radiology

Generate Requisition

Order

Diagnoses

- History and physical examination, sports participation

Include on Patient Reports

Add to Problem List

Onset:

Problem Note:

- Unable to perform play and sports activities

Include on Patient Reports

Add to Problem List

Onset:

Problem Note:



Immunization due

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

select diagnosis

notes

Plan and Follow-up Instructions

Select All

Immunizations (See Vaccine Administration Record)

notes

Laboratory/Screening Results

notes

add item

notes

Plan Notes (for caregivers)

Recommendations for activity participation

Select All

Full participation in activities

notes

Restrictions

notes

add item

notes

Health Form Approval

Select All

Patient was seen today for complete physical and is cleared to participate in sporting/camp activities.

notes

add item



notes

Forms

select a form

Followup

Order Annual well visit

Order select a followup

Referral

Order select a referral

Care Plan (Chart-wide)

Print

Display: All Statuses

Edit

No Interventions

Visit Documents

Navigational Anchors in PUDDLE Sports PE

1. Intake
2. Informant/Relationship
3. Vitals
4. Screening
5. Growth Charts
6. Physical Exam
7. Lab
8. Medical Procedures
9. Immunizations
10. Immunization Consent
11. Radiology
12. Diagnoses
13. Follow Up
14. Referrals
15. Prescriptions
16. Visit Documents