

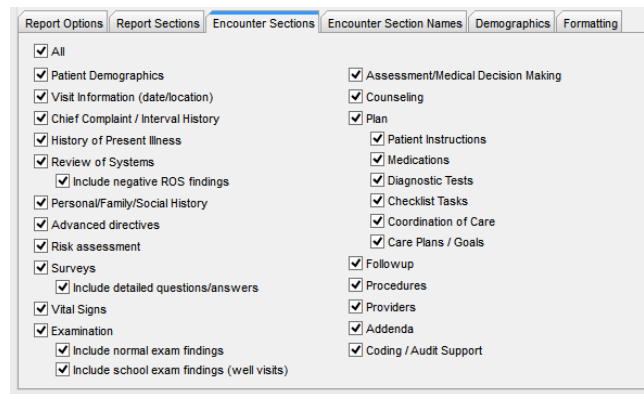
# Event Chronology: Encounter Sections

Last Modified on 05/23/2019 10:56 am EDT

Version 14.19

## Encounter Sections

The Encounter Sections tab will only be used when the report includes Encounter or Well Visit notes. The tab allows for the inclusion or exclusion of information on the notes created by the report. Click the checkbox to the left of the section name that you wish to exclude from the notes associated with the report. If you want to include a section from this list that was previously deselected, simply select the empty checkbox.



Report Options	Report Sections	Encounter Sections	Encounter Section Names	Demographics	Formatting
<input checked="" type="checkbox"/> All					
<input checked="" type="checkbox"/> Patient Demographics					
<input checked="" type="checkbox"/> Visit Information (date/location)					
<input checked="" type="checkbox"/> Chief Complaint / Interval History					
<input checked="" type="checkbox"/> History of Present Illness					
<input checked="" type="checkbox"/> Review of Systems					
<input checked="" type="checkbox"/> Include negative ROS findings					
<input checked="" type="checkbox"/> Personal/Family/Social History					
<input checked="" type="checkbox"/> Advanced directives					
<input checked="" type="checkbox"/> Risk assessment					
<input checked="" type="checkbox"/> Surveys					
<input checked="" type="checkbox"/> Include detailed questions/answers					
<input checked="" type="checkbox"/> Vital Signs					
<input checked="" type="checkbox"/> Examination					
<input checked="" type="checkbox"/> Include normal exam findings					
<input checked="" type="checkbox"/> Include school exam findings (well visits)					
		<input checked="" type="checkbox"/> Assessment/Medical Decision Making			
		<input checked="" type="checkbox"/> Counseling			
		<input checked="" type="checkbox"/> Plan			
		<input checked="" type="checkbox"/> Patient Instructions			
		<input checked="" type="checkbox"/> Medications			
		<input checked="" type="checkbox"/> Diagnostic Tests			
		<input checked="" type="checkbox"/> Checklist Tasks			
		<input checked="" type="checkbox"/> Coordination of Care			
		<input checked="" type="checkbox"/> Care Plans / Goals			
		<input checked="" type="checkbox"/> Followup			
		<input checked="" type="checkbox"/> Procedures			
		<input checked="" type="checkbox"/> Providers			
		<input checked="" type="checkbox"/> Addenda			
		<input checked="" type="checkbox"/> Coding / Audit Support			

Version 14.10

## Encounter Sections

The Encounter Sections tab will only be used when the report includes Encounter or Well Visit notes. The tab allows for the inclusion or exclusion of information on the notes created by the report. Click the checkbox to the left of the section name that you wish to exclude from the notes associated with the report. If you want to include a section from this list that was previously deselected, simply select the empty checkbox.

Report Options | Report Sections | **Encounter Sections** | Encounter Section Names | Demographics | Formatting

<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> Assessment/Medical Decision Making
<input checked="" type="checkbox"/> Patient Demographics	<input checked="" type="checkbox"/> Counseling
<input checked="" type="checkbox"/> Visit Information (date/location)	<input checked="" type="checkbox"/> Plan
<input checked="" type="checkbox"/> Chief Complaint / Interval History	<input checked="" type="checkbox"/> Patient Instructions
<input checked="" type="checkbox"/> History of Present Illness	<input checked="" type="checkbox"/> Medications
<input checked="" type="checkbox"/> Review of Systems	<input checked="" type="checkbox"/> Diagnostic Tests
<input checked="" type="checkbox"/> Include negative ROS findings	<input checked="" type="checkbox"/> Checklist Tasks
<input checked="" type="checkbox"/> Personal/Family/Social History	<input checked="" type="checkbox"/> Coordination of Care
<input checked="" type="checkbox"/> Advanced directives	<input checked="" type="checkbox"/> Care Plans / Goals
<input checked="" type="checkbox"/> Risk assessment	<input checked="" type="checkbox"/> Followup
<input checked="" type="checkbox"/> Surveys	<input checked="" type="checkbox"/> Procedures
<input checked="" type="checkbox"/> Include detailed questions/answers	<input checked="" type="checkbox"/> Providers
<input checked="" type="checkbox"/> Vital Signs	<input checked="" type="checkbox"/> Addenda
<input checked="" type="checkbox"/> Examination	<input checked="" type="checkbox"/> Coding / Audit Support
<input checked="" type="checkbox"/> Include normal exam findings	
<input checked="" type="checkbox"/> Include school exam findings (well visits)	