Intake

Vitals

Height [ ] in +

Weight [ ] lbs [ ] oz +

BMI kg/m^2

Blood Pressure [/] systolic/diastolic Location Unspecified Position Unspecified +

Pulse [ ] beats per minute +

More

Conference Intake

People attending evaluation

notes

Co-existing conditions

notes

School/Grade level

notes

Teacher name

notes

Other participating Physicians/Therapists

notes

Current Medications

Medication Effects

Make All: G F P

G F P

Home Behavior

notes

Academics

notes

Appetite

notes

Sleep

notes

Mood

notes

Compliance

notes

add item

notes

Medication Side Effects

Make All: Yes No NA

Yes No NA

Drowsiness

notes

Headaches

notes

Tremors

notes

Tics

notes

add item

notes

Diagnoses

add diagnosis

notes

Assessment

Select All

- [ ] Good control

notes

- [ ] Poor control

notes

- [ ] Significant Side effects

notes

- [ ] Time spent on evaluation

notes

- [ ] add item

notes

Plan

Select All

- [ ] Medication

notes

- [ ] Medication as e-prescribed

notes

- [ ] add item

notes

Immunizations

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

Order Refuse select an immunization

Immunization Notes

Make All: **Yes** **No** **NA**

Yes No NA

add item

notes

Lab

Referral

Order Developmental/Behavioral Pediatrics

Followup

Order Return to office (list reason and time frame)