

Well Visit: Summary

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OP sets all defaults to share all information Any individual decisions by Practice-users to restrict information sharing (access, use, or exchange) are the responsibility of the Practice in the implementation of its 21st Century Cures Act Information Blocking policies and procedures for its Practice and patients.

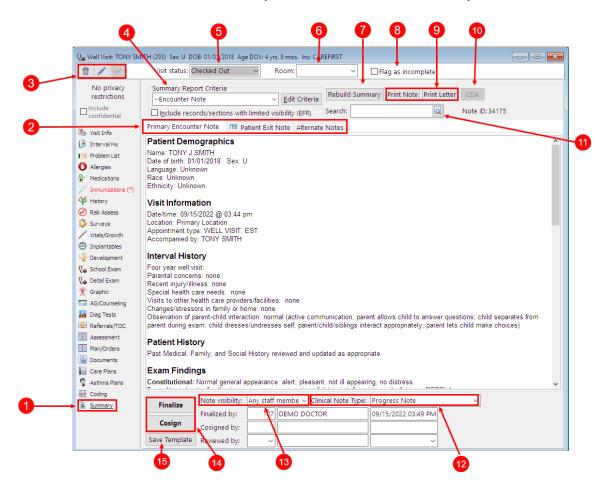
Version 20.18

This window map article points out some of the important aspects of the window you're working with in OP but is not intended to be instructional. To learn about topics related to using this window, see the **Related Articles** section at the bottom of this page.

About Well Visit: Summary

Path: Clinical, Practice Management or Billing tab > Patient Chart button > Well Visits > New or Open Note button > Summary

The Well Visit Summary window allows you to review and finalized Well Visit Notes. The note appears with all the details entered in the sections of the Well Visit. You can view the Primary Exam Note and Patient Exit Note as they were created.



Well Visit: Summary Map





Number	Section	Description
1	Summary button	The Summary button accesses the Summary window in the patient's Well Visit Note.
2	Notes tab	 The Primary Encounter Note tab displays the details of the primary Well Visit Note including patient demographics, visit information (date, time, and location), chief complaint, history of present illness, ROS findings, medications reviewed, etc. The Patient Exit Note tab displays all the details entered into the patient exit note. The Alternate Notes tab contains any alternate notes that may have been added to the note.
3	Well Visit Function buttons	The function buttons delete an entire Well Visit Note, edit a Well Visit Note, or save a Well Visit Note.
4	Summary Report Criteria	The Summary Report Criteria selects created Report Criteria in a drop-down menu. Clicking the Edit Criteria button opens the Report Criteria window, where you can create or edit the criteria set.
5	Visit Status	The Visit Status drop-down list displays a list of all Visit Statuses available.
6	Room	The Room Status drop-down list displays a list of all available Rooms.
7	Rebuild Summary	If you would like to Rebuild the Summary for the Alternate Notes tab, select the Summary Report Criteria using the drop-down arrow in the Summary Report Criteria and then click the Rebuild Summary button.
8	Flag as Incomplete checkbox	The Flag as Incomplete checkbox marks the Well Visit Note as unfinished.
9	Print buttons	Notes and Letters are printed using the Print Note and Print Letter buttons.
10	CDA button	The CDA button creates a CDA for the selected note.
11	Search bar	The Search bar is used to locate specific content in the summary.
12	Clinical Note Type	The Clinical Note Type drop-down list allows practices to select the type of clinical note they are charting. The options are: • Progress Note (default while in a Well Visit Note) • Consultation Note • History & Physical • Procedure Note • Imaging Narrative • Discharge Summary Note
13	Note Visibility	The Note Visibility drop-down menu determines who can view the Well Visit Note.
14	Finalize and Cosign buttons	The Finalize button approves and locks the Visit Note. Once the note has been finalized, it cannot be changed, but an addendum can be created, edited, and viewed in the Addenda tab to add information to the note. The user approving the finalized note will appear in the Note Finalized by field. The Cosign button adds a cosigner to the patient encounter note after a note has been finalized. The logged-in user name clicking the Cosign button will appear in the Note Cosigned by field.
15	Save Template button	The Save Template button saves any changes to the template and closes the summary sheet.

Version 20.17



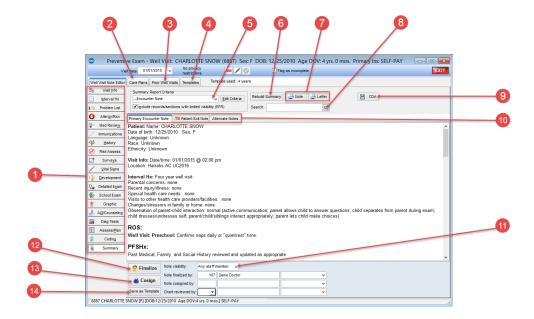


About Preventive Exam: Summary Tab

Path: Smart Toolbar > Chart button > Well Visits tab > Open Note button > Summary tab
Path: Smart Toolbar > Schedule Button > Well Visit tab > Edit button > Summary tab

The Preventive Exam window charts a patient well-visit exam. The Preventive Exam window helps to code and complete a preventive encounter visit. The preventive exam note encompasses both narrative and comprehensive formats. It also allows you to customize the layout of the note. The note is added to the patient chart.

The Well Visit Summary Sheet allows you to review finalized well visit notes. The notes appears with all the details entered in the previous Well Visit tabs. You can view the Primary Preventive Exam Note and Patient Exit Note as they were created.



Patient Encounter: Summary Map

Number	Section	Description	
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1	Well Visit Note Editor tab	The Well Visit Note Editor documents the patient preventive exam. The Well Visit Note Editor contains the following tabs: • Visit Info • Interval Hx • Problem List • Allergy/Rxn • Med Review • Immunizations • History • Risk Assess • Surveys • Vital Signs • Development • Detailed Exam • School Exam • Graphic • AG/Counseling • Diag Tests • Assess/Plan • Coding • Summary
2	Care Plans tab	The Care Plans tab lists, prints, and manages care plans for a patient's health maintenance schedule.
3	Prior Well Visits tab	The Prior Well Visits tab lists the previous preventive exam notes.
4	Templates tab	The Templates tab lists the templates that are created, edited, and reviewed in the Well Visit Template Editor . Templates are pre-written scenarios you can use in a well visit to document common pediatric diagnoses. Templates include detailed descriptions for the usual pertinent positive and negative findings of a wide variety of illnesses, with a standard assessment, plan and ICD-10 coding. Included with your installation of Office Practicum are Pediatric specific templates.
5	Summary Report Criteria	The Summary Report Criteria selects created Report Criteria in a dropdown list. Clicking the Edit Criteria button opens the Report Criteria window, where you can create or edit a criteria set.
6	Rebuild Summary	If you would like to Rebuild the Summary for the Alternate Notes tab, select the Summary Report Criteria using the drop down arrow in the Summary Report Criteria and then click Rebuild Summary button.
7	Print buttons	Notes and Letters are printed using the Print Note and Print Letter buttons.
8	Search bar	The Search bar is used to locate specific content in the summary.
9	CDA button	The CDA button will create a CDA for the selected encounter.
10	Notes tab	 The Primary Encounter Note tab displays the details of the primary encounter note including patient demographics, visit information (date, time and location), chief complaint, history of present illness, ROS findings, medications reviewed, etc. The Patient Exit Note tab displays all the details entered into the patient exit note. The Alternate Notes tab contains any alternate notes that may have been added to the encounter.





11	Note Visibility	The Note Viability dropdown determines who can view the encounter note.
12	Finalize button	The Finalize button approves and locks a patient encounter note. Once the note has been finalized it cannot be changed. After a note has been finalized, open the finalized note and click the Addenda tab. An addendum can be created, edited, and viewed in the Addenda tab to add information to the encounter note. The user approving the finalized note will appear in the Note Finalized by field.
13	Cosign button	The Cosign button adds a cosigner to the patient encounter note after a note has been finalized. The logged in user name clicking the Cosign button will appear in the Note Cosigned by field.
14	Save Template button	The Save Template button saves any changes to the template and closes the summary sheet.

